



HCV Program
1300 Broad Street N
Jacksonville, FL 32202
Phone: 904-552-5952
HCVCustomerService@jaxha.org

JaxHA.org



INSTRUCTIONS

Every year you are required to provide updated information regarding your income, assets, deductions, and family circumstances. Families are generally required to participate in an annual reexamination process initiated by the head of household, spouse or cohead. If participation in the electronic process poses a hardship because of a family member's disability, the family should contact Jacksonville Housing to request a reasonable accommodation. You will be notified by mail and electronically via email when it is time for your reexamination. The notification will include an electronic initiation to access the Rent Café Resident Portal. In addition like this packet it will inform the family of the information and documentation required to complete the process. If you are unable to access the Resident Portal, you should contact Jacksonville Housing in advance of the deadline for technical assistance. This deadline is _____. Failure to complete your reexamination could result in termination from the program. Should you need to complete a paper packet please **carefully read** and complete the attached packet according to the following instructions:

1. Complete the attached Application for Continued Eligibility Form.
 - Read and answer each question carefully .
 - Provide information for each member of your household and answer **Yes** or **No** to each question. Unanswered questions may delay the processing of your annual re-exam and you may have to pay additional rent retroactively to the PHA.
 - If you answer Yes to any question, please read the instructions immediately following the question carefully, and provide any required documents.
2. You and all household members 18 years of age and older **must sign** the following two documents:
 - Page 7, Certification Statement, Authorization of Release of Information, and General Consent
 - HUD-9886-A Authorization to Release Information
3. Gather the following income and asset documents and return with your completed recertification packet. **IMPORTANT:** Documents must be original, authentic and dated within 120 days of the date submitted. However Social Security benefits, Welfare/TANF, Pension and other fixed income sources can be dated within the appropriate benefit year.
 - Examples of acceptable family-provided documents include: pay stubs, payroll summary reports, employer notice or letters of hire and termination, Social Security benefit verification letters, bank statements, child support payment stubs, Alimony settlement agreement, court orders, welfare benefit letters and/or printouts, and unemployment monetary benefit notices.
 - * Please submit the two most current and consecutive pay stubs for all working adults in your family. For self-employment and independent contractors (like ride share drivers) submit income tax returns with all forms and schedules attached with receipt of transmission to the IRS.
 - * For assets, submit the original most recent statements that reflect the current balance for any banking/financial accounts (including checking, savings, CD, stocks, bonds, retirement accounts, life insurance surrender value and any on-line banking apps.)



HCV Program
1300 Broad Street N
Jacksonville, FL 32202
Phone: 904-552-5952
HCVCustomerService@jaxha.org

JaxHA.org



* For regular monthly assistance of cash or in-kind benefits (e.g. groceries, utility bill payment etc.) provide a signed and dated letter from whomever provides you the regular contribution amount confirming they will continue to contribute this amount for the next 12 months (not including food bank or similar charity organization).

- For any family member who is a student, submit financial aid award, and current enrollment as full or part time status

- Submit Verification of Allowable Expenses if your family has:

- Unreimbursed childcare costs that assist an adult family member to work, go to school or look for work; or anticipated unreimbursed Health and medical care expenses and Head, Spouse or Co-Head is over 62 years of age and/or receives social security disability (or submits verification of being disabled under the HUD/SSI definition.)

- Pay someone to provide assistance/care for a disabled family member or have out of pocket expenses for disability related equipment that enable a family member to work.

- To add or remove family members, please review the instructions on Page 4 of this packet.

4. Submit your packet to Jacksonville Housing Authority Housing Choice Voucher Program.

We strongly recommend that you **mail or email your packet**. Please ensure your packet is received or post-marked by no later than _____. **You may experience longer than usual wait times if you decide to walk-in your packet to the main office outside of your scheduled appointment date and time.**

*******Please mail or email your packet*******

MAIL: Jacksonville Housing Authority Housing Choice Voucher Program

1300 N Broad Street

Jacksonville, FL 32202

E-mail: HCVCustomerService@jaxha.org

If you require assistance, please make an appointment to come to the office, otherwise, return this packet by the due date above.

