

Has **any member of your household**, including adults and minors, **ever** engaged in, been cited, arrested, indicted, convicted, or placed on probation for, or had an adjudication withheld, or had charges dropped or nolle prossed in connection with any felony charge? (circle)

YES NO

If yes, who? _____

What dates? _____

What was the outcome? _____

In what city and state? _____

Has **any member of your household**, including adults and minors, **ever** engaged in, been cited, arrested, indicted, convicted, or placed on probation for, or had an adjudication withheld, or had charges dropped or nolle prossed in connection with committing fraud in a federally assisted housing program or has any household member been requested to repay money for knowingly misrepresenting information for such housing programs? (circle)

YES NO

If yes, who? _____

What dates? _____

What was the outcome? _____

In what city and state? _____

Has any household member used drugs or alcohol in the last five (5) years to the degree that it caused a problem? (circle) YES NO

If yes, who? _____

When? _____

Is any member of your household required to register as a sex offender? (circle) YES NO

If yes, who? _____

In what city and state did the offense occur? _____

On what dates? _____

Has **any member of your household**, including adults and minors, **ever** engaged in, been cited, arrested, indicted, convicted, or placed on probation for, or had an adjudication withheld, or had charges dropped or nolle prossed in connection with manufacturing or producing methamphetamine? (circle)

YES NO

If yes, who? _____

In what city and state did the offense occur? _____

On what dates? _____

Has **any member of your household**, including adults and minors, **ever** been on parole or probation? (circle) YES NO

If yes, who? _____

When? _____

Is any family member still on parole or probation? (circle) YES NO

Who? _____

Who is/was the probation or parole officer and what is their contact number? _____

In what state did the offense occur? _____

What charges resulted in the parole or probation? _____

Has **any member of your household**, including adults and minors, **ever** been involved in drug court? (circle) YES NO

Who? _____

What incidents lead to their involvement with drug court? _____

On what dates did the incidents occur? _____

Is any household member, including adults and minors, currently involved with Department of Children and Families, mental health court, court coordinated services? (circle) YES NO

Who? _____

What incidents lead to their involvement with mental health court, court coordinated services, or DCF? _____

On what dates did the incidents occur? _____

I/we certify that this Criminal Background information given to the St. Petersburg Housing Authority is TRUE and ACCURATE. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy. THIS MUST BE SIGNED IN THE PRESENCE OF AN SPHA REPRESENTATIVE OR A NOTARY.

SIGNATURE, HEAD OF HOUSEHOLD PRINT NAME DATE

SIGNATURE, OTHER ADULT PRINT NAME DATE

SIGNATURE, OTHER ADULT PRINT NAME DATE

I certify that I have reviewed the information on Criminal History for completeness and accuracy and am acting in accordance with the Public Housing procedure.

SIGNATURE, SPHA REPRESENTATIVE PRINT NAME DATE

PART IV. FAMILY DEDUCTIONS

Please circle "YES" or "NO" to the following questions.

CHILDCARE

Do YOU pay child care for a family member under the age of thirteen (13)? **YES** **NO**
 For which child(ren)? _____

Child Care Name: _____

Address: _____

Total Monthly Cost: _____ Your cost: _____

Do you receive financial assistance with your child care costs from the State? **YES** **NO**
 If yes, how much? _____

HANDICAPPED ASSISTANCE EXPENSES

Do you employ a Care Attendant or supply Auxiliary Apparatus (i.e., a wheelchair) for a disabled family member in order to allow a family member, age 18 or older, including the disabled member, to become gainfully employed? **YES** **NO**

MEDICAL EXPENSES

If the head of household or spouse is 62 years of age or older, or a person with disabilities, you may complete this sheet to have your household medical expenses considered in the determination of your housing benefits. All members of the household age 18 and over who have medical expenses should sign this form if their medical expenses are to be considered.

