



Greetings:

Thank you for your interest in Petersburg Elderly Housing, also known as Mountain View Manor.

Mountain View Manor is a HUD subsidized senior citizen's apartment complex. We have twenty-three 1-bedroom apartments, which can house 1-2 occupants, and one 2-bedroom apartment, which can house 2-3 occupants. Our apartments and their adjoining patios are 100% smoke-free. To qualify for residency in these apartments you must be at least 62 years of age or older. If a couple, one must be 62 years old. This age requirement does not apply to persons qualifying as handicapped or disabled. Your annual income may not exceed:

- if single - \$35,850.00
- or, if a couple, a combined income of - \$41,000.00

To assist you in planning a move into our facility, I have included the following information for your review and completion:

- | | |
|--------------------------------|-------------------------------------|
| * Brochure | * Application Instructions |
| * Application Checklist | * Application |
| * Previous Landlords | * Income/Asset/Expense Form |
| * Emergency Contact Form | * Release of Information Form 9887 |
| * HUD Application Fact Sheet | * HUD Housing Assistance Sheet |
| * EIV & You Fact Sheet | * Statement of Acknowledgement |
| * VAWA Questionnaire | * Applicant Citizenship Declaration |
| * Race & Ethnic Data Reporting | |

Please include copies of all statements pertaining to the Income/Assets/Expenses listed on the Application for Admission, including account numbers and relevant addresses. It is important that you complete the application packet in its entirety.

Please feel free to call with any questions you may have. We look forward to hearing from you.

Sincerely,

Michelle Lopez
Director-Petersburg Elderly Housing
Certified Occupancy Specialist Advanced
mlopez@petersburgak.gov

Mountain View Manor-Petersburg Elderly Housing

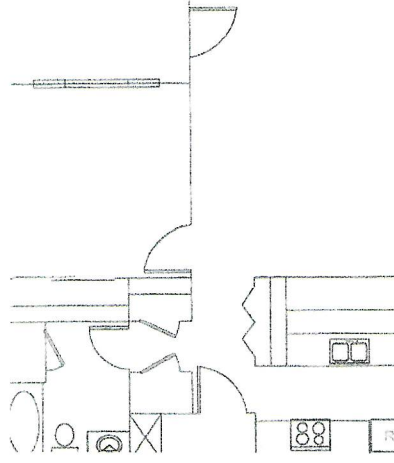
P.O. Box 1530 Petersburg, AK 99833

Phone (907) 772-3445 opt. 2 Fax (907) 772-4217

www.ci.petersburg.ak.us



Petersburg Elderly Housing complies with Section 504 of the Rehabilitation Act of 1973 which prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance from HUD. Petersburg Elderly Housing also complies with the Fair Housing Act which prohibits discrimination in housing and housing related transactions based on race, color, religion, sex, national origin, disability and familial status and Title VI of the civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin in any program or activity receiving federal financial assistance from HUD.



Mt. View Manor
Typical Unit
@ 740 sq ft



MOUNTAIN VIEW MANOR

PETERSBURG ELDERLY HOUSING

16 N. 12TH STREET

PO BOX 1530

PETERSBURG, AK 99833

Phone (907) 772-3445

Fax (907) 772-4217

Email:

mlopez@petersburgak.gov

MICHELLE LOPEZ, DIRECTOR

mlopez@petersburgak.gov



The complex has laundry facilities on each floor, with one-half day a week being assigned to each tenant. At present, dinners are served three nights a week in the dining room. These meals, provided by Mt. View Food Service, are optional and available to all seniors 60 years or older for a donation. A van takes residents on scheduled shopping trips three days a week.

To qualify for tenancy in these apartments, the individuals or couples must meet the following requirements:

1) Be at least 62 years of age or older. If a couple, one must be 62 years old. This age requirement does not apply to persons qualifying as handicapped or disabled.

2) Meet the Annual Income Guidelines for the Petersburg Census area as determined by accessing the Fair Market Rents and established by HUD.

