

## GARFIELD COUNTY HOUSING AUTHORITY

1430 RAILROAD AVENUE, UNIT F

RIFLE, CO 81650

(970) 625-3589 or (888) 627-3589

Fax (970) 625-0859 \* TTY (800) 659-2656

www.garfieldhousing.com

### Family Reporting Form

#### **Part 1: Household Members**

List all individuals living in your unit:

Full Name	Relationship	Disability (Check one)	Date of Birth	Age	Gender	Veteran
	Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do ALL the minor children listed above live with you 50% of the time or more? ☐ Yes ☐ No ☐ N/A

#### **Part 2: Contact Information:**

Please provide your current contact information:

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

(If Applicable) Representative Payee Name: \_\_\_\_\_

Representative Payee Phone Number: (\_\_\_\_) \_\_\_\_\_



Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony. This institution is an equal opportunity provider and employer.



### **Part 3: Criminal Activity**

Have you or any member of your household been convicted of the following crimes in the last 12 months?

Sexual offense ☐ Yes ☐ No

Methamphetamine production ☐ Yes ☐ No

Felony crime ☐ Yes ☐ No

Violent Criminal act ☐ Yes ☐ No

Is any member of your household required to register as a sex offender? ☐ Yes ☐ No

If yes, who? \_\_\_\_\_

### **Part 4: Income**

1. Do you or any household member work? ☐ Yes ☐ No

2. Does anyone outside of your household assist you with paying your bills (cell phone payment, utility bills, groceries, etc.)? ☐ Yes ☐ No

If yes, who assists you? \_\_\_\_\_

How much? \_\_\_\_\_

How Often? \_\_\_\_\_

**Check all that apply. Provide name of household member, amount, and how often received:**

Type	Name of Household Member	Amount	How Often
Social Security			Per Hour/Week/Month/Year
Social Security			Per Hour/Week/Month/Year
SSI			Per Hour/Week/Month/Year
SSI			Per Hour/Week/Month/Year
SSDI			Per Hour/Week/Month/Year
TANF			Per Hour/Week/Month/Year
OAP			Per Hour/Week/Month/Year
AND			Per Hour/Week/Month/Year
Unemployment			Per Hour/Week/Month/Year
Workers Comp			Per Hour/Week/Month/Year
Child Support			Per Hour/Week/Month/Year
Alimony			Per Hour/Week/Month/Year

Type	Name of Household Member	Amount	How often
1099-MISC, Independent Contractors, and Self Employed			Per Hour/Week/Month/Year
Wages-Gross before taxes			Paid per hour: _____ Average hours worked weekly _____
Start Date:	Employer Name Address	Phone	Paid: Daily / Weekly / Bi-weekly / Bi-Monthly / Monthly
Wages-Gross before taxes			Paid per hour: _____ Average hours worked weekly _____
Start Date:	Employer Name Address	Phone	Paid: Daily / Weekly / Bi-weekly / Bi-Monthly / Monthly
Wages-Gross before taxes			Paid per hour: _____ Average hours worked weekly _____
Start Date:	Employer Name Address	Phone	Paid: Daily / Weekly / Bi-weekly / Bi-Monthly / Monthly
Death Benefits			Per Hour/Week/Month/Year
Training Program Income			Per Hour/Week/Month/Year
Pension			Per Hour/Week/Month/Year
Gifts and Inheritances			Per Hour/Week/Month/Year
1099- Dividend Income/Interest Income			Per Hour/Week/Month/Year
Grants, Scholarships, Student Loans, Work Study			Per Hour/Week/Month/Year
Commissions			Per Hour/Week/Month/Year
Annuities			Per Hour/Week/Month/Year
Capital Gains			Per Hour/Week/Month/Year
Royalties			Per Hour/Week/Month/Year
Rental Income			Per Hour/Week/Month/Year
Other			Per Hour/Week/Month/Year

3. Do you receive child support? ☐ Yes ☐ No

If a household member receives child support payments and/or maintenance payments, are these payments received through the Family Support registry? ☐ Yes ☐ No

