GREAT FALLS HOUSING AUTHORITY

1500 Chowen Springs Loop
Great Falls, MT 59405-2564
Office: 406-453-4311
Fax: 406-727-5566
TDD: 406-453-6327
e-mail: gfha@gfhousing.org
Website: www.gfhousing.org

The Great Falls Housing Authority manages five Public Housing complexes, a Section Eight housing program and 32 units of Affordable Housing under the State HOME Program in Great Falls. The Public Housing and the Section Eight programs provide rental assistance to income eligible individuals.

An eligible application will reserve a place on the waiting lists. Placement is determined by ranking under Federal and local preferences, and the application date, per guidelines set by the federal government. When an opening that suits the needs of an applicant becomes available, the agency staff will contact the applicant. Eligible families will pay about 30 percent of their monthly adjusted income as rent, regardless of bedroom size.

The Housing Authority is a manager for assisted housing certificates and Housing Choice Vouchers for the Section Eight housing programs. Private landlords contract with the Housing Authority to provide housing to Section Eight clients. The Housing Authority approves the home for Housing Quality Standards and subsidizes the rent for the approved client.

The Great Falls Housing Authority manages 490 apartments under the Public Housing program. The apartments are unfurnished, but have refrigerators, stoves and laundry hookups for washers and dryers. The apartment complexes are located as follows:

- Austin Hall - 1622 3rd Ave North – Elderly and Handicapped
- Main Site - 1500 Chowen Springs Loop
- Russell - 3313 11th Ave South
- Sunrise - 5115 3rd Ave South
- Yeoman - 2700 16th Ave South
- Holland Court - 6th Street NW & 10th Ave NW – Affordable Housing Project under State HOME program; requires a separate application
- Sand Hills - 1501 23rd St S – Affordable Housing Project; requires a separate application

The Great Falls Housing Authority is an equal opportunity housing provider. GFHA does not discriminate because of age, marital status, race, color, religion, sex, creed, national origin, family status or physical/mental disabilities. If you feel you are being unfairly treated, please contact the Montana Human Rights Commission at 1-406-444-2884 or 1-800-542-0807.

If you have any questions in regards to this application, please contact Donna Halbleib, at the Great Falls Housing Authority at 406-453-4311 ext. 305.

U.S. Department Of Housing And Urban Development
Office of Inspector General

Things You Should Know

Don't risk your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may 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 5 years; and/or • Prohibited from receiving future assistance. Your State and local governments may have other laws and penalties as well.
Asking Questions	When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.
Completing the Application	When you give your answers to application questions, you must include the following information:
Income	• All sources of money you and any member of your family receive, (wages, welfare payments, alimony, social security, pension, etc.); • Any money you receive on behalf of your children (child support, social security for children, etc.); • Income from assets (interest from a savings account, credit union, or certificate of deposit dividends from stocks, etc.); • Earnings from second job or part time job; • Any anticipated income (such as a bonus or pay raise you expect to receive).
Assets	• All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family/household who will be living with you. • Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
Family/ Household	• The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Members	
Signing the Application	• Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. • When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. • Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.
Recertification	You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms: • All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members. • Any family/household member who has moved in or out. • All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.
Beware of Fraud	You should be aware of the following fraud schemes: • Do not pay any money to file an application. • Do not pay any money to move up on the waiting list. • Do not pay for anything not covered by your lease. • Get a receipt for any money you pay. • Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).
Reporting Abuse	If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline at (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, Room 8254, 451 Seventh Street S.W., Washington, DC 20410.