The apartment rent is approximately 30% of the monthly income after allowable deductions and includes electricity, water, heat and garbage. There is an additional optional monthly charge for the use of the laundry room, cable TV and covered parking when available.

Mountain View Manor is a Senior Citizen's apartment complex with 24 tenant apartments, two of which are wheel chair accessible; office, two laundry rooms, a large social hall and reading room as well as a commercial type kitchen and dining room. This is a two-story building but an elevator makes the facilities available to all.

The unfurnished apartments are especially nice -- each having one bedroom with a large closet, a living room separated from the kitchen by a breakfast bar. The kitchens are complete with electric stoves and refrigerators. The bathroom is roomy with a linen closet and a cabinet under the sink. The bathroom, kitchen and entry have linoleum floor covering. The living room and bedroom have carpeting. Each apartment has a small deck with planter boxes.

The dining room and social hall are available to the public for meetings and receptions. Fees for the rental of these facilities are as follows:

Social Hall.....\$75.00/day plus tax if applicable

Dining Room.....\$75.00/day plus tax if applicable

Kitchen.....\$15.00/hour plus tax if applicable

Fees for regularly scheduled weekly/monthly meetings are negotiable.

There is no charge to residents of Mt. View Manor for the use of the Social Hall or Dining Room. However, if the kitchen is used the regular charge applies.

For more information, please call (907) 772-3445.

INSTRUCTIONS

Petersburg Elderly Housing

This Application Packet is for Single Occupancy ONLY.

If more than one person is applying, please contact Petersburg Elderly Housing for a Double Occupancy Application Packet.

1. Checklist
 - a. Make sure all items are marked off the checklist and all necessary, supporting documentation is included with the application packet
2. Application
 - a. Page 1-2 – Provide information for Applicant/Head of Household (HOH)
3. Previous Landlords
 - a. Fill out, listing all Landlords going back 5 years
4. Income/Asset/Expense Form
 - a. Filled out, signed and dated
5. Emergency Contact Sheet
 - a. Provide information for Applicant/Head of Household
 - b. Only one Contact per form. If you would like to list more than one Contact, please make a copy and fill out 1 form per Contact.
6. 9887 Updated Release of Info
 - a. Page 3 - Provide signature for Applicant/Head of Household
 - b. Page 6 - Provide printed name, signature and date for Applicant/Head of Household
7. Statement of Acknowledgement
 - a. Provide signature for Applicant/Head of Household
8. VAWA Questionnaire
 - a. Provide information for Applicant/Head of Household (HOH)
9. Applicant Citizenship Declaration, pages 1-5
 - a. Provide information for Applicant/Head of Household
10. Race & Ethnic Data Reporting Form
 - a. Provide information for Applicant/Head of Household

Mt. View Manor – Petersburg Elderly Housing

Application Checklist

ALL ITEMS ON THIS LIST MUST BE RETURNED BEFORE YOUR APPLICATION CAN BE PROCESSED!

- _____ Application: Filled out, signed and dated
- _____ Previous Landlords: Filled out, listing all Landlords going back 5 years
- _____ Income/Asset/Expense Form: Filled out, signed and dated
- _____ Emergency Contact HUD 92006: Filled out, signed and dated
- _____ Release of Information HUD 9887 & 9887-A: Signed and dated in 2 spots
- _____ Statement of Acknowledgement: Signed and dated
- _____ VAWA Questionnaire
- _____ Applicant Citizenship Declaration: Filled out, signed and dated
- _____ Race & Ethnic Data Reporting Form: Filled out, signed and dated
- _____ Copy of Driver's License or State issued ID card
- _____ Copy of Social Security Card
- _____ Copy of Birth Certificate
- _____ Proof of Disability, if applicable
- _____ Copies of ALL statements pertaining to Income/Assets/Expenses – ie:

These documents must be dated within the past 120 days!!!