Family Support registry number if applicable: \_\_\_\_\_

If the payments are not received through the family support registry, please provide the following information regarding your payments:

Name of person making payment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**YOU MUST PROVIDE DOCUMENTATION AS PROOF OF ALL SOURCES OF INCOME**

4. Is any member of your household a full-time student? ☐ Yes ☐ No

If yes, name of family member: \_\_\_\_\_

Name of school attending: \_\_\_\_\_

Address of school: \_\_\_\_\_

Does this person receive student financial assistance? ☐ Yes ☐ No

**Please provide a copy of school transcripts, loans, and grants.**

**Part 5: Assets**

**Check all types of assets or accounts your household currently has:**

☐ My household does not have any asset accounts

<input type="checkbox"/> Savings Account	<input type="checkbox"/> Stocks	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Payee/escrow account
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Bonds	<input type="checkbox"/> Own a home or land	<input type="checkbox"/> Educational Savings Account (Such as 529, ABLE)
<input type="checkbox"/> Trusts- Revocable or Irrevocable	<input type="checkbox"/> Money Market Funds	<input type="checkbox"/> Retirement Accounts	<input type="checkbox"/> Personal Property exceeding 50,000
<input type="checkbox"/> Cash App/ Pay Pal/ Venmo	<input type="checkbox"/> Cash		



**For each asset account, please provide the following information:**

Account Holder Name: _____ Bank Name: _____ Account Type: _____ Account Number: _____ Current Balance: _____ Annual Income from Asset: _____	Account Holder Name: _____ Bank Name: _____ Account Type: _____ Account Number: _____ Current Balance: _____ Annual Income from Asset: _____
Account Holder Name: _____ Bank Name: _____ Account Type: _____ Account Number: _____ Current Balance: _____ Annual Income from Asset: _____	Account Holder Name: _____ Bank Name: _____ Account Type: _____ Account Number: _____ Current Balance: _____ Annual Income from Asset: _____

**Please provide verification of ALL assets**

1. Please list the address of any real estate (including land) that you own: \_\_\_\_\_  
 \_\_\_\_\_

2. Have you closed any type of asset accounts in the last 12 months? ☐ Yes ☐ No

If yes, please provide the name of the bank where the account was closed: \_\_\_\_\_

Date account was closed: \_\_\_\_\_ (month and year)

Type of account closed: \_\_\_\_\_

**Part 6: Allowances**

1. Is anyone in your household paying for childcare 12 years of age or younger? ☐ Yes ☐ No  
 If yes, please provide the following:

Family member paying for childcare: \_\_\_\_\_  
 Child's name: \_\_\_\_\_  
 Name of provider: \_\_\_\_\_  
 Provider address: \_\_\_\_\_  
 Provider phone number: \_\_\_\_\_  
 Amount paid per month: \_\_\_\_\_

**Please attach copies of receipts showing proof of payments**

**Disabled or Elderly Family Only (Head, Co-Head, or Spouse is 62 years or older or is a person with a disability)**

If you (the head of household), your spouse, or co-head are at least 62 years old, or a person with a disability and the medical expenses you pay out-of-pocket each year is more than 3% of your annual income, The Garfield County Housing Authority might be able to lower the amount of rent you pay.

**Please attach proof of payment (12-month printout, receipts, etc.) for each of the expenses listed. Please check IRS Publication 502 Medical and Dental Expenses as the guide to determine medical expense deductions.**

Check all types of out-of-pocket medical expenses your family pays for and include the estimated amount paid each month:

<input type="checkbox"/> Prescription co-pays \$ _____ /month	<input type="checkbox"/> Doctor visit co-pays \$ _____ /month	<input type="checkbox"/> Insurance Premiums \$ _____ /month	<input type="checkbox"/> Eyeglasses/eye care payments \$ _____ /month	<input type="checkbox"/> Service Animal costs \$ _____ /month
<input type="checkbox"/> Dental Payments \$ _____ /month	<input type="checkbox"/> Hearing aid payments \$ _____ /month	<input type="checkbox"/> Hospital payments \$ _____ /month	<input type="checkbox"/> Transportation to treatment (cab fare, mileage, etc.) \$ _____ /month	<input type="checkbox"/> Other \$ _____ /month
<input type="checkbox"/> Other \$ _____ /month	<input type="checkbox"/> Other \$ _____ /month	<input type="checkbox"/> Other \$ _____ /month	<input type="checkbox"/> Other \$ _____ /month	<input type="checkbox"/> Other \$ _____ /month