Great Falls Subsidized and Affordable Housing as of May 1, 2020

Project Location/Description	***Telephone # Contact Person***	**** Pets***
Aspen Village – Family 3010 11th Avenue South	Contact: Cynthia Frates/Aspen Village Tamarack Property Mgmt Phone: 453-7556	No
Broadview Manor-Family 720 & 724 42 A Street North 710 & 714 4th Avenue NW	Contact: Buchanan Enterprises Phone: 761-0372 – Lisa Wilson	No
Centennial Village – Family 700 4th Avenue NW	Contact: Phone:	No
Elmwoods – Family 609 – 611 4th Avenue South	Contact: Circle K Property Management Christina Phone: 406-750-7429	
Franklin School Apts – Family 813 2nd Avenue SW	Contact: Melanie Chrisman Phone: 453-5095	No
Golden Valley Homes – Elderly Belt	Contact: Buchanan Enterprises Phone: 761-0372	No
Great Falls Housing Authority 1500 Chowen Springs Loop	Phone: 453-4311	Yes
Meadowlark–Adults w/Qualifying Disabilities 1701 1st St NW	Contact: Accessible Space Phone: 1-800-466-7722	Yes
Opportunities Inc. 905 1st Avenue North Certificates Existing Includes Houses & Apts All Over Great Falls	Contact: Opportunities Inc. Phone: 761-0310 ext. 123	N/A
Park Manor – Elderly/Handicapped 100 Central Ave	Contact: Jamie Phone: 761-1444	Yes
Parkview – Family/Handicap 624 5th Avenue NW	Contact: Real Estate Management Kalispell MT Phone: 406-755-0961 Karen Burkett	No
Quiet Day Manor – Elderly Cascade	Contact: Buchanan Enterprises Phone: 761-0372	No
Rainbow House – Elderly 626 13th Avenue South	Contact: Real Estate Management Kalispell MT Phone: 406-755-0961 Karen Burkett	Yes
Roberts Apartments #6 6th Street South	Contact: Teresa Phone: 216-2422	No

Southwind Estates– Adults w/Qualifying Disabilities 1615 Oasis Court (Personal Care Attendants Available)	Contact: Accessible Space Phone: 1-800-466-7722	Yes
Sunshine Village – Elderly 600 13th Avenue South	Contact: Buchanan Enterprises Phone: 761-0372 – Lisa Wilson	No
The Portage–Accessible Space-Elderly 62 and over 1521 23rd St S	Contact: Brenda Phone: 452-0970 1-800-466-7722	Yes
River Run – Family 429 56th Street South 701 3rd Avenue NW 3200 – 3416 11th Avenue South	Contact: Tamarack Management Phone: 406-217-2924 – Carolyn Hayghe	No

Affordable Housing
(Restricted Rents for Income – Eligible Individuals; Section 8 Welcome)

Project Location/Description	***Telephone # Contact Person***	
Autumn Run 4101 Central Ave	Contact: Sabrina Phone: 452-3164	Yes
Cascade Ridge 3001 15th Ave S	Contact: Cathie Costello Phone: 406-315-2412	Yes
Holland Court 6th Street NW & 10th Avenue NW (Requires Holland Court Application)	Contact: KandiceEhler@gfhousing.org: Phone 453-4311 ext 309	Yes
Sand Hills 1507 23rd St S	Contact: KandiceEhler@gfhousing.org Phone: 453-4311 ext 309	Yes
Townsite Apartments – 820 7th Ave S 410 & 416 8th Ave S; 610 & 616 9th Ave S	Contact: Julie Flageol Phone: 406-868-2734	No

*The listing for pets does not include assistive animals or service animals that would be requested through a request for an accommodation based upon a disability. **The listing is for pets only.**

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Legal Name of Head of Household:_____

Present Address:_____

Mailing Address (if different from above):_____

(*Please Note – Information must be correct or you will not be contacted for orientation.)

Family Member	Legal Name First, Last	Relationship To Head of Household	Social Security Number	Date of Birth	Place of Birth	Race/ Ethnic
Self						
2						
3						
4						
5						
6						
7						
8						
9						
10						

(Attach sheet listing additional family members if needed)

Home Telephone:_____ Cell Phone:_____ Message Phone:_____

Do you have shared custody of a child(ren) listed above? Yes___ No___

If yes, which child(ren)? _____

How may days per year do(es) the child(ren) reside in your home?_____ *Please provide verification; example a custodial agreement, notarized affidavit, parenting plan, etc.