- Complete account statements for Checking, Savings, CD, IRA, etc
- Letter of benefits from Social Security/Public Assistance, etc
- Wage statements
- Retirement/Pension statements
- Real Estate
- Recurring medical expenses
- Anything else that would be applicable

Mountain View Manor-Petersburg Elderly Housing
P.O. Box 1530, 16 N 12th Street, Petersburg, AK 99833
Phone (907) 772-3445 Fax (907) 772-4217

Household Composition: I certify my household consists of the following persons ONLY. (Include Name, Relationship, Sex, Date of Birth, and Social Security Number. Add additional pages if needed.) I certify changes in household will immediately be reported to the management. All persons 18 or older living in the household will complete and sign a separate Income/Asset Statement.

	Applicant/Head of Household	Co-Applicant /Spouse
First Name		
Middle Name		
Last Name		
Social Security Number		
Driver's License/ID #		
----Issuing State of ID		
Date of Birth		
Sex		
Mailing Address		
Residence Address		
Email Address		
Home Phone Number		
Cell Phone Number		

*Disclosure of SSNs for the applicant and for all members of the applicant's household is mandatory, except:

- those household members who do not contend eligible immigration status, or;
- those applicants who were age 62 or older as of January 31, 2010, and do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.

*If you require specific accommodations to allow for a disability or handicap, please explain the type of accommodation required: _____

*Depending on eligibility in regards to household size, are you interested in a:

1 bedroom apartment Yes____ No____ 2 bedroom apartment Yes____ No____

How did you hear about Mt. View Manor-Petersburg Elderly Housing? _____



- * I agree to a screening of the rental, credit, drug and criminal history of the applicant, co-applicant and any additional occupants, including live-in aides, as is required before placement on the waiting list/admission.
- * I understand and agree that the above information will have to be verified from the source prior to move-in.
- * I understand that by completing this form, I will be placed on a list to determine if I am eligible to assume residency in Mt. View Manor, Petersburg Elderly Housing.
- * I agree that I have received a list of eligibility requirements and the procedural steps to determine eligibility.

CERTIFICATION: I certify under penalties of perjury that the above information is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years, be evicted, or lose the subsidy HUD pays and have my rent increased, if I furnish false or incomplete information.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Application received by _____ Date _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

REQUIREMENTS FOR RESIDENCY:

Petersburg Borough, HUD Assisted, Mt. View Manor, Petersburg Elderly Housing:

- Must be 62 years of age or older.
- If a couple, one must be 62 years old.
- This age requirement does not apply to persons qualifying as handicapped or disabled.
- Annual income may not exceed:
 - if single - \$ 35,850.00
 - or, if a couple, a combined income of - \$ 41,000.00



PREVIOUS LANDLORDS:**Please list your landlords for the past 5 years**

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

You can mail this application to: Mt. View Manor
Petersburg Elderly Housing
PO Box 1530
Petersburg, AK 99833

Or you can bring it to: Mt. View Manor
Petersburg Elderly Housing
16 N 12th Street
Petersburg, AK 99833

Or in a sealed envelope to: Petersburg Borough
Finance Office
12 South Nordic Drive
Petersburg, AK 99833



INCOME/ASSET STATEMENT for APPLICANT

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Applicant/Head of Household (HOH) Name _____

Date _____

Household Composition: I certify changes in household will immediately be reported to the management. All persons age 18 or older living in the household will complete and sign a separate Income/Asset Statement.

Does the APPLICANT have any of the following income/assets/recurring expenses?

- * Please mark "YES" or "NO" for ALL QUESTIONS
- * Please LIST SOURCES/AMOUNTS. If more room is needed, attach a sheet to the back.
- * Please include VERIFICATION/COPIES of everything listed. It is necessary to provide Names/Contact information for verification purposes.