#### **Part 7: Housing Quality Standards Certification:**

You must select one of the following:

- ☐ I do not know of any current issues that would cause my unit to fail inspection and my landlord has been responsive to requests for repairs.
- ☐ I am aware of issues that would cause my unit to fail a Housing Quality Standards inspection and my landlord has not been responsive to request for repairs.

#### **Part 8: Certification:**

I do hereby swear and attest that all of the information provided on this form is true and correct. I understand that all changes in the income of any member of the household as well as any changes in household composition must be IMMEDIATELY reported in WRITING to the Garfield County Housing Authority.

My signature below also authorizes the Garfield County Housing Authority to check criminal arrest records through CBI, MRI Software, or any other credited agency, on all adult members of my household, including myself, anytime during the next 15 months.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Name of person completing form (If other than head of household): \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing form

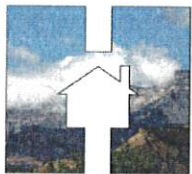
\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

Reason why head of household did not complete form: \_\_\_\_\_

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**





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### **Family Obligations and GCHA Policies**

Garfield County Housing Authority (GCHA) may terminate assistance to program participants for violations of one or more of the following obligations or policies:

#### **The Garfield County Housing Authority does not help pay any part of damage deposits or last month's rent!**

1. Participants must supply all information requested by GCHA and/or their Housing Specialist. This information includes, but is not limited to, household income, household members, social security numbers and evidence of citizenship or legal status, changes to student status.
2. Participants must honor deadlines set by GCHA (return paperwork, call by..., respond by... etc.)
3. Participants must notify GCHA in writing within 10 business days of: 1) Increase in current income/revenue such as wages, child support social security income etc. 2) New/additional income/revenue sources such as wages, child support, social security income etc. You must provide verification within 10 business days of issuance such as pay stubs, letters from employers, etc. and continue to provide for at least 3 months. 4) Income of all minors and full-time students including wages, social security income, etc. 5) changes to student status. **THIS TYPE OF NOTIFICATION MUST BE SUBMITTED SEPERATLEY FROM ANY OTHER NOTICE OR PAPERWORK** (recertification)
4. Annual income means all amounts, monetary or not which go to, or on behalf of, the family member(s), are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date and is not specifically excluded by federal regulations. Asset income is also included in annual income.
5. Participants reporting zero income must attend "Zero Income" meetings as requested by GCHA staff.
6. If a family intentionally misreports or omits facts regarding income/revenue/assets or composition of the family which results in overpayment of rent subsidy is considered program abuse. Federal regulations require participants to repay all overpaid rental assistance. Applicants and participants must supply information that is complete, accurate and true!
7. Families must obtain prior approval to add new household members other than through birth, adoption or court-ordered custody of a child. GCHA will not approve additional household members who do not meet agency eligibility criteria or if the new addition will result in unit overcrowding. The head of household must notify GCHA if a member vacates unit.
8. Applicants must locate a unit prior to the expiration of their voucher. Requests for extensions must be made in writing prior to expiration date of the voucher.