Are you applying for (please circle): Public Housing Section Eight

EQUAL HOUSING OPPORTUNITY

In order to evaluate your eligibility, please answer Yes or No to the following questions. For all YES answers, you must supply names, addresses and phone numbers of contact agency, company or person ON PAGE 3 OF THIS APPLICATION.

INCOME	Please check:	YES	NO
1.	Are you or any member of your household employed?		
2.	Are you or any member of your household self-employed?		
3.	Are you, your spouse or the co-head of your household a student?		
4.	Do you or any member of your household receive Food Stamps?		
5.	Do you or any member of your household receive AFDC, TANF or cash assistance?		
6.	Do you or any member of your household receive financial or other assistance from your family, friends or church?		
7.	Do you or any member of your household receive Child Support? (case number required)		
8.	Do you or any member of your household receive Alimony?		
9.	Do you or any member of your household receive Social Security, SSI or SSDI?		
10.	Do you or any member of your household receive income from Veteran's Pension?		
11.	Do you or any member of your household receive income from Pension/Annuity Funds?		
12.	Do you or any member of your household receive income from Tips?		
13.	Do you or any member of your household receive income from Rental Property?		
14.	Do you or any member of your household receive income from Unemployment Benefits?		
15.	Do you or any member of your household receive income from Worker's Compensation?		
16.	Do you or any member of your household receive income from Trust Fund or Royalties?		
17.	Do you or any member of your household receive income from Commissions or Direct Sales?		
18.	Do you or any member of your household work as a forest fire fighter or farm worker?		
19.	Do you or any member of your household expect to receive any lump sum amounts of cash?		
20.	Do you or any member of your household receive any goods or services in lieu of cash?		

For all YES answers, you must supply names, addresses, phone numbers of financial institutions and account numbers ON PAGE 5 OF THIS APPLICATION.

Assets	Please Check:	Yes	No
1.	Do you have a Checking Account?		
2.	Do you have a Savings Account?		
3.	Do you own interest in Real Estate or have other Capital Investments?		
4.	Do you have an Individual Retirement, 401K or Keough Account?		
5.	Do you own Stocks, Bonds, Treasury Bills, Saving Bonds, or Certificate of Deposits?		
6.	Do you receive income from Assets?		
7.	Do you receive Interest Income?		
8.	Do you receive income from Dividends?		
9.	Have you disposed of any Assets for less than Fair Market Value during the last 2 years?		

Allowable Expenses	Please Check:	Yes	No
1.	Do you pay for a care attendant for a family member that is disabled while you work?		
2.	Elderly/Disabled Households: Are you making regular monthly payments to the following:		
	Hospital(s)?		
	Doctor (s)?		
	Pharmacy (s)?		
	Dentist (s)?		
	Health Insurance or Medical Incurment payment (s)?		
3.	Do you pay child care for children 12 years and younger while you work or attend school?		

Do you require any Reasonable Modifications/Accommodations in order to fully utilize the unit or the program and its services? (Example: Accessible Unit, Service Animal or Policy Change)

NO____ YES___ If yes, please explain:_____

_____

*The Great Falls Housing Authority complies with the Fair Housing Act and provides Reasonable Accommodations to persons with disabilities.

Are you a veteran that was honorably discharged? Yes or No Please provide a copy of DD Form 214 or VA card

Please explain all sources of family income: (include information from top of page 2)

Household Member Source Amount Pay Periods

_____

_____

_____

_____

The Great Falls Housing Authority requires one favorable landlord reference from all applicants. Please be sure to complete the following.

Have you ever lived in HUD or rent subsidized housing? Yes____ No____

If so, with who:_____

When: _____

What was your address?_____

The Housing Authority requires a landlord reference or two professional references for each unrelated adult applicant. You must provide the ***full name and mailing address*** of each reference before your application can be processed.

Who is your current Landlord?_____

Landlords Address, City, State:_____

Have you been asked to move by your landlord?_____ If yes, for what reason?_____

_____

Please list at least two places you have lived where you paid rent and were on the lease.