1.	Do you receive any of the following? (list gross amount, specify mo/yr etc)	Yes	No
	Wages/Salaries		
	Source _____ Amount\$ _____	_____	_____
	Self-Employment Income		
	Source _____ Amount\$ _____	_____	_____
	Social Security		
	Amount\$ _____	_____	_____
	SSI/SSDI		
	Amount\$ _____	_____	_____
	Welfare/Adult Public Assistance		
	Amount\$ _____	_____	_____
	Senior Benefits		
	Amount\$ _____	_____	_____
	Unemployment		
	Amount\$ _____	_____	_____
	Labor & Industry		
	Amount\$ _____	_____	_____
	Alimony		
	Amount\$ _____	_____	_____
	Child Support		
	Amount\$ _____	_____	_____

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INCOME/ASSET STATEMENT for APPLICANT

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2.	Do you receive <u>periodic (regular) income</u> such as: <i>(list gross amount, specify mo/yr etc)</i>	Yes	No
Retirement Funds			
	Source _____ Amount\$ _____	_____	_____
Pension			
	Source _____ Amount\$ _____	_____	_____
Annuities			
	Source _____ Amount\$ _____	_____	_____
Insurance Policies			
	Source _____ Amount\$ _____	_____	_____
Disability or Death Benefits			
	Source _____ Amount\$ _____	_____	_____
Alaska Permanent Fund Dividend			
	Amount\$ _____	_____	_____
Veteran's Benefits			
	Amount\$ _____	_____	_____
Other Periodic Income			
	Source _____ Amount\$ _____	_____	_____
3.	Do you have any of the following?	Yes	No
Checking Accounts			
	Bank/Source _____ Account # _____	_____	_____
Savings Accounts			
	Bank/Source _____ Account # _____	_____	_____
Money Market Funds			
	Bank/Source _____ Account # _____	_____	_____
Trusts			
	Bank/Source _____ Account # _____	_____	_____
	*If yes, is the trust irrevocable	_____	_____
IRA/Keogh Accounts or Other Company Retirement Accounts			
	Bank/Source _____ Account # _____	_____	_____
Stocks/Bonds			
	Bank/Source _____ Account # _____	_____	_____
Certificate of Deposits			
	Bank/Source _____ Account # _____	_____	_____
Equity in Rental Property or Other Capital Investments			
	Source _____	_____	_____
Real Estate/Burial Plot /Personal Property held as an Investment			
	Itemize _____	_____	_____
Other accounts (such as Life Ins/Health Ins/Pre-paid Burial, etc)			
	Itemize _____	_____	_____
Cash held (Safety Deposit Boxes, Piggy Banks, ect.)			
	Amount\$ _____	_____	_____

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INCOME/ASSET STATEMENT for APPLICANT

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4.	Have you received any <u>lump sum</u> payments in the last year such as:	Yes	No
	Inheritances/Gifts		
	Amount\$ _____	_____	_____
	Lottery Winnings		
	Amount\$ _____	_____	_____
	Insurance Settlements (Health, Accident, Worker's Comp.)		
	Amount\$ _____	_____	_____
	Capital Gains		
	Amount\$ _____	_____	_____
	Social Security Benefits, Unemployment Compensation, ect.		
	Amount\$ _____	_____	_____
	Other		
	Source _____ Amount\$ _____	_____	_____
5.	In the past 2 years, have you disposed of any assets for less than fair market value: (ie: gave away, sold for less than it's value, etc.)	Yes	No
	Date/Description/Value _____	_____	_____
6.	Are any assets held jointly with another person?	Yes	No
	Itemize _____	_____	_____
7.	Do you regularly receive monetary gifts or non-cash contributions from persons outside the household?	Yes	No
	Rent		
	Source _____ Amount\$ _____	_____	_____
	Utilities		
	Source _____ Amount\$ _____	_____	_____
	Groceries		
	Source _____ Amount\$ _____	_____	_____
	Clothing		
	Source _____ Amount\$ _____	_____	_____
	Miscellaneous Household Supplies		
	Source _____ Amount\$ _____	_____	_____
	Other		
	Source _____ Amount\$ _____	_____	_____

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INCOME/ASSET STATEMENT for APPLICANT

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8. ALLOWANCE FOR CHILD CARE EXPENSE:

- Applies ONLY to amount paid for care of children (including foster children) UNDER AGE 13.
- Child care expenses may be deducted if: 1) such care will enable a family member to work, attend vocational or academic courses; 2) no adult household member capable of providing child care is available during hours the care is needed; 3) amount deducted is reasonable for the hours and type of care required; 4) individual outside the household provides the care; 5) the expense allowed to enable a family worker to work does not exceed the employment income derived because the care is available.

