



ADMINISTRATIVE OFFICE

1915 W. 4th Place
Kennewick, WA 99336
Phone: (509) 586-8576
TTY: (509) 586-4460

SUBSIDIZED HOUSING APPLICATION PROCEDURES

1. **INCOMPLETE Applications will be immediately rejected. A completed Application is one that has all attachments listed below turned into the KHA office within 12 business days of receipt of online application.**
2. Submit application online only via <https://kennewick.housingmanager.com>. **All original documents listed below must be submitted with application:**
 - Current Verification of Legal Identity** (for all household members) such as:
Certificate of birth, naturalization papers, valid Driver's License/State I.D. Card
 - Current Valid Social Security Cards** (for all household members if applicable)
 - Current Valid Immigration Card** (if applicable and for all household members)
 - Income Verification** (proof of gross income for the last 2 months)
 - Bank Statements** (current statements for the last 2 months)
3. The following information is needed for Public Housing Program: Landlord References. Public Housing & Section 8 Programs you need: Preference Verification (i.e., Elderly/Disabled, Domestic Violence Victim Households and Veteran Households).
4. Application is processed and you are placed on the waiting list. A letter will be sent to applicant to inform them that placement on the waiting list has occurred. For "placement" status on the waiting list call (501) 537-7741.
5. **APPLICANT IS RESPONSIBLE TO NOTIFY KHA IN WRITING OF ANY CHANGES OF ADDRESS, within twelve (12) business days.**
6. If notification is returned from the post office for any reason except cases of KHA administration errors, Applicant will be removed from the waiting list. **No further notification will be sent.**
7. The KHA will mail/email out a notices to update the waiting list(s). If applicant does not respond to the request for updated information (Purge) within the given time frame, applicant will be removed from the waiting list. **No further notification will be sent.**

BI-LINGUAL EMPLOYEE LISTING FOR TRANSLATION ASSISTANCE - SPANISH

TABITHA PEÑA – RECEPTIONIST
CRYSTAL MESINA – INTAKE ELIGIBILITY SPECIALIST
ROSA TAMEZ – PUBLIC HOUSING SPECIALIST
KARINA SALAZAR – HCV HOUSING SPECIALIST
MARITZA ZAMORA – HCV HOUSING SPECIALIST
ANGELA FRAGOZO – ADMINISTRATIVE ASSISTANT

DECLARATION OF CITIZENSHIP

Part 1: Applies to All Family Members

Each person who will benefit under the subsidized housing program must either be a citizen or national of the United States or be a noncitizen that has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisonment for up to 5 years; and/or prohibited from receiving future assistance.

NOTE: Family members who have checked a box indicating that they are a noncitizen with immigration status must complete Part 2 of this form.

Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part I of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call to arrange for delivery and copying of original documents. Do not mail original documents to this office. If documents are not presented and verified, your family's rental assistance may be reduced, denied or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part I of this form and that members of my household that have not checked either box on Part I of this form do not claim to be citizens or nationals of the United States or noncitizens with eligible immigration status.

Signature _____ Date _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left or Signature of Guardian for Minors	Office Use Only INS VERIF #
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	
_____	_____	_____	X _____	

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

LISTING OF NON-CONTENDING FAMILY MEMBERS

I, _____ certify, under penalty of perjury ①, that the persons listed below are members of my household. Each person listed below has elected not to contend that he or she has eligible immigration status.

First, Middle Initial(s), Last Name

First, Middle Initial(s), Last Name

First, Middle Initial(s), Last Name

First, Middle Initial(s), Last Name

First, Middle Initial(s), Last Name

First, Middle Initial(s), Last Name

☞ _____
Signature of Head of Household or Spouse

☞ _____
Date

Instructions: If one or more members of a family elect not to contend that he or she has eligible immigration status, and the other members of the family establish their citizenship or eligible immigration status, the family may be considered for assistance despite the fact that no declaration or documentation of eligible immigration status is submitted by one or more members of the family. The family, however, must identify to the HA the family members(s) who will elect not to contend that he or she has eligible immigration status. In the spaces provided above, type or print the names of the family members who elect not to contend that he or she has eligible immigration status. Listed members of the family do not sign above. However, the Head of Household or Spouse who is the signer must be either a citizen or have eligible immigration status.