Address, City, State:_____

Move In Date:_____ Move Out Date:_____

Landlord Name, Address, City, State:_____

Address, City, State:_____

Move In Date:_____ Move Out Date:_____

Landlord Name, Address, City, State:_____

If you have not rented before and cannot provide landlord references, please provide two professional references, **name and mailing address must be included**; i.e. Employer, case worker, teacher, doctor, minister, counselor, etc. (Friends and/or relatives cannot provide these references):

Name: _____ Phone: _____

Address: _____Relationship to applicant _____

Name: _____ Phone: _____

Address: _____Relationship to applicant _____

Please List two emergency contacts:

Name:_____ Relationship:_____

Address, City, State_____

Phone Number:_____

Name:_____ Relationship:_____

Address, City, State:_____

Phone Number:_____

FINANCIAL STATEMENT

NAME:_____ SSN:_____

ADDRESS:_____ DATE:_____

Income Source:	Per Month	Per Year
Social Security	_____	_____
Supplemental Security Income	_____	_____
Pension	_____	_____
Veterans Administration	_____	_____
AFDC/TANF	_____	_____
Railroad Retirement	_____	_____
Rental Property Income	_____	_____
Fire Fighting Wages	_____	_____
Contributions from any sources	_____	_____
Interest	_____	_____
Interest from Stocks or Bonds	_____	_____
Other Income	_____	_____
Employment	_____	_____

Checking
Bank: _____ Balance_____
Bank: _____ Balance_____

Savings
Bank: _____ Balance_____
Bank: _____ Balance_____

Investments:
CD's _____ Balance_____
Money Market_____ Balance_____
Stocks _____ Balance_____
Bonds _____ Balance_____

Property:
Type _____
Value _____

Have you transferred property, money or other valuables within the past month ? Yes No
If yes, to whom sold or transferred? _____
Value Received? _____

I hereby certify that the above is a true and correct statement of my financial condition. I authorize the Great Falls Housing Authority to verify this information through banks, employment records, state and federal agencies, credit reports and other means possible.

_____ _____
Tenant Signature Date

OMB Control # 2502-0581
Exp. (02/28/2019)

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) ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ 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.

Fraud Affidavit

GREAT FALLS HOUSING AUTHORITY

Penalties For Fraud

FRAUD – Withholding information from this Agency OR providing false information to this Agency.

1. Under Federal Law, FRAUD is punishable by fines up to $10,000 AND imprisonment for up to five years.
2. If a resident submits fraudulent information to this agency OR withholds relevant information from this agency, the resident will be charged back rent, face eviction proceedings, and will be turned in for prosecution for violating a federal law.
3. Tenants will be required to pay market rent – retroactively, if applicable.

Resident Acknowledgement(s)

By signing below, I confirm:

1. That I have read the penalties for submitting fraudulent information above;
2. That I understand what fraud is, and;
3. That I understand the penalties for committing fraud.

Printed Name of the Head of Household, Signature & Date:

X _____
Printed Name

X _____
Signature and Date

Authorization, Representations and Certifications

I understand and agree that I am responsible for providing and maintaining current and accurate information to the Great Falls Housing Authority. I understand and agree that I am required to notify the Great Falls Housing Authority – IN WRITING – of any changes in my household's mailing address, family status or income and, if not properly reported, my assistance may be terminated.

I certify the above information is full, true and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements made herein. I understand that any misrepresentation of information or failure to disclose information requested on this form/application is committing fraud and may be grounds for application withdrawal, eviction, termination of assistance and/or criminal prosecution.

Warning: 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 or Agency of the United States or the Department of Housing and Urban Development.

_____ _____

Head of Household Date

All applicable forms and information requested must be submitted or your assistance/application will be terminated.

HOUSING AUTHORITY OF GREAT FALLS
Authorization for the Release of Information

This release of information form, and/or copies of this form, allows the Housing Authority of Great Falls (GFHA) to secure your signature and the signature of each member of your household who is 18 years of age or older for purposes of obtaining employee income information from current and previous employers and wage and claim information from the State Department of Wage and Labor, along with other groups and individuals, which would permit the GFHA or HUD to verify:

- Identity and Marital Status
- Employment, Income and Assets
- Medical or Child Care Allowance
- Residences and Rental Activity

"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 statement 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 use 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 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited a violation of 42 U.S.C. 408 (f), (g), and (h).