I certify my anticipated child care expenses for the next 12 months are as follows: (Indicate who childcare is paid to, number of hours per week, vacations and amount)

9. ALLOWANCE FOR HANDICAPPED/DISABLED ASSISTANCE EXPENSES:

- Applies ONLY IF a family member is handicapped/disabled (h/d).
- The allowance is the amount by which total expense exceed 3 percent of annual income.
- Handicapped/Disabled assistance expenses include attendant care and auxiliary apparatus expenses that are: 1) necessary to enable a family member (including h/d member) to be employed; 2) anticipated expenses to be paid in the next 12 months; 3) NOT paid to a family member. For additional information, request information sheet from manager.

I certify my anticipated handicapped/disabled assistance expenses are as follows: (be specific)

10. ALLOWANCE FOR MEDICAL EXPENSES:

- Applies ONLY for households whose HEAD or SPOUSE is age 62 or older, handicapped or disabled.
- The allowance is the amount by which total medical expenses exceed 3 percent of annual income.
- Total medical expenses includes all medical expenses that are anticipated to be paid by the household in the 12 months following the effective date of the Certification/Recertification AND NOT paid by an outside sources. After Move-In, it can include one-time allowable medical expenses.
- Medical expenses include: services of physicians; medical insurance premiums; prescription medicines; dental expenses, eye glasses; hearing aids and batteries; attendant care or periodic medical care; payments on accumulated medical bills; medical related travel. For additional information, request Information Sheet from manager.

I certify my anticipated medical expenses for the next 12 month are as follows: (be specific)

11. Are you on the Medicaid Waiver Program? Yes____ No____

Name of Care Coordinator_____

Phone Number_____

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INCOME/ASSET STATEMENT for APPLICANT

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12. Are you currently receiving housing subsidy? Yes____ No____
13. Have you ever been evicted? Yes____ No____
14. Are you currently homeless? Yes____ No____
15. Are you Active Military Personnel or a Veteran? Yes____ No____
16. Are you a victim of a Presidentially Declared Disaster? Yes____ No____
17. Are there any full-time students 18 years of age/older in your household? Yes____ No____
18. Are any household members temporarily absent? Yes____ No____
19. Are any household members permanently absent? Yes____ No____
20. Are there any members of the household who are subject to a lifetime sex offender registration requirement in any state? Yes____ No____
21. Are there any members of the household who have been convicted of a felony in any state? Yes____ No____
22. Please provide a complete list of states/countries in which the applicant has resided since birth:

23. Please provide a complete list of all names/aliases (maiden name) that the applicant has been known as:

- * I agree to a screening of the rental, credit, drug and criminal history of the applicant, co-applicant and any additional occupants, including live-in aides, as is required before placement on the waiting list/admission.
- * I understand and agree that the above information will have to be verified from the source prior to move-in.
- * I understand that by completing this form, I will be placed on a list to determine if I am eligible to assume residency in Mt. View Manor, Petersburg Elderly Housing.
- * I agree that I have received a list of eligibility requirements and the procedural steps to determine eligibility.

CERTIFICATION: I certify under penalties of perjury that the above information is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years, be evicted, or lose the subsidy HUD pays and have my rent increased, if I furnish false or incomplete information.

Signature of Applicant/HOH _____ Date _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

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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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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: _____ </td> </tr> </table>		<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	<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: _____
<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	<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: _____		
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.

Form HUD- 92006 (05/09)

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (02/2007)

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):
Department of Housing & Urban Development
1 Sansome St, Suite 1200
San Francisco, CA 94104

O/A requesting release of information (Owner should provide the full name and address of the Owner.):
Petersburg Borough-Elderly Housing
Michelle Lopez-Property Manager
PO Box 1530
Petersburg AK 99833

~~PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.)~~

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (VV-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

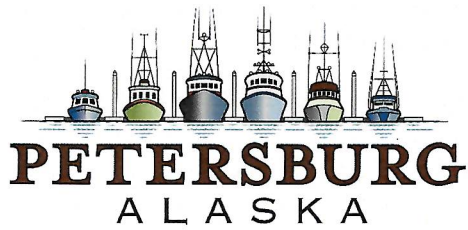
Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.



