



COPPER RIVER BASIN REGIONAL HOUSING AUTHORITY
P.O. BOX 89 GLENNALLEN, ALASKA 99588

~ 2018 ~

RECERTIFICATION FORM

PLEASE PRINT CLEARLY
(CHECK BOX)

ANNUAL
 INTERIM
 MUTUAL HELP
 LOW INCOME

NAME OF APPLICANT	PHONE NUMBER	WORK NUMBER	MESSAGE NUMBER
	() -	() -	() -
ADDRESS			TRIBE/VILLAGE AFFILIATION

FAMILY COMPOSITION

NAME	NEED VISUAL VERIFICATION SOCIAL SECURITY #	RELATION TO HEAD OF FAMILY	DATE OF BIRTH	SEX	RACE
1)	- -	SELF	/ /		
2)					
3)					
4)					
5)					
6)					
7)					

INCOME

MEMBER NUMBER	SOURCE	DO NOT WRITE IN THE SPACE BELOW	INCOME
TOTAL INCOME:			\$.

ASSETS THIS MUST BE FILLED OUT. IF FAMILY HAS NO ASSETS, WRITE "NONE".

TYPE	ESTIMATED VALUE
	\$.

BANKING

DO YOU HAVE A BANK ACCOUNT? YES NO NAME OF BANK: _____
 TYPE AND ACCOUNT NUMBER: CHECKING: SAVINGS: _____

CRIMINAL CONVICTION

HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE PAST TEN (10) YEARS? YES NO, TYPE OF CRIME: _____

CERTIFICATION

I/We certify that the information given to the Copper River Basin Regional Housing Authority on this recertification form is accurate and complete to the best of my knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We have no objection to inquires being made for the purpose of verifying the statements made herein.

Signature of Tenant/Homebuyer

Signature of Spouse/Significant Other

Date

Federally required information has been verified by: _____ Date: ____/____/____



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FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the Copper River Basin Regional Housing Authority at application or reexamination. HUD will collect the information on Form HUD-50058. The data it will collect includes name, sex, birthday, Social Security Number (SSN), income (by Source), assets, certain deductible expenses, and rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State and local agencies when it will be used for civil, criminal, or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside of HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicants and residents to give the Authority the SNN(s) of household members at least six (6) years of age. If you are an applicant and you have been issued or use SS(s) and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. et. Seq., and the Housing and Community Development Act of 1981. P.L. 97-35, 85 Stat, 348, 408 requires applicants and resident to provide the other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to give the Authority this information, the Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Authority this information, the Authority may have to evict you or withdraw your housing assistance.

SIGNATURE:

I have read the Federal Privacy Act Statement on this Date: _____ / _____ / _____

Head of Householder or Spouse

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590 or daily (206) 422-0266.



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RE-EXAMINATION

- 1) Annual Reexamination: To assure that each tenant family is charged rent in proportion to its income, and to assure that the tenant family is in an appropriate size unit, the income and family status of each tenant family shall be reexamined and re-determined at least once every twelve months on the anniversary date of admission or other date as determined by the TDHE. Income tax returns of tenant family members may be examined to determine total family income.
 - a) The head of household or Tenant Family shall be required to provide information relative to family income and composition. This information will be documented and certified on appropriate re-examination forms. All information provided as the basis for a re-determination in rent shall be verified and documented and maintained in the Tenant Family file.
 - b) The head of household and/or Tenant Family is required at the time of annual re-examination to furnish and certify all information relevant to family income, assets, and composition for continued occupancy, and shall be required to sign verifications relevant to their income.
 - c) The head of household and all family members over the age of eighteen (18) years shall sign a HUD approved release and consent form.
 - d) All family members, age six (6) and over, are required to provide verification and/or certification of Social Security Numbers in accordance with Section 2, Eligibility (and Attachment "F"). This certification is mandatory for continued occupancy in all projects.
 - e) If at the time of annual re-examination a tenant fails to report a change in circumstances which would have required them to pay a higher rent, the TDHE may make a retroactive rental charge against the account in the amount that the tenant should have paid for the current re-examination period. A retroactive charge is due and collectable on the first day of the month following that month in which the determination is made.
 - 1) If the Tenant is unable to pay the full amount of retroactive rent when due, the Tenant may request and the TDHE may agree, to a payment plan to be executed by the Tenant and the TDHE for payment of the retroactive rent.
 - 2) Failure by the Tenant to comply with the terms and conditions of the payment plan constitutes grounds for termination on the Lease Agreement.
 - f) A designated representative of the TDHE shall certify the Tenant's income on the basis of the information received and verified and shall determine the appropriate rental charge for the Tenant.