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9. Participants must pay their portion of the rent **EVERY** month.
10. The initial term of the lease must be one (1) year.
11. Participants must not violate their Family Obligations listed on your Voucher (and handbook page 2 4 A – D)
12. Participants must not damage the unit beyond reasonable wear and tear.
13. Participants must not allow utilities the family is responsible for paying to be shut off.
14. Participants must not commit frequent or repeated violations of their lease.
15. Participants must not enter into a second lease or side agreement with their landlord.
16. Participants must give GCHA copies of all notices from landlord i.e. rent increases, lease violations, eviction notices.
17. Participants must notify GCHA **and** their landlord **in writing** of their intent to move **prior** to moving out of the unit.
18. Participants must allow GCHA to inspect the unit at least bi-annually as scheduled; you will be notified by mail of the inspection date and time. An adult household member age 18 or older must be present for the inspection. Missing your unit inspection is grounds for program termination.
19. Participants must use the assisted unit **as their only residence**.
20. Participants must not rent out any part of the unit to another person/family.
21. Participants must notify GCHA in writing if the entire household will be absent from their unit 30 days or more. Absences cannot exceed 60 continuous days except for confinement for medical purposes which is 180 days maximum.
22. Participants must not own or have any financial interest in the unit. Nor rent from a family member or relative.
23. Participants may not receive rental assistance from GCHA while receiving additional rental assistance from another agency for the same unit or rental assistance on a second unit.
24. Participants terminated from the Housing Choice Voucher program by GCHA or any other public housing authority may not be allowed to reapply for assistance with GCHA. Voucher Relinquishment forms are available if you no longer wish to participate in the program.
25. Participants can move with continued assistance once every twelve (12) months. Notice must be given 30 calendar days in advance in accordance with lease and copy of notice given to GCHA.
26. GHCA discloses previous and current addresses known to the agency of past, present landlords if requested by prospective Landlord. No other information will be shared with landlords.

27. The head of household is responsible for the compliance of all family obligations and reporting requirements for the entire household.

**A complete list of your Family Obligations is found on the Housing Choice Voucher.**

The Garfield County Administrative plan with the federal regulations and GCHA policies can be found at [www.garfieldhousing.com](http://www.garfieldhousing.com)

**Other Causes for Termination or Denial of Assistance:**

1. Any member of the household has outstanding debt with GCHA or another public housing authority.
2. If a household defaults on their repayment agreement with GCHA, our agency will seek repayment of the debt through every legal remedy available to us, including collection agencies. All household members aged 18 and older are financially responsible for money owed GCHA/collections. This may add costs for attorney fees, court costs and interest to the outstanding balance.
3. Any member of the household has engaged in or threatened abusive or violent behavior toward GCHA staff, housing specialist(s) and/or other agency staff.
4. Any household member has engaged in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. The federal law classifies marijuana as an illegal drug.
5. Any member of the household who has engaged in the abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
6. Any member of the household is required to register as a lifetime sex offender.

**Right to a Hearing**

If a decision is made to terminate housing assistance, the head of household will receive written notice with the specific reason(s) for program termination. The notice will provide a deadline by which he or she may request an informal hearing to appeal the termination decision.

**I have read and understand all the information provided on this statement.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/ Co-head

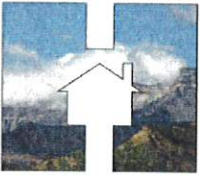
\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date



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**ADDITIONAL ADULT POLICY/ACKNOWLEDGMENT**

The Garfield County Housing Authority's (GCHA) Administrative Plan defines a guest as a person temporarily staying in the unit with the consent of a member of the household who has expressed or implied authority. A guest can remain in the assisted unit no longer than 30 consecutive days, **or** a total of 90 cumulative calendar days during any 12-month period **or** lease provisions **whichever is least**.

Children who are subject to joint custody arrangement or for whom a family has visitation privileges for a person living outside the assisted unit more than 50 percent of the time, is not subject to the time limitations of guests outlined above.

Any ADULT age 18 or older not included on the 50058 who is in the unit more than the authorized guest policy, without **written** approval from GCHA will be considered living in the unit as an unauthorized household member.

The burden of proof that the individual is a guest is on the family in the absence of proof; the individual will be considered an unauthorized member of the household. Statements from neighbors and or the landlord will be considered evidence in making the determination of how long "guest" has been present in the assisted unit.

Any ADULT using the assisted unit's address for any purpose, including a mailing address, taxes, legal documents, other state or federal programs will be called a household member.