STATEMENT OF ACKNOWLEDGMENT

This will serve to notify Petersburg Borough, Mountain View Manor-Petersburg Elderly Housing that I have received my personal copy of the:

- Fact Sheet for HUD Assisted Residents
- HUD 9887 & 9887-A Fact sheet/Release of Information
- EIV information paperwork

Head-of-Household (please print)

Head-of-Household Signature

Date

Co-Tenant (please print)

Co-Tenant Signature

Date

THIS SHEET MUST BE SIGNED AND RETURNED TO THE MANAGER

Mountain View Manor-Petersburg Elderly Housing

P.O. Box 1530 Petersburg, AK 99833

Phone (907) 772-3445 Fax (907) 772-4217

www.ci.petersburg.ak.us





VAWA* QUESTIONNAIRE

***The Violence Against Women Act Reauthorization of 2013**

Are you an applicant fleeing or attempting to flee violence?

_____ YES

_____ NO

_____ I DO NOT WISH TO ANSWER THIS

Applicant/HOH (please print)

Applicant/HOH

Date

THIS SHEET MUST BE SIGNED AND RETURNED TO THE MANAGER

Mountain View Manor-Petersburg Elderly Housing

P.O. Box 1530 Petersburg, AK 99833

Phone (907) 772-3445 Fax (907) 772-4217

www.ci.petersburg.ak.us



APPLICANT CITIZENSHIP DECLARATION

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet

Name: _____
(Last) (First) (Middle)

Relationship to Head of Household: _____ Sex: _____ Date of Birth _____

Social Security No.: _____ Alien Registration No.: _____

Admission Number (if applicable): _____ (This is an 11-digit number found on INS Form I-94, Departure Record)

Nationality: _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

SAVE Verification No.: _____
(To be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle Initial, and last name in the space provided. Then review the blocks designated below and complete either block number 1, 2 or 3.

DECLARATION:

I, _____, hereby declare, under penalty of
(Print or type first name, middle initial, last name)
perjury, that I am:

☐ 1. a citizen or national of the United States.

If you checked this block, no further information is required. **Sign and date** below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should **sign and date** below:

(Signature)

(Date)

☐ Check here if adult signed for child



π **2. a noncitizen with eligible immigration status:.**

If this block is checked, check the appropriate category on the Attachment to Declaration. **Sign and date** below and forward this form to the management of the project. Be sure include the required documentation. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should **sign and date** the below.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

(Signature)

(Date)

π **Check here if adult signed for child**

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

(Signature)

(Date)

π **Check here if adult signed for child**

π **3. not contending eligible immigration status and I understand that I am not eligible for financial assistance**

If you checked this block, no further information is required and the person named above understands they are not eligible for assistance. **Sign and date** below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below:

(Signature)

(Date)

π **Check here if adult signed for child**



ATTACHMENT TO DECLARATION

Eligible Noncitizen Categories (check appropriate box)

- ☐ 1. A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(2) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a)(15) of the INA (7 U.S.C. 1001(a)(2) and 1101(a)(15), respectively). [immigrants] (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful resident status).
- ☐ 2. A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States 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 section 249 of the INA (8 U.S.C. 1259).
- ☐ 3. A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 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.
- ☐ 4. A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182d)(5)) [parole status].
- ☐ 5. A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253(h)) [threat to live or freedom].
- ☐ 6. A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].



Required Documentation

- ☐ 1. Fully executed Verification Consent Form

AND

- ☐ 2. One of the following documents:

Form I-551, Alien Registration Receipt Card (for permanent resident aliens).