5. Your Housing Specialist will review your packet and contact you by e-mail, or mail if additional information is required. Please promptly provide the additional information to stay in good standing with JHA and not risk being terminated from the program for failing to comply with your family obligations. You will receive a notice of your new rent portion once your annual reexamination has been completed.

Families in the Home Ownership Program (HOP)

Families in the HOP program must ALSO provide the following:

1. Mortgage and Escrow Statements (1st and 2nd Mortgage)
2. Current Utilities Statements
3. Home Association or Condo Assessment Fee, if applicable.
4. Proof of Homeowner Insurance
5. Proof of Flood Insurance, if applicable



HCV Program
1300 Broad Street N
Jacksonville, FL 32202
Phone: 904-552-5952
HCVCustomerService@jaxha.org

JaxHA.org



APPLICATION FOR CONTINUED ELIGIBILITY

If you need this document in a different language or format including braille, a LARGER FONT, or if you need a reasonable accommodation (persons with disabilities), please call (904) 552-5952.

Date: _____ Entity ID: _____

Current Head of Household Name: _____

Unit Address: _____

Mailing Address (if different): _____ Apt: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ E-Mail: _____

Language Preference (You may select one): ☐ English ☐ Spanish ☐ Other:

I. HOUSEHOLD COMPOSITION: List head of household first followed by the names of ALL persons who will live in the unit during the next 12 months where this will be their primary residence.

Note: For "Relation", please provide if you are the head of household's spouse, co-head, son, daughter, foster child/adult, live in aide or other adult. Also, please use one of the following to designate your "Race": Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander or White.

1. Head of Household

Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
								HEAD
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security Number		Alien Registration Number

2. Household Member

Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation to Head
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security Number		Alien Registration Number
If member is over 18 and is a full-time student, list school name and address:								

3. Household Member

Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation to Head
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security Number		Alien Registration Number
If member is over 18 and is a full-time student, list school name and address:								



HCV Program
 1300 Broad Street N
 Jacksonville, FL 32202
 Phone: 904-552-5952
 HCVCustomerService@jaxha.org

JaxHA.org   

4. Household Member

Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation to Head	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security Number		Alien Registration Number	
If member is over 18 and is a full-time student, list school name and address:									

5. Household Member

Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation to Head	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security Number		Alien Registration Number	
If member is over 18 and is a full-time student, list school name and address:									

6. Household Member

Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation to Head	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security Number		Alien Registration Number	
If member is over 18 and is a full-time student, list school name and address:									

7. Household Member

Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation to Head	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security Number		Alien Registration Number	
If member is over 18 and is a full-time student, list school name and address:									

8. Household Member

Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation to Head	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security Number		Alien Registration Number	
If member is over 18 and is a full-time student, list school name and address:									

Please use the back of this form to provide additional household member information.

REASONABLE ACCOMMODATION

1. I or a member of my household is a person with a disability and as a result of such disability, I am requesting a reasonable accommodation ☐ Yes ☐ No

2. If yes, please explain the change(s) you are requesting: _____

Note: New household members may be added due to birth, adoption, and court ordered changes in child custody. Please be advised that you must request and receive JHA HCVP approval to add any other person as an occupant of the unit. Additions, including other adult members, must be evaluated for program eligibility in accordance with current policies for family additions.



HCV Program
1300 Broad Street N
Jacksonville, FL 32202
Phone: 904-552-5952
HCVCustomerService@jaxha.org

JaxHA.org



If ADDING a household member, provide the following documents:

- ☐ Proof of Social Security Number,
- ☐ Proof of Citizenship/Immigration status (Birth Certificate, Passport, immigration document),
- ☐ Signed Citizenship Form

If REMOVING a household member, bring the following documents to your interview:

- ☐ A signed statement from the Head of Household stating the reason for removal,
- ☐ A signed statement from the individual being removed, stating the reason for removal,
- ☐ Two (2) proofs of the removed individual's new address.

II. ADDITIONAL HOUSEHOLD INFORMATION

1. Do you have a child under the age of six (6) who has an elevated blood lead level? ☐ Yes ☐ No

If yes, please provide the test results.

