

## RE-CERTIFICATION INSTRUCTIONS

1. **ALL ADULTS (AGE 18 AND OVER) MUST SIGN THE FOLLOWING FORMS:**
  - Consent to Release Information
  - HUD 9886- Privacy Act Notice
2. **APPLICATION FOR RE-CERTIFICATION:** On this form, the head of household must do the following: **(a)** list all family members along with birth dates and social security numbers, **(b)** note all sources of income such as jobs, social security, welfare, child support, pensions, unemployment compensation, etc. **(c)** ALL ADULTS must sign and date the form as indicated.
3. **EMPLOYMENT VERIFICATION:** On this form, the head of household and ALL WORKING ADULTS must list the name and address of his/her job. Sign and date the form as indicated. **Also, send us the last full month's current pay stubs** (2 if you are paid bi-weekly, 4 if paid weekly).
4. **ASSETS CHECKLIST:** On this form, the head of household must answer the questions then sign and date as indicated. **Also, send us a copy of the latest bank statements.**
5. **ASSET CERTIFICATION FORM:** On this form, the head of household must certify if any property or asset was disposed of in the previous two years.
6. **CITIZENSHIP CERTIFICATION:** On this form, the head of household must list all family members, check the appropriate status box, and sign and date as indicated by the arrow.
7. **SECTION 8 INFORMATION CERTIFICATION:** On this form the head and co-head of household must answer the questions then sign and date as indicated
8. **FAMILY OBLIGATIONS CERTIFICATION:** On this form, the head of household and ALL ADULT HOUSEHOLD MEMBERS must sign and date as proof that they have read and understood the contents.
9. **IF CLAIMING A CHILD CARE DEDUCTION:** The head of household must submit a signed and NOTARIZED letter or an agency print-out stating the name and address of the care-giver, who is cared for, amount paid weekly, and number of hours per week.
10. **IF CLAIMING A MEDICAL DEDUCTION:** The head of household or spouse must be elderly (at least 62 years of age) or disabled. Statements from doctors and pharmacy print outs must state the amounts paid out-of-pocket.

\* **IMPORTANT:** Please provide verification of **ANY** income received by any member of your household. This could include bank statements, SSA Award Letters, Paystubs, COMPASS Account Benefits, etc.

Please **CONTACT US** if you need any additional forms sent to you.



# RE-CERTIFICATION COMPLETION CHECKLIST

## (Return Signed with Packet)

**Ensure that all the following pages are completely filled out and signed (check box when done)**

- |  |   |
|--|---|
| <input type="checkbox"/> Consent to Release Information                        | <input type="checkbox"/> Asset Checklist              |
| <input type="checkbox"/> HUD 9886- Release of Information                      | <input type="checkbox"/> Asset Certification Form     |
| <input type="checkbox"/> Re-certification App. (whole household)               | <input type="checkbox"/> Citizenship Certification    |
| <input type="checkbox"/> Names, Birthdays, SSNs                                | <input type="checkbox"/> S8 Information Certification |
| <input type="checkbox"/> ALL Income sources listed (with amounts)              | <input type="checkbox"/> Obligations of the Family    |
| <input type="checkbox"/> Employment Verification Form- with EMPLOYER signature | <input type="checkbox"/> Child Care Deduction         |
| <input type="checkbox"/> N/A   | <input type="checkbox"/> N/A                          |

**Ensure that ALL required documents are attached to this packet (check box when done). If you check off any item, you MUST provide official documentation reflecting the CURRENT amount of each income/asset for all family members.**

- Paystubs (latest two)
  - N/A- No one in my household is currently employed
  
- Social Security/SSI Award Letters
  - N/A- No one in my household receives Social Security Income
  
- Child Support Payment Agreement
  - N/A- No one in my household receives Child Support Payments
  
- Food Stamps and/or TANF Cash Assistance Statements
  - N/A- No one in my household receives Food Stamps or TANF payments
  
- Pension Statements
  - N/A- No one in my household has a pension
  
- Unemployment Compensation Statements
  - N/A- No one in my household receives unemployment compensation
  
- Banking statements- latest month (all checking or savings accounts)
  - N/A- No one in my household possesses a bank account (checking or savings)
  
- Statements from annuities, 401K's, CD's, money markets, stocks, bonds, whole/universal life insurance policies, etc.
  - N/A- No one in my household possesses one of these assets