Form I-94, Arrival-Departure Record, with one of the following annotations:

- "Admitted as Refugee Pursuant to section 207";
-
- "Section 208" or "Asylum";
-
- "Section 243(h)" or "Deportation stayed by Attorney General"; or
-
- "Paroled Pursuant to Sec. 212(d)(5) of the INA".

If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:

- A final court decision granting asylum (but only if no appeal is taken);
-
- A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
-
- A court decision granting withholding or deportation; or
-
- A letter from an INS asylum officer granting withholding or deportation (if application filed on or after October 1, 1990).

Form I-688, Temporary Resident Card, which must be annotated "section 245A: or "section 210".

Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12".

A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Form I-152, Alien Registration Receipt Card



**Applicant
Verification Consent Format**

Project Name Petersburg Elderly Housing **Project Address** 16 N 12th St. Petersburg, AK

Telephone (907)772-3445 Fax (907)772-4217 TTD/TTY _____

Instructions: Complete this format for each noncitizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

Consent

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. the use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. the release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
 - (i) HUD, as required by HUD; and
 - (ii) The INS for purposes of verification of the immigration status of the individual.

TO THE HOUSEHOLD MEMBER:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF THE PROJECT IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signed _____ Date _____

Notification to Applicants:

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

This project does not discriminate against any person on the basis of race, color, religion, sex, handicap, familial status, national origin or marital status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.



**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)Petersburg Elderly Housing **AK02-R000-004** 16 N 12th Street, Petersburg, AK

Name of Property

Project No.

Address of Property

Petersburg Borough**515/8 Section 8**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What **YOU** Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



What income information is in EIV and where does it come from?

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

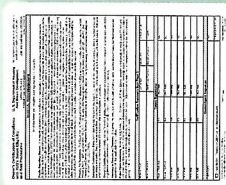
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenant's Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - Child support
 - AFDC payments
 - Social security for children, etc.

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.



What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10084.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in;

and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm.



JULY 2009



Information for Advocates, Social Service Agencies, and Other Third Parties

The Fastest Way to Verify Social Security and Supplemental Security Income Benefits

If your clients need proof of their Social Security or Supplemental Security Income benefits, let them know that they can get a benefit verification letter online instantly through a *my* Social Security account.

You can serve your clients faster because they no longer have to wait for a letter to be mailed to them. They can get the up-to-date information they need online, perhaps even from a computer in your office.

With *my* Social Security those who receive benefits can easily view, print, or save an official letter that includes proof of their:

- Benefit amount and type;
- Medicare start date and withholding amount; and
- Age.

Please encourage your clients to go online for a benefit verification letter. Let them know they can skip a trip to a field office by getting an instant letter online with a personal *my* Social Security account. They may also continue to call us toll-free to request a letter by mail. We are asking agencies and other organizations to assist our mutual customers by sending clients to ***www.socialsecurity.gov/myaccount***.

The fact sheet, *How to Create an Online Account* (Publication No. 05-10540), provides step-by-step instructions and explains how to get a benefit verification letter.

If your clients are unable to go online, they can call our toll-free number, **1-800-772-1213** (TTY **1-800-325-0778**).

my Social Security

YOUR ONLINE ACCOUNT ... YOUR CONTROL ...

www.socialsecurity.gov/myaccount

Sample Online Benefit Verification Letter



Social Security Administration

Date: January 30, 2013
Claim Number: XXX-XX-0000A

JANE DOE
456 ANYWHERE AVENUE
MAINTOWN, USA 11111-1111

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2012, the full monthly Social Security benefit before any deductions is \$223.90.
We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$223.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the fourth Wednesday of each month.

Information About Past Social Security Benefits

From December 2011 to November 2012, the full monthly Social Security benefit before any deductions was \$220.70.

We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$220.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Date of Birth Information

The date of birth shown on our records is May 29, 1949.

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 800-000-0000. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
123 MAIN STREET
MAINTOWN, USA 11112-1111

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Social Security Administration



Securing today
and tomorrow

Social Security Administration
Publication No. 05-10552 | ICN 463256 | Unit of Issue — HD (one hundred)
August 2017 (March 2016 edition may be used)
The Fastest Way to Verify Social Security and Supplemental Security Income Benefits
Produced and published at U.S. taxpayer expense



my Social Security

How to Create an Online Account

You can create a *my* Social Security account to access your *Social Security Statement* to check your earnings and get your benefit estimates.