2. Do you currently have any children who are temporarily placed out of your home? ☐ Yes ☐ No

If yes, list the name of the child(ren): _____

3. Do you have temporary custody of a foster child or adult? ☐ Yes ☐ No

If yes, list the name(s) of the household member(s): _____

III. INCOME INFORMATION: Family Obligation – The U.S. Department of Housing and Urban Development (HUD) allows JHA access to its Enterprise Income Verification (EIV) System, which provides JHA with income data for all adult family members, whether you report it or not. If you fail to report all family income, you may lose your housing assistance.

III. a. EARNED INCOME INFORMATION

Earned income includes employment and wages of any kind (full-time, part time, seasonal, self-employment, influencer, ride share, mobile apps, temporary employment, or cash payments). If you work at a temp agency, list below and estimate your pay.

1. Does any household member receive earned income? ☐ Yes ☐ No

If yes, please complete the income section below for each household member that receives earned income.

VERIFICATION: Provide two (2) current and consecutive paystubs, a payroll print-out/summary, or employer letter (on letterhead) dated with 120 days; for self-employed, provide a copy of your most recent tax return (1040, 1040A) or a Profit and Loss statement from the prior 12 months.

Household Member Name	Name and Full Address of Income Source	Phone Number / Fax Number	Pay Rate	Frequency*



HCV Program
1300 Broad Street N
Jacksonville, FL 32202
Phone: 904-552-5952
HCVCustomerService@jaxha.org

JaxHA.org



III.B OTHER INCOME INFORMATION

You must report all other unearned income. Does any household member have income (such as those listed below)?

If yes, check the appropriate box(es):

- ☐ Social Security, Supplemental Social Security, annuities, retirement payments, pension or veterans/disability/death benefits
- ☐ Unemployment disability compensation, and/or severance pay
- ☐ Regular contributions or gifts received from organizations or persons not residing in the dwelling
- ☐ Armed Forces pay
- ☐ Student financial assistance– not including any type of loan
- ☐ TANF – Cash Assistance
- ☐ Alimony and/or child support payments – Docket Number for Child Support Case(s):
- ☐ Rental income from owned home or real estate property

If yes, indicate the type, source and amount of income for each household member in the spaces below and submit statement(s) dated within the last 120 days for each source of income or within the appropriate benefits year for fixed income sources

Household Member Name	Type of Income	Name and Full Address of Income Source	Phone Number	Amount (\$)	Frequency*

*Frequency Types:

Hourly, Weekly, Bi-Weekly (every 2 weeks), Semi Monthly (fixed payment dates such as: 1st and 15th or 5th and 20th), Monthly, or Annually.

REMINDER: You must report ALL changes in family income and composition within XX ten (10) business days of the change. This includes, but is not limited to: New employment, seasonal employment, unemployment benefits and the removal of any household members. You must request approval to add a member to the household prior to the member moving-in.



HCV Program
1300 Broad Street N
Jacksonville, FL 32202
Phone: 904-552-5952
HCVCustomerService@jaxha.org

JaxHA.org



IV. FAMILY ASSETS

Please check mark "Yes" or "No" next to each asset owned by any family member or where a family member has access to:

1. An OPEN Savings and/or Checking Account(s), or Safety Deposit Box ☐ Yes ☐ No
If yes, provide the most current statement showing beginning and ending balances
2. An OPEN Money Market Account, Certificate of Deposits, Stocks and Bonds ☐ Yes ☐ No
If yes, provide the most current statements showing beginning and ending balances
3. Cash value in a Trust Fund or any other investment account ☐ Yes ☐ No
If yes, provide the most current statements showing current balances
4. Universal or Whole Life Insurance Policy (Term Life Insurance policies are exempt) ☐ Yes ☐ No
If yes, provide the most current statements showing the current cash value
5. Contributions made to company retirement/pension funds, IRA, Keogh and similar retirement savings ☐ Yes ☐ No
If yes, provide the most current statements showing the current cash value
6. Equity in real estate property (land, houses, etc.). Equity is the estimated current market value of asset less unpaid balance on loans secured by the asset and reasonable costs (such as broker fees) that would be incurred in selling the assets. Provide deed (or other similar ownership document) along with copies of recurring income (lease) and expenses (mortgage, taxes, fees, etc.). ☐ Yes ☐ No
7. Lump sums receipts such as inheritances, capital gains, lottery winnings, insurance settlements, and other claims. Provide current documentation of ownership that also reflects current cash value. ☐ Yes ☐ No
8. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc. ☐ Yes ☐ No

Provide recent appraisal or other documents that reflect ownership and value.