**I hereby certify that the answers and information provided are true, accurate, complete, and correct. I fully understand that false answers and information that is not accurate, not complete and/or not correct in regard to the above questions, constitutes fraud and will result in denial or termination of participation in the Section 8 Housing Choice Voucher Program.**

\_\_\_\_\_  
**Signature of Head of Household**

\_\_\_\_\_  
**Date**



**Please provide any of the following verification that applies to your family:**

<b>Public Assistance / DPA / TANF:</b>	Caseworker's computer printout of statement of case benefit amount from the caseworker with caseworker's name and telephone number or a cancellation letter.
<b>Employment Verification:</b>	Four (4) most recent check stubs showing the year to date earnings and enclosed form completed by your employer.
<b>Unemployment:</b>	Original award letter from Unemployment Compensation, current stub or exhaust letter.
<b>Child Support / Alimony:</b>	Notarized letter from provider, and/or the most recent court order.
<b>Pension / Annuity:</b>	Award letter and most recent copy of current check or bank deposit statement. The name, address, phone and fax number of the payer.
<b>SSI / Social Security Benefits:</b>	Award letter and current statement from Social Security Administration of monthly benefit amount and Medicare/Medicaid payment.
<b>Bank Accounts / Assets:</b>	Saving or checking accounts, CDs, stocks, bonds, property, IRAs mutual funds, annuities, trust, inheritances, settlements. Monthly statements from the bank stating current balance and annual interest or pass book rate.
<b>Full-Time Student Status:</b>	(For students 18 years or older) a current letter of enrollment from the registrar or admissions office of the school they are attending with name of school, address, phone and fax numbers.
<b>Medical Deduction:</b>	Only for households where head or spouse is at least 62 years of age or a person with disability. A printout for the pharmacy of their out-of-pocket expenses or receipts for medications and/or medical visits anticipated to be paid by you within the next 12 months.
<b>Child Care:</b>	Completed enclosed form including provider's name, address, and phone number. Indicate if a subsidy is provided.

If you will claim no income, you must bring verification of loss of all income sources previously counted.



**HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN**  
**501 Mohn Street, Steelton, Pennsylvania 17113**

**CONSENT TO RELEASE INFORMATION**

HUD regulations and policies prohibit admission into or retention in public or assisted housing programs for individuals or families owing money to any Housing Authority (HA). In addition, for those adults who have a violent history or who have been arrested or convicted of any drug or drug related crime, admission to HUD assisted housing programs may be prohibited, and participants who are discovered to have violated these provisions may be terminated from public or assisted housing. In order for the HA to verify your eligibility for admission for public or assisted housing or for continued participation in public or assisted housing, the HA may request credit reports, landlord history reports and criminal history reports.

**PURPOSE:** In signing this consent form, you are authorizing the HA to request credit, landlord, and criminal history reports. The HA needs this information to verify your eligibility for assisted housing.

**USES OF INFORMATION TO BE OBTAINED:** The HA will protect any information it obtains as a result of use of this Release of Information form. HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained on this consent form. Private owners may not request or receive information authorized by this form.

**WHO MUST SIGN THIS CONSENT FORM:** Each member of the family household who is 18 years of age or older must sign the consent form. Signatures must also be obtained from new adult members joining the household or whenever members of the household become 18 years of age. Persons who apply for or receive assistance under the following programs must sign this consent form.

HA-owned rental Public Housing  
Section 8 Moderate Rehabilitation Program

Housing Choice Voucher Program  
Section 8 Project-Based Program

**FAILURE TO SIGN CONSENT FORM:** Your failure to sign this consent form may result in denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA’s grievance procedures and Section 8 informal hearing procedures.

**CONSENT:** I consent to allow the Housing Authority of the County of Dauphin to request and obtain Credit Reports, Landlord History Reports, and Criminal History Reports for the purpose of verifying my (our) eligibility for public or assisted housing programs offered by the Housing Authority. I understand that if I am denied housing or terminated from assisted housing programs as a result of information obtained through these reports that I may appeal the decision through the appropriate appeal format of the program listed on this form.