If you receive benefits, you can also:

- Get your benefit verification letter;
- Change your address and phone number;
- Start or change your direct deposit;
- Request a replacement Medicare card; and
- Get a replacement SSA-1099 or SSA-1042S for tax season.

Even if you do not currently receive benefits, you can:

- Check the status of your application or appeal.
- Get a benefit verification letter stating that you:
 - never received Social Security benefits, Supplemental Security Income (SSI) or Medicare; or
 - received benefits in the past, but do not currently receive them (The letter will include the date your benefits stopped and how much you received that year.); or
 - applied for benefits but haven't received an answer yet.

You may be able to use your free *my* Social Security account at **www.socialsecurity.gov/myaccount** to request a replacement Social Security card online, as long as you live in one of the participating states or the District of Columbia, are not requesting a name change or any other change to your card, and you meet other requirements.

There is no fee to create a *my* Social Security account, but you must have an email address. See other side for instructions on setting up an account using an activation code.

Email account set up

There are many options available to set up an email address and it can be done in as little as five minutes. Each email provider has its own criteria for setting up an account and you must accept the provider's terms of use agreement. Some examples of free email providers include:

AOL: aolmail.com

Gmail: gmail.com

iCloud Mail (Apple): icloud.com

Outlook: outlook.com

Yahoo: yahoo.com

**This is not a complete list of email providers. Social Security is not endorsing any of these particular email account provider(s), as you may use other email account providers as appropriate.*

NOTE: *Even if you do not use email on the computer, if you have a smart phone it is likely that you already have an email account. Contact your cell phone service provider to find out.*

Setting up your own *my* Social Security account

After you have a valid email address, you are ready to set up your own *my* Social Security account. To set up your account, visit **www.socialsecurity.gov/myaccount** then follow the steps on the back of this page:

Select “Sign In or Create an Account”

To create a *my* Social Security account, you must be at least 18 years old and have:

- A valid email address;
- A Social Security number; and
- A U.S. mailing address.

Create an Account

Don't have an account? [Learn More](#)

▼ Important Information

Set yourself free. Open a *my* Social Security account today and rest easy knowing that you're in control of your future.

[Sign In or Create an Account](#)

Create An Account

Using your activation code to create your account

You may have been given a letter with an activation code to complete the creation of your *my* Social Security account.

- Select “Finish Setting Up Your Account” and enter the information requested, including the account activation code we gave you.

Social Security

PLEASE ENTER YOUR ACCOUNT ACTIVATION CODE

HAVE AN ACTIVATION CODE?

Finish Setting Up Your Account

Received assistance from Social Security to create your account? Finish the process by entering your activation code now.

Please enter the account activation code we gave you

Account Activation Code

Next Exit

Provide some personal information to verify your identity

Social Security

Please tell us who you are

Your Name
As shown on your Social Security card.

First M.I. Last Suffix

Social Security Number (SSN)

Date of Birth
Month Day Year

Choose a username and password

- Then, select how you would like to receive a one-time security code by providing the email address you registered or text-enabled cell phone number. You'll then receive a security code via text or email that you will need to enter within 10 minutes to finish creating your account.

Social Security

Get your security code

We will provide a security code each time you sign in.

Tell me more

How do you want to receive your security code?

Text Message
Your rates will apply

Email

Cell Phone Number
10-digit number

Next Exit

Social Security

We need a text message to (930) 899-5993

Please enter your security code

Enter the security code you just received.

Next Previous Exit

NOTE: We'll send a one-time security code to your cell phone or to your email address each time you sign in with your username and password. The security code is part of our enhanced security feature to protect your personal information. Keep in mind that your cell phone provider's text message and data rates may apply.



Securing today
and tomorrow

Social Security Administration
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my Social Security - How to Create an Online Account
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