In addition to the requested documents above, please provide the following information for each asset owned by a household member:

Household Member Name	Type of Account	Account #	Cash Value*	Annual Income or APR**	Bank/Company Name and Full Address	Bank/Company Phone Number

*Cash value is the market value of an asset or property minus the cost of converting it to cash

**APR is the annual percentage interest or dividend rate



V. EXPENSES

Childcare: (Only complete if there are children 12 years and younger in the household)

1. Do you have unreimbursed childcare expenses for a child 12 years of age and younger ☐ Yes ☐ No
2. Does the child care expense enable an adult member of the family to work, search for work, or go to school?
☐ Yes ☐ No

If yes, to both 1 and 2, provide the following information and provide a bill/statement from your childcare provider dated within the last 60 days:

Name of Child V. EXPENSES	Provider Name and Address	Provider Phone	Name of Person Enabled to attend work, search for work or, go to school	Activity: attend work, search for work or, go to school	Cost and Frequency

Disability Assistance Expenses: (Only complete this section if one or more family members is disabled)

- 1.a. Are you or any family member (excluding live-in aides and foster child/adult) disabled? ☐ Yes ☐ No
- 1.b. If yes, do you have any expenses for the care of a disabled family member that enables any member of the family to work (example: care attendant, auxiliary apparatus, or service animal)? ☐ Yes ☐ No

If yes to 1a and 1b, complete the following information and submit bills, printouts, or receipts showing how much you pay and how frequently.

Describe Expense	Est. Annual Amount (\$)	Who is enabled to work?

Health and Medical Care Expenses: (Complete this section only if head of household, co-head, spouse or domestic partner is disabled or 62 years of age or older. If not, provide any additional comments at the end of this page and skip to Page 7.

Section VI: Certification Statement.

- 1.a. Is the head, co-head, spouse or domestic partner disabled or 62 years of age or older? ☐ Yes ☐ No
- 1.b. If yes, do you have unreimbursed health and medical care expenses for the eligible family member(s)? ☐ Yes ☐ No

- Doctors or healthcare provider fees
- Transportation to treatment costs
- Live-in/periodic assistance costs
- Prescription medication
- Medicare, medical/dental insurance premiums
- Dental, eye and hearing aid expenses
- Accumulated medical bills

If yes to 1a and 1b, list the medical expenses for each household member below and provide proof of payment within and for one (1) year.

Household Member Name	Type of Expense	Provider Name and Address	Provider Phone	Amount (\$)	Frequency

COMMENTS: Please use this section to add anything that may have been missed in previous sections. You may include any information necessary to clarify your income or household composition:



HCV Program
1300 Broad Street N
Jacksonville, FL 32202
Phone: 904-552-5952
HCVCustomerService@jaxha.org

JaxHA.org



VI. CERTIFICATION STATEMENT, AUTHORIZATION OF RELEASE OF INFORMATION, AND GENERAL CONSENT

IMPORTANT: Each adult member must read, certify, and consent to the disclosures and statements on this page.