**ALSO, By my signature, I certify that I have received a document entitled “Federal Register/VO62, NO 126/TUESDAY, July 1, 1997/Rules and Regulations - “A Summary of Your Rights Under the Fair Credit Reporting Act”.**

**SIGNATURES:**

Head of Household	Date	Social Security Number of Head of Household
Spouse or Co-Head	Date	Social Security Number of Spouse or Co-Head
Other Family Member over 18 years of Age	Date	Social Security Number of Family Member
Other Family Member over 18 years of Age	Date	Social Security Number of Family Member
Other Family Member over 18 years of Age	Date	Social Security Number of Family Member





# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing  
OMB Control Number 2577-0295  
Expiration Date 1/31/2025

PHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

Housing Authority of the County of Dauphin  
501 Mohn Street  
Steelton, PA 17113

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

N/A

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email: \_\_\_\_\_

DAUPHIN COUNTY HOUSING AUTHORITY  
 HOUSING CHOICE VOUCHER PROGRAM  
 APPLICATION FOR RE-CERTIFICATION



Name First, Middle, Last	M or F	Relationship	Birth Date	Social Security Number	Employment Income List <b>amount</b> and <b>frequency</b>	Social Security Pension List <b>amount</b> and <b>frequency</b>	Welfare List <b>amount</b> and <b>frequency</b>	Assets Checking Account/Savings Account	Other Income: List <b>source</b> and <b>amount.</b>
		Self							

Please check the utilities that you pay for:

**Heat:** Gas \_\_\_ **Cooking:** Gas \_\_\_ **Hot Water:** Gas \_\_\_ **Lights** \_\_\_ **Water** \_\_\_ **Sewer** \_\_\_ **Trash** \_\_\_ **Other** \_\_\_  
 Elect \_\_\_ Elect \_\_\_ Elect \_\_\_  
 Other \_\_\_ Other \_\_\_ Other \_\_\_

How much do you pay for rent? \$ \_\_\_\_\_

I/We certify that the information given to the Housing Authority of the County of Dauphin on household composition, income, family assets, deductions, expenses and other information, is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of housing assistance and tenancy.

\_\_\_\_\_  
*Signature of Head of Household*                      *Date*                      *Signature of Spouse or Other Adult*

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing any false, fictitious or fraudulent statements or entry in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.





**HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN**  
Housing Choice Voucher Program (Section 8)

501 Mohn Street, Steelton, PA 17113 • www.dauphinhousing.org  
717-939-9301 • FAX (717) 939-7947 • admin@dauphinhousing.org

**HOUSING CHOICE VOUCHER VERIFICATION OF EMPLOYMENT**

**THIS SECTION TO BE COMPLETED BY HCV PARTICIPANT/APPLICANT**

Participant/Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Participant/Applicant's Address: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (Employer) to release the information requested below.

Signature of HCV Participant/Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER NAMED ABOVE**

**DEAR EMPLOYER,**

The individual named above is a Housing Choice Voucher Participant/Applicant for housing assistance subsidized by the U.S Department of Housing and Urban Development (HUD). HUD regulations require that we verify the family's income, expenses and other information related to eligibility. The above individual has authorized your release of the information requested below. The information you provide is kept in **strict confidence** and will only be used for program purposes. We are required to complete our verification process in a short time period and would appreciate your prompt response. Importantly, please note that **this information CAN NOT be returned to us by the participant/applicant**. Please fax this form to the attention of the HCV Admin at fax number 717-939-7947. You may also email this form to mlopez@dauphinhousing.org.

If you have any questions, please feel free to contact our office. **Thank you for your cooperation and assistance!**

Date of hire: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_

Date of Termination (if applicable): \_\_\_\_\_

Current rate of pay \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, month, other)

How often is employee paid? \_\_\_\_\_ (weekly, bi-weekly, bi-monthly, monthly, other)

Current rate of overtime pay \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, month, other) Number of hours/weeks employee normally works annually \_\_\_\_\_ Anticipated

average amount of overtime \_\_\_\_\_ hours per (week / month / year)

Anticipated tips, commissions, bonuses \$ \_\_\_\_\_ (weekly / monthly / annually)

**Gross Annual Earnings Anticipated** (including tips, commission, overtime and bonuses): \$ \_\_\_\_\_

Do you anticipate any change in the hours employee works? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please explain under "Additional Comments.")