HIPAA COMPLIANT AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

By signing this form, I authorize **the health care providers listed below** to disclose any information requested concerning the cost of my medical treatment to the St. Petersburg Housing Authority (SPHA). The SPHA may use this information only for the purpose of verifying my eligibility for and/or the amount of my housing assistance.

I understand that I have the right to revoke this authorization at any time by notifying SPHA in writing at 4888 21st Avenue North, St. Petersburg, FL 33713. I understand that the revocation is only effective after it is received and logged by SPHA. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.

In the last 12 months, have you paid any medical expenses for which YOU were totally responsible? **YES** **NO**
If yes, please provide receipts for non-covered medications, or medical expenses, a pharmacy print-out showing your payment, canceled checks, OR a 12 month account statement from the provider.

Unless revoked in writing by me, this Authorization will expire six (6) months from the date of my signature below.

I understand that my health care providers cannot disclose the requested information without my signature on this Authorization, and that my signing or refusal to sign this authorization will not affect my ability to receive treatment from my health care providers.

I understand that I am entitled to receive a copy of this authorization.

I have the right to refuse to sign this authorization. I understand the potential exists for the information used or disclosed pursuant to this Authorization to be re-disclosed by the recipient and no longer be protected by federal law.

I have reviewed and understand this Authorization.

Signature of Head of Household Printed Name Date Signed

Signature of Other Adult Printed Name Date Signed

List all Health Care Providers whom you pay out of pocket that the SPHA may contact to verify your household's medical expenses. Do not list health care providers whose services are covered entirely by insurance, or to whom you do not owe any amount.

Type of Expense	Name of the Provider You Pay for this Expense	Complete Mailing Address	Phone/Fax Number	Amount Paid "Out of Pocket"
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				

If you have more health care providers than you can list here, please make a copy of this sheet, or contact the SPHA for additional copies.

PART V. FAMILY INCOME

Please check ANY of the following types of income that ANY members of your household now receive or expect to receive in the next twelve (12) months:

- | | | |
|--|---|---|
| <input type="checkbox"/> UNEMPLOYMENT COMPENSATION | <input type="checkbox"/> EDUCATIONAL GRANTS | <input type="checkbox"/> S.S.I. |
| <input type="checkbox"/> ANNUITY PAYMENTS | <input type="checkbox"/> VETERAN'S BENEFITS | <input type="checkbox"/> SOCIAL SECURITY |
| <input type="checkbox"/> RETIREMENT PENSION | <input type="checkbox"/> PUBLIC ASSISTANCE (TANF) | <input type="checkbox"/> WORKMAN'S COMPENSATION |
| <input type="checkbox"/> EMPLOYMENT/WAGES | <input type="checkbox"/> SELF-EMPLOYMENT INCOME | <input type="checkbox"/> OTHER (INCLUDING GIFTS,
UNDER THE TABLE, ILLEGAL, ETC.) |
| <input type="checkbox"/> CHILD SUPPORT | <input type="checkbox"/> ALIMONY | |

On the chart below list all sources and gross amounts of money received by any or all members of your household.

Member Name	Employee Wages		Unemployment Compensation	Welfare (TANF)	Child Support	Social Security/SSI	Other (Explain)
	\$ / hr	# hrs/week					

Does anyone outside of your household pay any of your bills or give **you or any household member** money? **YES** **NO**
 If yes, how much is given? _____
 Who gives it? _____
 How often is it given? _____

Although we will verify your employment information on another form, please list the Employer Information below.

Person Employed: _____	Person Employed: _____
Employer's Name: _____	Employer's Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone #: _____	Telephone #: _____
Fax #: _____	Fax #: _____

Are you currently looking for employment? **YES** **NO**
 When and where were you most recently employed? _____

Are you interested in being contacted by vendors performing work for the housing authority? **YES** **NO**
 If yes, what kind of work would you like to do? _____
 What are your skills or training? _____

Are you an owner or co-owner in any business or real estate? **YES** **NO**
 If yes, what is the name of the business? _____

I/we certify that this Family Income information given to the St. Petersburg Housing Authority is TRUE and ACCURATE and COMPLETE. I know I am required to report, in writing, any changes in income within ten (10) days. I/we understand that any misrepresentation on my/our part will result in my/our housing assistance being terminated, and the possibility of criminal charges on the basis of fraud. THIS MUST BE SIGNED IN THE PRESENCE OF AN SPHA REPRESENTATIVE OR A NOTARY.