I certify and consent to the following:

1. The information provided to Jacksonville Housing Authority Housing Choice Voucher (JHA HCV) Program regarding household composition, income, allowances and deductions is accurate and complete to the best of my knowledge and belief.
2. I understand that any family composition changes may result in a change in my/our household's voucher size.
3. I understand that providing false statements or information to JHA HCVP are punishable under federal law and are grounds for termination of housing assistance.
4. I hereby consent to and authorize the Jacksonville Housing Authority HCV Program to obtain from non-federal sources [i.e., sources other than the "law enforcement agencies" defined in 24 CFR 5.902(b)], records concerning my/our criminal background, including but not limited to any records of my/our arrest or conviction of any criminal offense under laws of any U.S. State or. the records of a state sex offender registry.
5. I/We hereby consent to and authorize the U.S. Department of Housing and Urban Development (HUD) and the JHA HCVP to request and obtain information from any Federal, State, or local agency, or organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted programs including but not limited to: current and previous employers, previous landlord, Courts, Post Offices, Schools and Colleges, Support and Alimony providers, Welfare Agencies, State Unemployment agencies, Medical and Child Care providers, Veterans Administration, Retirement Systems, Banks and other financial institutions, Credit providers and Credit Bureaus, Utility Companies, US Citizen and Immigration Services, or any other information HUD or JHA HCVP determines to be necessary to determine my/our initial or continued eligibility for benefits.
6. I understand that this information will be used by Jacksonville Housing Authority Housing Choice Voucher Program to verify my initial or continued eligibility and level of benefits. I understand that I will be given an opportunity to contest this information if it is used as a basis to deny, reduce, or terminate housing assistance. All household members 18 years of age or older must sign on the "other adult" line.

Head of Household (HOH) Name

Signature

Date

Spouse/Co-Head Name

Signature

Date



HCV Program
1300 Broad Street N
Jacksonville, FL 32202
Phone: 904-552-5952
HCVCustomerService@jaxha.org

JaxHA.org



Other Adult Household Member Name

Signature

Date

Other Adult Household Member Name

Signature

Date

Other Adult Household Member Name

Signature

Date

Other Adult Household Member Name

Signature

Date

Housing Discrimination: JHA policy and federal law prohibit housing discrimination based on disability in the admission or access to, or treatment or employment in, its program or activities. An ADA Coordinator has been designated to coordinate compliance with the non-discrimination requirements of Section 504 of the Rehabilitation Act of 1973, (Section 504), the Americans with Disabilities Act (ADA), the Federal, State and local Fair Housing Acts, the United States Department of Housing and Urban Development Section 504 and Fair Housing Act Regulations, and the ADA regulations implemented by the United States Equal Employment Opportunity Commission and the United States Department of Justice. If you believe you have been denied housing based on your disability, you may call the Office of Fair Housing and Equal Opportunity at 800-669-9777 or the JHA ADA Coordinator at 904-630-3810.

I/We, the undersigned, certify under penalty of perjury that the information provided here is true and correct, to the best of my knowledge and recollection. WARNING: Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. 287, 1001, 1010, 1012; 31 U.S.C. 3279, 3802).

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Jacksonville Housing Authority
1300 Broad Street
Jacksonville, FL 32202

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name



HCV Program
1300 Broad Street N
Jacksonville, FL 32202
Phone: 904-552-5952
HCVCustomerService@jaxha.org
JaxHA.org

1. Certification:

The undersigned Public Housing Agency (PHA) hereby certifies that the following family:

Head of Household _____	Spouse or Co-Head _____
Other family member _____	Other family member _____
Other family member _____	Other family member _____

is eligible for participation in the Housing Voucher Program of this PHA. Under this program, the PHA makes housing assistance payments on behalf of participating families toward their rents to owners of **DECENT, SAFE, AND SANITARY DWELLING UNITS**.

2. FAMILY PORTION OF RENT:

(A) Total Tenant Payment: The total amount that the family will be obligated to pay monthly towards rent and utilities is based on the family's income and is called the Total Tenant Payment.

(B) Family Payment to Owner: The amount that the family will be obligated to pay monthly to the owner will be the difference of the PHA's payment and the total rent unless the family is responsible for paying any utilities. If the family must pay utilities directly, the family will pay to the owner the portion of rent minus the appropriate allowance for tenant-paid utilities and services determined by the PHA.

(C) Due Date Rental Payments: The family's initial rent payment shall be due and payable to the owner immediately upon occupancy of the dwelling unit.

(D) Change in Family and Allowance: The amount of the family's required Total Tenant Payment is subject to change by reason of changes to program rules and changes in family income, composition and the extent of the exceptional medical or other unusual expenses. All changes in the family income or household composition must be reported immediately (within ten (10) business days) in writing to the Agency.