Do you anticipate any change in the employee's rate of pay in the near future? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is new rate of pay? \_\_\_\_\_ Effective Date \_\_\_\_\_

Does employee receive vacation with pay? Yes \_\_\_\_\_ No \_\_\_\_\_

Does employee receive sick leave with pay? Yes \_\_\_\_\_ No \_\_\_\_\_

If employee's work is seasonal or sporadic, indicate lay off period paid/not paid:

\_\_\_\_\_  
\_\_\_\_\_

Does employee have a Retirement account with your firm/agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is the present value of the employee's retirement account? \$ \_\_\_\_\_

If so, does employee have access to his/her retirement account? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate if this person is employed through a state, federal, or HUD-funded training program? \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I CERTIFY THAT 1) I am a principal, manager or HR representative at the place of employment named above, AND THAT 2) all of the info provided above is true and correct to the best of my knowledge.**

Name and Address of Company: \_\_\_\_\_  
\_\_\_\_\_

Name/Title of Representative Completing this Form: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*(Please highlight, circle or otherwise indicate your preferred contact method in case we need to follow up.)*

**Signature of Company Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***\*PLEASE FAX THIS FORM to 717-939-7947 or EMAIL to [recertification@dauphinhousing.org](mailto:recertification@dauphinhousing.org).***

# ASSET CHECKLIST

We need to know about the assets that every member of your household owns – including assets they own with someone who is not a household member. Please check “Yes” if a household member owns an asset, or “No” if no member of the household owns this type of asset. If you check “Yes”, you must provide verification (i.e. statements) of the value of such asset.

1. **Cash** – Money held in bank accounts, safety deposit boxes, at home or anywhere else.  
 Yes  No
2. **Revocable Trusts** – Money or property held for a household member’s benefit by another person who acts as a trustee.  
 Yes  No
3. **Rental Property or Other Capital Investments** – Real estate, equipment, or machinery rented to other people or held as an investment.  
 Yes  No
4. **Securities** – Stocks, bonds, treasury bills, certificates of deposit (CD’s), money market funds.  
 Yes  No
5. **Individual Retirement Accounts (IRA’s) and Keogh Accounts** – Money for retirement that has been deposited in special accounts.  
 Yes  No
6. **Retirement and Pension Funds** – Money for retirement that has been deposited in funds set up by a union or employer.  
 Yes  No
7. **Lump Sum Receipts** – Such as inheritances, capital gains from the sale of stock or other assets, one-time lottery winnings, or settlements on insurance and other claims.  
 Yes  No
8. **Personal Property held as Investment** – Such as gems, jewelry, antiques, antique vehicles, or coin or stamp collections. This does not include items for personal use, such as clothing, furniture, cars, wedding rings, and other personal jewelry.  
 Yes  No
9. **Life Insurance Policies** – The cash value of a whole life policy or universal life policy. This does not include term life policies.  
 Yes  No
10. **Assets Disposed of Within the Last Two Years** – Please check “yes” if a household member has sold, given away, or put into trusts any of the assets listed above in items 1 through 8 within the last two years.  
 Yes  No

**I hereby certify that the answers and information provided are true, accurate, complete and correct. I fully understand that false answers and information that is not accurate, not complete and/or not correct in regard to the above questions, constitutes fraud and will result in denial or termination of participation in the Section 8 Housing Choice Voucher Program.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head of Household

\_\_\_\_\_  
Date







# HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN

501 MOHN STREET | STEELTON | PENNSYLVANIA | 17113

717-939-9301 | FAX 717-939-7947 | TDD 1-800-545-1833 EXT. 304

WWW.DAUPHINHOUSING.ORG

## **ASSET CERTIFICATION FORM**

I hereby certify that:

\_\_\_I have

\_\_\_I have not

made a disposition of property or other asset in a transaction in the previous two years.

If the property was disposed of for less than market value:

Fair Market Value of Property: \_\_\_\_\_

Value of Consideration Received: \_\_\_\_\_

By checking this box you are self-certifying as to having assets of less than \$5,000.

I understand that the above statements are true and complete to the best of my knowledge.

I understand that false statements or information are punishable under Federal Law.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Resident

\_\_\_\_\_  
Date



Notice to Applicants and Tenants: in order to be eligible to receive housing assistance, each applicant or recipient of housing assistance must be lawfully within the United States. Please read the Declaration Statement carefully and sign and return this form to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

## CITIZENSHIP CERTIFICATION

Please complete a certification statement (below) for EACH FAMILY MEMBER:

Name of Head of Household \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ certify, under penalty of perjury, that, to the best of  
*Print Name Here*

my knowledge, I am lawfully within the United States because (please check the appropriate box below):

- I am a citizen by birth, naturalized citizen or a national of the United States.
- I have eligible immigration status. Note: if you have checked this box, you MUST provide the Housing Authority documentation of your immigration status.