If household composition should change during the term of the lease, the head of household is responsible for notification to GCHA in writing. Failure to do this could result in termination of program participation, repayment of any overpaid rent subsidy.

I have read and understand the above statements. There is no adult living/staying in the unit other than whose name(s) appear on the application/50058 and lease. I agree to notify the GCHA of any changes in writing. Every adult household member age 18 or older must sign this policy acknowledgment form. **THIS FORM APPLIES TO ALL HOUSEHOLDS INCLUDING SINGLE PERSON HOUSEHOLDS**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Significant Other/Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date



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### CHANGES REQUIRING WRITTEN NOTIFICATION TO THE HOUSING AUTHORITY

#### Changes to household income

Participants are required to report the following income changes in writing within **ten (10) business days** of the change: **THESE CHANGES NEED TO BE MADE SEPERATLY FROM ANNUAL RECERTIFICATION PAPERWORK!**

- 1) ALL changes to money coming into the household must be reported to GCHA.
- 2) ALL income increases to the last reported earned or unearned income.
- 3) New earned or unearned income sources.
- 4) Changes to last reported earned or unearned income sources i.e. change of jobs, 2<sup>nd</sup> job, etc.
- 5) New assets, depletion of assets.
- 6) When any household members turn 18.
- 7) Changes to student status.

**If in doubt, contact your Housing Specialist to discuss.**

The family may request a re-examination of income anytime the family has experienced a change in circumstances since their last annual recertification. Changes will not be made monthly!

Garfield County Housing Authority (GCHA) routinely uses HUD's Enterprise Income Verification database and other non-HUD sources of up-front income verification. This includes all private or public databases available to us. At each examination, the current income and expense information provided by the family is compared to these databases to detect possible under or unreported income. However, families should **NEVER** expect the database availability to substitute for their written notice requirements!

In the case of family-caused errors or program abuse, the family will be **required** to repay any excess subsidy received. GCHA may, but is not required to, offer the family a repayment agreement. If the family fails to pay the debt in full, fail to sign the offered repayment agreement, or defaults on their signed repayment agreement GCHA will terminate the family's assistance. The account will then be turned over to a collection agency and/or any other resources available to GCHA to collect the debt. Additional expenses for attorney's fees, court costs and interest will be added to any outstanding balanced owed our agency. All adult family members terminated from the program for violation of our policies will not be allowed to reapply for assistance again with this agency (GCHA).

#### Changes in household composition

Participants are required to report all changes in their family (household) composition within **ten (10) business days** of the change: **THESE CHANGES NEED TO MADE SEPERATLY FROM ANNUAL RECERTIFICATION PAPERWORK!**



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- 1) Birth, adoption or court-awarded custody of a child. No approval from the agency is required. However, Social Security card and birth certificate must be provided within 30 days; extensions can be granted, if needed.
- 2) If a member no longer lives in the unit **or** a household member is expected to be out of unit for 30 days or more. You must report in writing when the temporarily absent household member returns to the unit **OR** that they will be permanently absent.
- 3) If a live-in aide, foster child, or foster adult no longer lives in the unit.

**If in doubt, contact your Housing Specialist to discuss.**

**New family and household members requiring approval *prior* to moving in:**

1. Add a new family member (anyone other than birth, adoption or court-awarded custody of a child(ren)). This includes any person not on the lease who is expected to stay in the unit more than 30 consecutive days or 90 cumulative days within a 12-month period **OR** in excess of the landlord guest policy whichever is LEAST for GCHA, therefore no longer qualifies as a "guest".
  - a. GCHA will not approve individuals unless they meet the agency's eligibility criteria and documentation requirements. GCHA may have other restrictions as well.
2. Live-in aide.
3. Foster child or foster adult.

GCHA will not approve the addition of new household members (anyone other than birth, adoption or court-awarded custody of a child(ren)), live-in aide, foster child or adult if it will cause a violation of HQS standards.

GCHA will provide written approval or rejection if the requested individual does meet agency eligibility criteria or documentation requirements along with the reason for a denial. The agencies will make the determination within ten (10) business days of receiving all information required to verify the individual's eligibility.