3. PHA PORTION OF THE RENT:

The PHA will pay to the owner on behalf of the family the difference between the applicable assistance standards and 30% of the monthly adjusted family income.

4. CONDITION:

The family agrees to perform all of its obligations under the Housing Choice Voucher Program. These obligations include:

- A. Providing each family income information and records as may be required in the administration of the program.
- B. Permitting inspection of their dwelling unit after a reasonable time and a reasonable notice; notice to the PHA of the family's intent to vacate the unit;
- C. Cooperating with the Jacksonville Housing Authority in finding another unit when the family is no longer eligible for the contract unit it occupied because of a change in the family size;
- D. Not assigning the lease or subleasing the premises;

Por favor, póngase en contacto con la oficina si usted necesita este documento traducido o si necesita un intérprete. Este servicio se ofrece sin costo alguno en relación con los negocios de la agencia.



- E. Not providing accommodations for borders or lodgers;
- F. Reporting to the Agency in writing, all changes in income of family members in the household immediately. Only the family members listed above and children born or adopted by one of these family members are entitled to housing assistance under this program. Any other increases in the family size must be approved by the PHA in advance.

5. EQUAL HOUSING OPPORTUNITY:

If the family has reason to believe it has been discriminated against on the basis of race, color, creed, handicap, religion, sex, national origin, age or familial status it may file a complaint with the HUD Area Office. Fair Housing Complaint Forms (Form HUD-903) are available from this office and included in your packet.

6. DAMAGE OR ABUSE:

If the family causes damage to the dwelling through abuse or negligence, the family will be responsible for paying the cost of repairing the damage. The PHA must maintain the dwelling unit in a decent, safe and sanitary manner in all times and keep all windows, doors, plumbing fixtures and appliances in good working order.

7. TERMINATION OF ASSISTANCE:

If the family voluntarily vacates the unit, no further housing assistance will be provided. Additionally, if the family vacates the unit in violation of the lease term or if the family vacates the unit while owing rent or other amounts under the lease, the family may not receive further assistance unless the family satisfies these liabilities. Family amounts owed under the lease, the family may not receive further assistance unless the family satisfies these liabilities. Other causes for termination include but are not limited to: Failure to pay the tenant-paid utilities, failure to maintain tenant-supplied appliances and allowing the family to be terminated if any family member engages in drug-related criminal activity or violent behavior toward any of the Jacksonville Housing Authority personnel or violent behavior toward any personnel of the Jacksonville Housing Authority or other families, it will be cause for termination of your assistance.

FAILURE OF A TENANT TO OCCUPY THE PREMISES ON OR BEFORE THE DATE SPECIFIED IN A LEASE AGREEMENT IS AUTOMATICALLY "OTHER GOOD CAUSES" FOR TERMINATION.

8. DEBT TO THE AGENCY:

In case a family through fraud, misrepresentation or default under this contract or previous contracts has left the PHA holding a delinquent account, such delinquency shall be a default under this contract. The PHA shall have the right to recover all costs associated with the collection effort including court costs, reasonable attorney fees and prejudgment interest at the legal rate. In addition, the PHA reserves the right to notify any and all credit service organizations of such a delinquency.

Failure of the family to meet the conditions contained in this statement, including the timely payment of the family payment to the owner, failure of the family to fulfill its obligations under the lease with the owner, will be a basis for termination of rental assistance under the program.

The undersigned participant does further acknowledge that all of the information provided to the Housing Voucher Program is correct and that they have not given any false information to become eligible for housing assistance payments or to get a higher housing assistance payment. They also acknowledge and understand that to violate the above makes them liable for a fine of up to \$10,000 or imprisonment of up to five years or both according to Florida Law Chapter 414.39

Por favor, póngase en contacto con la oficina si usted necesita este documento traducido o si necesita un intérprete. Este servicio se ofrece sin costo alguno en relación con los negocios de la agencia.

and/or Section 1001 of Title 18 of the United States Code. I understand that a violation makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within the jurisdiction. In addition, they acknowledge and understand that any violation of the above could affect their current or future eligibility for housing assistance.