\_\_\_\_\_  
*Signature of Family Member*

\_\_\_\_\_  
*Date*

If the person named on the "*Print Name Here*" line above is a child under the age of 18, this certification must be signed by a parent, guardian, custodian or other adult member of the household responsible for the child.

I \_\_\_\_\_ certify, under penalty of perjury, that, to the best of  
*Print Name Here*

my knowledge, I am lawfully within the United States because (please check the appropriate box below):

- I am a citizen by birth, naturalized citizen or a national of the United States.
- I have eligible immigration status. Note: if you have checked this box, you MUST provide the Housing Authority documentation of your immigration status.

\_\_\_\_\_  
*Signature of Family Member*

\_\_\_\_\_  
*Date*

If the person named on the "*Print Name Here*" line above is a child under the age of 18, this certification must be signed by a parent, guardian, custodian or other adult member of the household responsible for the child.

I \_\_\_\_\_ certify, under penalty of perjury, that, to the best of my  
*Print Name Here*  
knowledge, I am lawfully within the United States because (please check the appropriate box below):

- I am a citizen by birth, naturalized citizen or a national of the United States.
- I have eligible immigration status. Note: if you have checked this box, you MUST provide the Housing Authority documentation of your immigration status.

\_\_\_\_\_  
*Signature of Family Member*

\_\_\_\_\_  
*Date*

If the person named on the "*Print Name Here*" line above is a child under the age of 18, this certification must be signed by a parent, guardian, custodian or other adult member of the household responsible for the child.

I \_\_\_\_\_ certify, under penalty of perjury, that, to the best of my  
*Print Name Here*  
knowledge, I am lawfully within the United States because (please check the appropriate box below):

- I am a citizen by birth, naturalized citizen or a national of the United States.
- I have eligible immigration status. Note: if you have checked this box, you MUST provide the Housing Authority documentation of your immigration status.

\_\_\_\_\_  
*Signature of Family Member*

\_\_\_\_\_  
*Date*

If the person named on the "*Print Name Here*" line above is a child under the age of 18, this certification must be signed by a parent, guardian, custodian or other adult member of the household responsible for the child.

I \_\_\_\_\_ certify, under penalty of perjury, that, to the best of my  
*Print Name Here*  
knowledge, I am lawfully within the United States because (please check the appropriate box below):

- I am a citizen by birth, naturalized citizen or a national of the United States.
- I have eligible immigration status. Note: if you have checked this box, you MUST provide the Housing Authority documentation of your immigration status.

\_\_\_\_\_  
*Signature of Family Member*

\_\_\_\_\_  
*Date*

If the person named on the "*Print Name Here*" line above is a child under the age of 18, this certification must be signed by a parent, guardian, custodian or other adult member of the household responsible for the child.

# HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN

## Section 8/Public Housing Information Certification

PRINTED NAME: \_\_\_\_\_

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE ANSWERING THE QUESTIONS ON THIS FORM:

- A. IF YOU HAVE ANY QUESTIONS OR DOUBTS AS TO HOW TO ANSWER ANY OF THESE QUESTIONS, PLEASE ASK YOUR HOUSING AUTHORITY REPRESENTATIVE.
- B. MAKE SURE YOUR ANSWERS AND INFORMATION ARE **TRUE, CORRECT, AND COMPLETE.**
- C. YOUR ANSWERS AND INFORMATION WILL BE INVESTIGATED.
- D. FALSE INFORMATION AND ANSWERS THAT ARE NOT ACCURATE, NOT COMPLETE, AND/OR NOT CORRECT WILL BE TREATED AS FRAUD AND WILL RESULT IN DENIAL OF YOUR APPLICATION FOR PUBLIC HOUSING OR SECTION 8.
- E. IF YOU NEED ADDITIONAL SPACE, YOU MAY ATTACH ADDITIONAL PAGES WITH THIS FORM.
- F. **\*\*THIS FORM MUST BE COMPLETED BY ALL ADULT MEMBERS OF THE HOUSEHOLD.\*\***

- 
1. HAVE YOU EVER BEEN ARRESTED, CONVICTED OR FINED FOR DRUG-RELATED OR VIOLENT CRIMINAL ACTIVITY?      YES \_\_\_\_\_      NO \_\_\_\_\_

**IF YES, PLEASE LIST ALL OF THE ARRESTS, CONVICTIONS, AND/OR FINES, AND GIVE DETAILS (FOR EXAMPLE, DATE, CHARGE, AND ARRESTING AGENCY):**