_____ SIGNATURE, HEAD OF HOUSEHOLD	_____ PRINT NAME	_____ DATE
_____ SIGNATURE, OTHER ADULT	_____ PRINT NAME	_____ DATE
_____ SIGNATURE, OTHER ADULT	_____ PRINT NAME	_____ DATE

I certify that I have reviewed the information on Family Income for completeness and accuracy and am acting in accordance with the Public Housing procedure.

_____ SIGNATURE, SPHA REPRESENTATIVE	_____ PRINT NAME	_____ DATE
---	---------------------	---------------

PART VI. FAMILY ASSETS

List all assets held by all household members. If you are unsure where to place an asset please list it in "other."
 List all vehicles owned or co-owned by all members of your household.

Make/Model	Year/Color	VIN	License Plate Number

Please attach copies of your current statements for all assets listed.

Type of Asset	Do you have?	Household Member	Account #	Name and complete mailing address of bank, brokerage, or company	Value or Balance
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Money Market	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Stocks/Bonds/Annuities/CDs	<input type="checkbox"/> Yes <input type="checkbox"/> No				
IRA/KEOGH/Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Please circle "YES" or "NO" to the following questions.

Have you disposed of, sold, or given away any assets for less than the Fair Market Value during the past two (2) years? YES NO
If yes, please complete the following:

- 1) Type of asset: _____ 3) Amount received: \$ _____
2) Date of disposal: _____ 4) Market value when disposed: \$ _____

Do you own, or are you purchasing a house, mobile home, or any other form of real estate? YES NO
Mortgage Company: _____
Address: _____

PART VII. EDUCATION

Do any household members 18 or older attend school or college? If YES, please list below. (circle) YES NO

Household Member	Name of School	Grade	Full or Part Time

Use additional sheets if necessary. For each student, please supply: all Financial Aid letters, proof of registration and proof of the amount of tuition from the school.

I/we certify that we understand that I/we must report all changes of criminal status, income, or family size within ten (10) days of the change. I/we understand that all changes must be reported in writing. I/we understand that no person other than those listed on the housing application may occupy an assisted unit.

I/we understand that the Housing Authority is authorized to obtain criminal arrest records from law enforcement agencies to assist them in screening applicants and family members to be admitted to or remain in the program. This authority assists the Housing Authority in complying with HUD requirements to deny or terminate assistance to applicants or participants in the program who are engaging in or have engaged in violent criminal or drug related activities. These activities are defined by HUD located within the HUD Contract.

In signing this document I/we confirm that I/we fully comprehend and I/we do hereby swear and attest that all of the above information about me/us and all members living within my/our Subsidized Housing Unit is true and correct. I also understand that any false statements made in an attempt to receive or continue to receive public assistance benefits is a crime under Florida Statute 414.39.

WARNING! Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States.

By my signature below, I do hereby swear and attest that all of the information reported on this form about me and my household is true and correct, and I have read agree to the certifications contained in this form. I also understand that all changes in household members or income must be reported to the Housing Authority in writing, immediately.

Signature of Head of Household Date

Signature of Spouse or Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

If any section of this document is not signed in the presence of an SPHA Representative, this document must be signed in the presence of a notary.

NOTARY, STATE OF FLORIDA, COUNTY OF PINELLAS

The foregoing instrument was sworn to and subscribed before me this ____ day of _____ 2012 by _____ He/She ____ is personally known to me or ____ has produced an acceptable form of identification.

SIGNATURE, NOTARY PUBLIC

PRINT NAME

My Commissioner expires: _____

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(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 concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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