PARTICIPANTS RESPONSIBILITES (Participants must adhere to these rules)

1. The family must supply any further information requested by the JHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition. You must report any changes in your income or family composition **IN WRITING WITHIN (10) BUSINESS DAYS**. Family must obtain the Housing Assistance Division's approval to add other family members to the lease.
2. The family must disclose and verify social security numbers and must sign and submit consent forms for obtaining information.
3. No one other than those family members listed on your Dwelling Lease Agreement can live in your unit. Reasonable accommodation of overnight guests and visitors must meet the Owner's regulations. The family must promptly notify the JHA if any family member no longer resides in the unit.
4. Your share of the rent is due to your property manager on or before the first day of the month.
5. The family may not commit serious or repeated violations of the lease.
6. You are responsible for any damages caused by the members of your family or visitors. Your property manager may repair all damages and give you a bill.
7. You are responsible for any disturbances or excessive noise caused by members of your family or visitors in the unit, complex, or common area.
8. If you live in a single-family dwelling unit, you are responsible for the exterior of the unit and maintenance of the ground, lawns and shrubs unless otherwise specified in the lease. Failure to do this can result in a ticket from the Housing Safety Division.
9. You must not apply wallpaper, contact paper, attach or paint anything without the written consent of the owner.
10. You must not allow your sewer line becomes stopped up with rags, brushes, excessive paper or other foreign objects, your landlord may make repairs and may give you the bill.
11. If your utilities are cut off and not restored after seventy-two (72) hour notice from the JHA, your unit is in violation of the Housing Quality Standards and your assistance may be terminated. Additionally, if your utilities have been turned off for more than thirty (30) days, the unit will be assumes vacant/abandoned and assistance may be terminated.
12. Members of the assisted family or guests may not engage in drug related, violent, or criminal activity.
13. The family must give JHA a copy of any owner eviction notice.
14. If you are evicted from any assisted unit you will be ineligible for admission to any Section 8 or Public Housing community for a five-year period, beginning from the date of eviction.

Por favor, póngase en contacto con la oficina si usted necesita este documento traducido o si necesita un intérprete. Este servicio se ofrece sin costo alguno en relación con los negocios de la agencia.



HCV Program
1300 Broad Street N
Jacksonville, FL 32202
Phone: 904-552-5952
HCVCustomerService@jaxha.org
JaxHA.org

15. Continually trashing a unit beyond ordinary wear and tear and failing to keep the unit in a clean and sanitary manner will be cause for termination from the program. High standards of housekeeping are necessary and a must for your health and safety.
16. Threatening, abusive or violent behavior toward any personnel of the Jacksonville Housing Authority will be cause for termination of your assistance.
17. You must not sublease the assisted unit. The family must not own or have any interest in the unit.
18. The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the program.
19. The family must notify JHA and the owner of their unit before moving out and terminating the lease.
20. Your failure to repay the agency for any funds owing will result in the termination of your assistance.
21. You are responsible for correcting tenant caused deficiencies as a result of a Housing Quality Standards inspection.
22. Fleeing to avoid prosecution, custody, or confinement after a conviction of a felony, or violating a condition of probation or parole imposed under Federal or State law, is a ground for termination of your housing assistance.
23. You will be denied admission permanently to the Section 8 Program if you are a sex offender who is subject to a lifetime registration requirement under State sex offender registration program.
24. The participant cannot rent a unit from any family member. A participant with disabilities may ask for an exception to this rule as a reasonable accommodation. These will be reviewed by case.
25. You must not operate a business from the assisted unit without prior consent from your landlord.
26. You must not operate a business from the assisted unit without prior consent from your landlord.
27. You must not make any additional payments outside of the contract rent to the landlord and/or property manager.

Head of Household (signature) _____	Date _____
Spouse/Co-Head (signature) _____	Date _____
Other Adult 18+ years (signature) _____	Date _____
Other Adult 18+ years (signature) _____	Date _____

Por favor, póngase en contacto con la oficina si usted necesita este documento traducido o si necesita un intérprete. Este servicio se ofrece sin costo alguno en relación con los negocios de la agencia.