DISCLOSURE TO APPLICANTS AND PROGRAM PARTICIPANTS WITH DISABILITIES

Kennewick Housing Authority's policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon request, so that they may fully access and utilize our housing programs and related services. KHA will consider requests for Reasonable Accommodations from persons with disabilities in order to afford them an equal opportunity to obtain the same result, to gain the same benefit or to reach the same level of achievement as those who do not have disabilities.

This information is being collected to allow the Housing Authority to comply with civil rights record keeping requirements. This information will not be used in making any decision about an applicant's receipt of housing.

Are you or a household member an individual with "disabilities" as defined by Section 504 of the Rehabilitation Act of 1973? Yes _____ No _____

If yes, which member(s) are disabled?

Do you or any member of your family require any of the following accommodations?

- Copy mail to Case Manager
- Large type documents
- Live-in aide/caregiver
- Other _____

The Kennewick Housing Authority complies with the Fair Housing Act and provides reasonable accommodations to people with disabilities.

Note: All information you provide will be kept confidential and be used only to help you have an equal opportunity to participate in KHA's programs

The EEOC's guidance on reasonable accommodations under the Americans with Disabilities Act states, a certifying agency and/or Housing Authority may require documentation "from an appropriate health care or rehabilitation professional". The appropriate professionals include, for example, doctors, (including psychiatrist), psychologists, physical therapists, vocational rehabilitation specialists, and licensed mental health professionals.

If you are requesting such an accommodation/modification, please fill out a Reasonable Accommodation form found on next page.



Request for Reasonable Accommodation/Modification

If you, or a member of your household, has a disability, and would like to ask the Housing Authority of the City of Kennewick (KHA) for an accommodation to its rules or practices or in Public Housing Program to make a modification to his or her apartment for that person to have equal use and access to KHA programs, please complete this form and return it to KHA.

Check all items that apply and explain fully. Use the other side of this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you.

Please keep copies of all documents that you submit to your housing provider.

Head of Household: _____
Current Address: _____
Phone: _____

The person(s) who has a disability requiring a reasonable accommodation and/or modification is:

Myself Household Member: _____

Requester Status:

- 1. I am disabled.
2. My disability affects or limits my activities in the following ways:

- 3. I need the following accommodation or modification because of my disability:

Please provide the name, telephone number and address of a medical or social service professional who can verify your request for reasonable accommodation/ modification:

Name: _____
Address: _____
Telephone: _____

I give my permission for the Kennewick Housing Authority to verify my request for reasonable accommodation with the medical/social service professional listed above.

Signature (of person requiring accommodation) Print Name Date



GENERAL CONSENT

CONSENT:

I/we authorize and direct any Federal, state or local agency organization, business or individual to release to Housing Authority City of Kennewick any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under any housing programs administered by the Housing Authority City of Kennewick.

I/we understand and agree that this authorization, or the information obtained with its use, may be given to and used by HUD in administering and enforcing program rules and policies.

INFORMATION COVERED:

I/we understand that, depending on program policies and requirements, previous or current information **regarding me or my household members** may be needed. Verification and inquiries that may be requested, but are not limited to:

- | | | |
|------------------------------|--------------------------------|------------------|
| Identity and Marital Status | Employment, Income Assets | Medical Expenses |
| Credit and Criminal Activity | Residences and Rental Activity | |

I/we understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | | |
|--|---|--|
| Previous Landlords
<i>(including Public Housing Agencies)</i> | Welfare Agencies
Courts and Post Offices | State Unemployment
Social Security Administration |
| Schools and Colleges | Medical and Child Care Providers | Law Enforcement Agencies |
| Veterans Administration | Support and Alimony Providers | Banks/Financial Institutions |
| Past and Present Employers | Credit Providers/Credit Bureaus | Utility Companies |

COMPUTER MATCHING NOTICE AND CONSENT:

I/we understand and agree that HUD or the Housing Authority City of Kennewick may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I/we understand that I/we have the right to notification of any adverse information found and a chance to disprove that information. HUD may in course of its duties exchange such automated information with other Federal, State or local agencies, including and limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Administration and State Welfare & Food Stamp agencies.

CONDITIONS:

I/we agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for a year and one month from the date signed.

_____	_____	_____
Head of Household	Print Name	Date
_____	_____	_____
Spouse	Print Name	Date
_____	_____	_____
Adult Family Member	Print Name	Date
_____	_____	_____
Adult Family Member	Print Name	Date

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. 07/31/2017

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.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