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RE-EXAMINATION CONTINUED

- g) Each tenant shall receive a copy of the rent calculation worksheet and a copy shall be retained in tenant's file kept by the TDHE.
 - h) Failure by the Tenant Family to comply with the re-examination process will result in ineligibility for continued occupancy and the Lease shall be terminated in accordance with the provisions therein.
- 2) Interim Re-Examinations: Tenant families are required to report all changes in family composition, income, and employment immediately as they occur.
- 3) Changes in Rental Amount: Based on the verified information, the TDHE may make an adjustment in Tenant's rental obligation, with an effective date of adjustments as follows:
- a) For decreases in rent, effective date of the rent adjustment shall be the first day of the month following re-examination and/or notification to the TDHE by the tenant of a decrease in income.
 - b) For increases in rent, the effective date of the increase in rent shall be thirty (30) days from the next rental due date, after re-examination and/or notification by the tenant of an increase in income. In accordance with Section 12(1) (E) above, if a tenant fails to report a change in circumstances which would have required an increase in the amount of their monthly rent, the TDHE may make a retroactive rental charge against the tenant's account in the amount the tenant should have been paying for the current re-examination period.



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THINGS YOU SHOULD KNOW

Don't risk your chance 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 form contains 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 \$10,000.00
- Imprisoned for up to five (5) years and/or
- Prohibited from receiving future assistance

Your State and local government 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 "adult" member of the family who receives (wages, welfare payments, alimony, social security, pensions, etc.)
- Any money received 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, Alaska Permanent Fund Dividends, etc.)
- Earnings from a second job or part time job.
- Any anticipated income (such as a bonus or pay raise you expect to receive.)

Assets:

- All bank accounts saving bonds, certificates of deposits, stocks, real estates, etc that are owned by you or any adult member of your family household who will be living with you.
- Any business or asset you sold in the last twelve (12) months for less than its full value, such as your home to your children.

Family Household Members:

- The names of all the people (adults and children) who will actually be living with you whether or not they are related to you.

Applicants Initials: _____

Spouse/SO Initials: _____



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THINGS YOU SHOULD KNOW CONTINUED

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 the 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 CRBRHA. In addition, HUD may do computer matches of the income you reported 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 jobs, loss of jobs, loss of benefits, etc., for all adult family household members.
- Any family household member who has moved in our out.
- All assets that you or your family household members own and any asset that was sold in the last two (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 the money you paid
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges, etc.)

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 Housing Authority. 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, D.C. 20410.

By signature below I attest that I have read and understand the contents of this bulletin.

Applicants Signature

Date

Spouse/Significant Other Signature

Date



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FRAUD

**TO OBTAIN OR ATTEMPT TO OBTAIN
HOUSING ASSISTANCE
BY COMMITTING
F-R-A-U-D
Is A
CRIMINAL OFFENSE
UNDER FEDERAL AND STATE LAWS**