**I have read and fully understand my written notification requirements with the Garfield County Housing Authority and Colorado Division of Housing. Head of Household is responsible for the reporting requirements of the entire household.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-head/Other Adult member

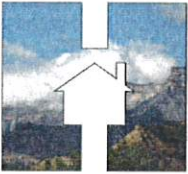
\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date



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**Authorization for Release of Information**

I give authorization to the Garfield County Housing Authority to contact or communicate with any and all agencies including, but not limited to: Landlords (past, present and/or prospective), employers, law enforcement, Departments of Human Resources, Adult and Family Services, State Employment Divisions, Family Support Registry or any other agencies to request any documentation deemed necessary to determine my eligibility or continued participation in the Section 8 Housing Choice Voucher Program.

I authorize any agencies contacted by the Garfield County Housing Authority to cooperate fully and divulge all information requested.

This authorization expires fifteen months after the date signed below.

**SIGNATURES:**

Head of Household (Print)	Signature	Date	Last 4 of SS Number
Co-Head / Spouse (Print)	Signature	Date	Last 4 of SS Number
Adult Family Member (Print)	Signature	Date	Last 4 of SS Number
Adult Family Member (Print)	Signature	Date	Last 4 of SS Number
Adult Family Member (Print)	Signature	Date	Last 4 of SS Number
Live-in-Aide (Print)	Signature	Date	Last 4 of SS Number

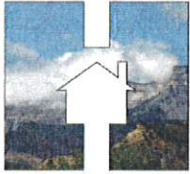
GCHA Authorization 11/13/2020



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## MEDICAL EXPENSES

Medical expenses may be deducted from the income of a family whose head, spouse, co-head or sole member is at least 62 years old, or is a person with disabilities. Once a family is considered an elderly or disabled family, the medical expenses of all the family members may be considered.

Effective October 1, 2011 the Garfield County Housing Authority will use the IRS publication 502 Medical and Dental Expenses as the guide to determine medical expense deductions.

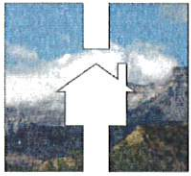
The amount deducted for medical expenses is the portion of the family's "out-of-pocket" expenses exceeding three percent (3%) of the family's gross income.

You can obtain a copy or view the publication at [www.irs.gov](http://www.irs.gov).



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# GARFIELD COUNTY HOUSING AUTHORITY

1430 RAILROAD AVENUE, UNIT F

RIFLE, CO 81650

(970) 625-3589

Fax (970) 625-0859

www.garfieldhousing.com

## Child Support/Alimony Certification

You must list each absent parent for each child. All items given to, or purchased for, the household on behalf of the child, are income and must be declared.

Do any of the children living in the home have a parent living outside the home? ☐ Yes ☐ No

Name of Parent	Address	Phone	For which child?

**Please check one.**

☐ **I do not receive support from this person.**

**If you do not receive support, you must explain:** \_\_\_\_\_

☐ **I receive support from this person.**

My FSR # is: \_\_\_\_\_

Type of support (Cash, money order, suppling food, bills, cell phones, clothing, FSR , etc.)	Amount
	\$ per /wk/mo/yr
	\$ per /wk/mo/yr
	\$ per /wk/mo/yr
	\$ per /wk/mo/yr
	\$ per /wk/mo/yr

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony. This institution is an equal opportunity provider and employer.



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.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact: (Check all that apply)</b> <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: _____
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<b>Commitment of Housing Authority or Owner:</b> 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.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> 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.

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**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.



Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

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

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

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

Garfield County Housing Authority- Contact Person: \_\_\_\_\_

1430 Railroad Ave Unit F Rifle CO 81650

Date: \_\_\_\_\_

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

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

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

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

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

Public Housing  
Housing Choice Voucher  
Section 8 Moderate Rehabilitation

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

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

### Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

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

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

**Signatures:**

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

**Privacy Advisory.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:** HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.