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2. HAVE YOU EVER BEEN ARRESTED IN PENNSYLVANIA OR ANY OTHER STATE FOR CRIMINAL ACTIVITY OTHER THAN THOSE SPECIFIED IN QUESTION 1?      YES \_\_\_\_\_      NO \_\_\_\_\_

**IF YES, PLEASE LIST ALL OF THE ARRESTS AND STATES AND GIVE DETAILS (FOR EXAMPLE, DATE, CHARGE, ARRESTING AGENCY):**

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3. ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO ANY SEX OFFENDER REGISTRATION REQUIREMENT AT THE NATIONAL, STATE, OR LOCAL LEVEL?  
YES \_\_\_\_\_      NO \_\_\_\_\_

***(SEE OTHER SIDE)***

4. AS AN ADULT (18 YEARS OR OLDER), HAVE YOU **EVER** LIVED IN PUBLIC HOUSING, BEEN ASSISTED THROUGH A SECTION 8 PROGRAM, OR PARTICIPATED IN ANY OTHER HOUSING ASSISTANCE PROGRAM IN THE PAST? YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES, PLEASE LIST ALL AGENCIES AND PROGRAMS AND GIVE DETAILS (FOR EXAMPLE, AGENCY, PROGRAM TYPE, DATES, PREVIOUS ADDRESSES):**

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5. DO YOU OWE ANY MONEY TO ANY OTHER HOUSING AUTHORITY OR PUBLIC HOUSING AGENCY? YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES, PLEASE LIST ALL AUTHORITIES AND PUBLIC HOUSING AGENCIES AND GIVE DETAILS (FOR EXAMPLE, AMOUNT AND AGENCY):**

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6. AS AN ADULT (18 YEARS OR OLDER), HAVE YOU **EVER** LIVED IN ANOTHER STATE? YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES, PLEASE LIST ALL STATES AND GIVE DETAILS (FOR EXAMPLE, ADDRESSES, AND DATES):**

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**I hereby certify that the answers and information provided above are true, accurate, complete, and correct. I fully understand that the answers and information will be investigated. Furthermore, I fully understand that false answers and information that are not accurate, not complete, and/or not correct in regard to the above questions constitutes fraud and will result in the denial of my application for Public Housing or Section 8.**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**



HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN  
501 MOHN STREET | STEELTON | PENNSYLVANIA | 17113  
717-939-9301 | FAX 717-939-7947 | TDD 1-800-545-1833 EXT. 304  
WWW.DAUPHINHOUSING.ORG

**OBLIGATIONS OF THE FAMILY**  
**FOR PARTICIPANTS IN THE SECTION 8 PROGRAM**

- A. When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the housing choice voucher program.
- B. The family must:
1. Supply any information that the PHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
  2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
  3. Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
  4. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
  5. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
  6. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
  7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
  8. Promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child.
  9. Request PHA written approval to add any other family member as an occupant of the unit.
  10. Promptly notify the PHA in writing if any family member no longer lives in the unit.
  11. Give the PHA a copy of any owner eviction notice.
  12. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
- C. Any information the family supplies must be true and complete.
- D. The family (including each family member) must not:
1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
  2. Commit any serious or repeated violation of the lease.

**(SIGN ON OTHER SIDE)**

3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
5. Sublease or let the unit or assign the lease or transfer the unit.
6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
8. Receive housing choice voucher program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
10. Pay more than the amount in the lease or authorized change to the rent amount. If you are not paying (or if your landlord asks for) any money in addition to the payment, please report this to us at once. We will determine if these extra payments are legal.

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**My signature above indicates that I have read (or)  
have been briefed on the content of this document**

---

**Date**





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**CHILD CARE DEDUCTION -  
TO BE COMPLETED BY CHILD CARE PROVIDER**

Child Care Provider: \_\_\_\_\_

Address of Provider: \_\_\_\_\_

\_\_\_\_\_

Phone # of Provider: \_\_\_\_\_

I, \_\_\_\_\_ receive \$\_\_\_\_\_ each week for the care of the  
*(printed name of provider)*  
child/children listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is a subsidy (such as Child Care Works), please indicate:

Amount paid by parent \$\_\_\_\_\_

Amount paid by subsidy \$\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

**This section for use by Notary Public-stamp, seal, date and signature required**

*Please mail or fax the completed form to the address/fax number listed above. Thank you for your time and effort in providing this information.*