**IF YOU DO NOT
REPORT
ALL INCOME,
YOU MUST
REPAY...
IT'S THE LAW!**

OFFICE: (907) 822-3633 • FAX: (907) 822-3662 • E-MAIL: INFO@CRBRHA.ORG

RECERTIFICATION FORM REVISED 01/08/09 01/20/09 TLJ

Request to Release Confidential Records/Information

I, _____, Social Security No. _____

(Print your Name)

do hereby request the State of Alaska, Department of Labor and Workforce Development, Employment Security Division, to release copies of documents and/or information, as specifically described hereon, from the confidential records maintained by the Employment Security Division, to:

Recipient: Copper River Basin Regional Housing Authority
(print recipient's name)

Whose address, telephone number, and fax number are:

Street Address: Mile 111 Richardson Highway

Mailing Address: P. O. Box 89

City: Glennallen, State: Alaska Zip Code: 99588

Telephone: (907) 822-3633, Fax No: (907) 822-3662

Records / Information to Release: (Please specifically describe the records and / or information you are requesting to be released to the recipient).

Unemployment Income

Purpose: If approved by the Employment Security Division, the specific purpose (s) for which the requested records or information about me are to be released is/are (describe or explain what you intend the records to be used for by the recipient named above), and are not to be used for any other purpose by the recipient named above, nor are the records to be re-disclosed by the recipient to any other party for any purpose:

Hud and the Housing Authority need this information to verify household income in order to ensure the applicant is eligible for assisted housing benefits and that these benefits are set at the correct level.

Authorization: (please sign your name below to authorize release of records and/or information to recipient named above for the purpose stated above).

(Your Signature)

(Date)

My Authorization for release of Records / Information expires on _____
(Date)

Please return original signed copy to: Alaska Department of Labor and Workforce Development
Employment Security Division
P. O. Box 1125509
Juneau, Alaska 99811-5509
Attn: UI Support Unit / Custodian of Records
Fax No. (907) 465-2741

Request to Release Confidential Records/Information

I, _____, Social Security No. _____
 (Print your Name)

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Whose address, telephone number, and fax number are:

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 (Date)

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Please return original signed copy to: Alaska Department of Labor and Workforce Development
 Employment Security Division
 P. O. Box 1125509
 Juneau, Alaska 99811-5509
 Attn: UI Support Unit / Custodian of Records

Fax No. (907) 465-2741

You MUST BRING PROOFS

Social Security Administration
Consent for Release of Information

Form Approved
OMB No. 0960-0566

SSA will not honor this form unless all required fields have been completed (*signifies required field).

TO: Social Security Administration

*Name _____ *Date of Birth _____ *Social Security Number _____

I authorize the Social Security Administration to release information or records about me to:

*NAME _____ *ADDRESS _____
Copper River Regional P.O. Box 89 Glennallen, AK 99588
Housing Authority Phone#907-822-3633
Fax#907-822-3662

*I want this information released because: Verifying income eligibility
There may be a charge for releasing information.

You MUST BRING PROOFS

*Please release the following information selected from the list below:

You must check at least one box. Also, SSA will not disclose records unless applicable date ranges are included.

- Social Security Number
- Current monthly Social Security benefit amount
- Current monthly Supplemental Security Income payment amount
- My benefit/payment amounts from _____ to _____
- My Medicare entitlement from _____ to _____
- Medical records from my claims folder(s) from _____ to _____
If you want SSA to release a minor's medical records, do not use this form but instead contact your local SSA office.
- Complete medical records from my claims folder(s)
- Other record(s) from my file (e.g. applications, questionnaires, consultative examination reports, determinations, etc.) _____

I am the individual to whom the requested information/record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury in accordance with 28 C.F.R. § 16.41(d)(2004) that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that any applicable fees must be paid by me.

*Signature: _____ *Date: _____

Relationship (if not the individual): _____ *Daytime Phone: _____

Form SSA-3288 (07-2010) EF (07-2010)

You MUST BRING PROOFS

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)

Copper River Basin Regional
Housing Authority
P.O. BOX 89
Glennallen, Alaska 99588

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Copper River Basin Regional Housing
Authority
P.O. BOX 89
Glennallen, Alaska 99588

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.