This release authorizes consent to provide the Housing Authority of Great Falls with information about household income as derived from IRS and/or Social Security Administration.

The following groups and individuals who may also be asked to release information include but are not limited to:

Previous & Current Landlords	Past & Present Employers	Courts and Post Offices
Support or Alimony Providers	Schools and Colleges	Veterans Administration
Medical Care Providers	Credit Providers	Law Enforcement Agencies
State Unemployment Agencies	Credit Bureaus	Social Security Administration
Retirement Systems	Welfare Agencies	Child Care Provider
Utility Companies	Dept. of Family Services	Worker Compensation Programs
Legal Offices	Other Public Housing Agencies	

The Housing Authority of Great Falls must maintain a signed copy of this consent form, as well as a signed HUD 9886 Form in each tenant's file. This form will expire 15 months from the date it is signed by tenant. **Failure of any applicant to sign the consent form constitutes grounds for denial of eligibility or termination of assistance or tenancy.**

_____ _____

Signature of Head of Household | Signature of Other Adult Member

_____ _____

SS # Date | SS # Date

If other Adult members reside in household, place signatures, SS #'s and date on back of form.

Authorization for the Release of Information/ Privacy Act Notice

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

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

PHA requesting release of information; (Cross out space if none) (Full address, name of contact person, and date)	IHA requesting release of information: (Cross out space if none) Full address, name and contact person, and date)
Great Falls Housing Authority 1500 Chowen Springs Loop Great Falls MT 59405 406-453-4311 TDD 406-453-6327 Fax: 406-727-5566	

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

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

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees will be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

Who must sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age. Persons who apply for or receive assistance under the following programs are required to sign this consent form:

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

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

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

U.S. Social Security Administration (HUD only). (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(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]).

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 HA's that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

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

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

Great Falls Housing Authority
1500 Chowen Springs Loop
Great Falls, MT 59405

Office (406) 453-4311
FAX (406) 727-5566
TDD (406) 453-6327
e-mail: gfhousing.

Penalties for Misusing this Consent:

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

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

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

Original is retained by the requesting organization. Form HUD-9886

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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

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

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

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

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

What information about you and your tenancy does HUD collect from the PHA?
The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

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

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

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

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

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

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

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

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:**
	Signature **Date**
	Printed Name

GREAT FALLS
HOUSING AUTHORITY

1500 Chowen Springs Loop
Great Falls, MT 59405-2564
Office: 406-453-4311
Fax: 406-727-5566
TDD: 406-453-6327
e-mail: gfha@gfhousing.org
Website: www.gfhousing.org

City of Great Falls Police Department
Cascade County Sheriff Office
Great Falls MT 59403

Date of Request _____

The people described below have applied for housing subsidized by the U.S. Department of Housing and Urban Development. The Housing Authority must determine the family's suitability for tenancy. By signing this form the applicant consents to the release of the information listed below. **PLEASE PRINT LEGIBLY.**

Client Name/18 yrs and older Last Name, First Name, Middle	***Date of Birth Month, Day, Year***	***Male or Female***	***Social Security Number***

Please conduct a background screening, searching for events listed below for this person. A computer query report may be attached in lieu of hand written information. Thank you for your cooperation and prompt reply to this request.

Endangerment of a family member's welfare; Non-Payment of financial obligations; Imperilment to health, safety, or physical environment. Conviction for drug or alcohol abuse; Disregard for the Welfare or rights of non-family members; Conviction for other criminal activity; Physical or domestic Violence; Probation or parole violations; destruction of family's or other's property.

The above information is true and correct to the best of my knowledge. I/we understand that providing false or fictitious information may be grounds for ineligibility for housing assistance.

I consent to the release of information listed above to the Great Falls Housing Authority.

_____

Signatures and Social Security Number

_____

_____

_____

Great Falls Housing Authority
1500 Chowen Springs Loop
Great Falls MT 59405

EQUAL HOUSING OPPORTUNITY