JACKSONVILLE HOUSING AUTHORITY **AUTHORIZATION FOR RELEASE OF INFORMATION**

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Housing Authority of Jacksonville Housing Authority (JHA) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Housing Choice Voucher (Section 8) rental assistance program. I understand that my information may not be released without my signature on this authorization. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or JHA to release information from my file to any Federal, State or local governmental agency.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, included by are not limited to:

- Identity and Marital Status
- Employment
- Income
- Assets
- Medical and Child Care Allowances
- Criminal Activity
- Request for Utility Usage
- Information and/or Request for Utility Account Numbers
- Confirmation of Utilities Connected/Disconnected

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- Past and Present Employers
- Veterans Administration
- Public Housing Agencies
- Social Service and Welfare Agencies
- Retirement Systems
- Courts
- Utility Companies
- Informal Support Providers
- State Unemployment Agencies
- Banks and Other Financial Institutions
- Social Security Administration
- Schools and Colleges
- Medical/Health Care and Childcare Providers
- Support and Alimony Providers
- Public Safety Providers

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or JHA may conduct computer-matching programs to verify the information supplied for my applications or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information.

CONDITIONS

I agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file with JHA and will stay in effect for 15 months from the date signed. I understand I have a right to correct any information that I can prove is incorrect.

I understand that I have the right to revoke this authorization in writing at any time prior to the expiration date by sending my written revocation to your designated Rental Housing Coordinator/Specialist at Jacksonville Housing Authority, 1300 N Broad Street, Jacksonville, FL 32202. Any actions based on this authorization that JHA may have taken prior to their receiving notice of my revocation will be considered validly authorized.

Head of Household Signature

Date

Print Name

Social Security Number of Head of Household

Spouse

Date

Print Name

Other Family Member (age 18 and older)

Date

Print Name

Other Family Member (age 18 and older)

Date

Print Name



HCV Program
1300 Broad Street N
Jacksonville, FL 32202
Phone: 904-552-5952
HCVCustomerService@jaxha.org
JaxHA.org

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: Section 214 prohibits HUD from making financial assistance available to persons who are not in eligible status with respect to citizenship or noncitizen immigration status. Please read the Declaration statement carefully and sign. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury, that to the best of my knowledge, I
(tenant's name)

am lawfully within the United States because (please check appropriate box):

I am a citizen by birth, a naturalized citizen or a national of the United States.

I have eligible immigration status and I am 62 years of age or older.

- Attach proof of age.ⁱ

I have eligible immigration status as checked below (see page 2 of this form for explanations).ⁱⁱ

- Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigration status under §§101(a) (15) or 101(a) (20) of the Immigration and Nationality Act (INA).ⁱⁱⁱ

Permanent residence under §249 of the INA.^{iv}

Refugee, asylum or conditional entry status under §§207, 208 or 203 of the INA.^v

Parole status under §212(d) (5) of the INA.^{vi}

Threat to life or freedom under §§243(h) of the INA.^{vii}

Amnesty under §245A of the INA.^{viii}

Signature of Family Member: _____ **Date:** _____

Check box on left if signature is of an adult residing in the unit who is responsible for a child named on the statement above.

HA: Enter INA/SAVE Primary Verification #: _____ **Date:** _____



ⁱ Warning: 18 U.S.C. 100t provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing 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, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

ⁱⁱ Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

ⁱⁱⁱ Immigrant status under §101(a) (15) or 101(a) (20) of the INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(1) (20) of the immigration and nationality Act (INA), as an immigrant, as defined by §101(a) (15) of the INA (8 U.S.C. 1101(a) (20) and 1101(a) (15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.

^{iv} Permanent resident under §249 of the INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained resident in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].

^v Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980 because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

^{vi} Parole status under §212(d) (5) of the INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].

^{vii} Threat of life or freedom under §243(h) of the INA. A noncitizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*Threat to life or freedom*].

^{viii} Amnesty under §245A of the INA. A noncitizen who is lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*Amnesty granted under INA 245A*].