

## Request to Add Live-in Aide

**Program Information:**

- An elderly, near-elderly, or disabled household member may request to add a live-in aide to their household if the following criteria are met: 1) The live-in aide is essential to the care and well-being of the person(s), 2) The live-in aide is not obligated for the support of the person(s) needing the care, and 3) The live-in aide would not be living in the unit except to provide the necessary supportive services.

**Instructions:**

- Complete below to request to add a live-in aide to the household.
- Attached documents must also be completed by the applicant/participant and live-in aide.
- After request is received, Home Forward will determine the live-in aide's eligibility and confirm landlord's approval to add the live-in aide to the household. Home Forward and the landlord must approve the live-in aide before move in.

### 1. Head of Household

Name (please print):	SSN (last 4 digits):
Address:	Current Phone:
Name of Household Member Requiring a Live-in Aide:	

### 2. Live-in Aide

Full Name of Live-in Aide (please print):			
Has the live-in aide ever used another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name(s)?			
Birth Date:	Full SSN:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Is the live-in aide a person with a disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Race: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	

### 3. Are the following documents attached and signed?

<i>Home Forward Authorization for Release of Information</i> – signed/dated by live-in aide .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>HUD Authorization for Release of Information/Privacy Act Notice</i> – signed/dated by live-in aide .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>HUD Debts Owed to Public Housing Agencies and Terminations</i> – signed/dated by live-in aide .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Applicant/Participant and Live-in Aide Certification</i> – signed/dated by applicant/participant & live-in aide .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Current, Valid Photo ID for Live-in Aide</i> .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Verification of Social Security Number for Live-in Aide</i> .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Provide copy of Social Security card, a copy of Social Security Administration (SSA) letter which contains the full name and full SSN, or copy of document issued by a federal, state, or local government agency which contains the name and full SSN of the live-in aide.

**If you answered "No" to any of the questions above, the request cannot be completed.  
Please respond to any requests for additional information by the deadline requested.**

1. Return this completed form and the documents listed above to Home Forward.
2. Home Forward will provide written notification of its decision within 15 business days of receiving a request, including all required documentation related to the request.
3. Remember, you must wait for approval before the live-in aide can move in.

Head of Household Signature:	Date:
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### Home Forward Use Only

RASC Name:	Tcode:
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# homeforward

## AUTHORIZATION FOR RELEASE OF INFORMATION

**PURPOSE** Home Forward (a new name for the Housing Authority of Portland) uses this authorization and the information obtained with it to administer and enforce housing program rules and policies.

**INDIVIDUALS OR ENTITIES REQUESTED TO RELEASE INFORMATION** Any individual or entity, including governmental organizations and service providers, may be asked to release information. Failure of the Applicant or Participant to sign this form may result in the denial of eligibility or termination of assisted housing benefits, or both. Potential sources will include:

- Public Housing Authorities
- Banks, Credit Bureaus, and Financial Institutions
- Courts and Law Enforcement Agencies
- Employers, Past and Present
- Landlords, Past and Present
- Training or Apprentice Programs, Schools, Colleges
- Utility Companies
- State Agencies, such as, Dept. of Human Services, Motor Vehicles, Aging Services, Revenue, etc.
- U.S. Offices, e.g., Social Security, Veterans Affairs, Bureau of Citizenship & Immigration Services, Health and Human Services, Postal Service, Internal Revenue, etc.
- Social Service, Private Service Providers and Medical Personnel
- Providers of Alimony, Child Care, Child Support, Disability Assistance, Medical Care, Pensions/Annuities, and Providers of Credit
- Other: \_\_\_\_\_

**INFORMATION COVERED** Information shared with Home Forward, or shared by Home Forward with the above entities concerning eligibility for housing assistance may include:

- Information relevant to enrolling and participating in Rent Well classes
- Personal Identification and Social Security Numbers
- Citizenship or Immigration Status
- Child Care Expenses
- Credit History, Financial Concerns
- Criminal Activity, Court and Legal Issues
- Family Composition and Marital Status
- Employment and Training
- Income, Pensions, Assets
- Federal, State, Tribal or Local Assistance or Benefits
- Expenses related to Disability, Medical, or Family Needs
- Medical, Psychological, or Psychiatric Issues, in conformance with HIPAA requirements.
- Housing Needs and Rental History

**AUTHORIZATION** This authorization is valid for 48 months from date shown below.

- I authorize the release of any information (documentation and materials) pertinent to eligibility for or participation in Housing Programs provided by Home Forward.
- I agree that photocopies of this authorization may be used for the purposes stated above. I understand that if I do not sign this authorization, my application for housing assistance may be denied, or my receipt of housing assistance may be terminated.
- I agree to provide an assigned Social Security No. (or Certification that no number has been assigned) for each household member.

\_\_\_\_\_  
Head of Household (Signature)      Date

\_\_\_\_\_  
Spouse or Other Adult (Signature)      Date

\_\_\_\_\_  
Other Adult      Date

\_\_\_\_\_  
Other Adult      Date

# Authorization for the Release of Information/ Privacy Act Notice

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

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

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

Home Forward

(dba the Housing Authority of Portland)

Rent Assistance Department

135 SW Ash Street

Portland, Oregon 97204

HA 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(l)(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 48 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

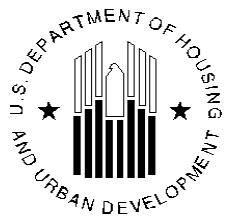
**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The 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.



## 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 10/31/2019.

#### **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.

<p><b>This Notice was provided by the below-listed PHA:</b></p> <p style="margin-left: 20px;">Home Forward 135 SW Ash Street Portland OR 97204</p>	<p><b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i>:</b></p>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>Signature</b></td> <td style="width: 40%; border: none;"><b>Date</b></td> </tr> <tr> <td colspan="2" style="border: none;"><b>Printed Name</b></td> </tr> </table>	<b>Signature</b>	<b>Date</b>	<b>Printed Name</b>	
<b>Signature</b>	<b>Date</b>				
<b>Printed Name</b>					

## Applicant/Participant and Live-in Aide Certification

### Approval of Live-in Aide

- Upon receipt of a *Request to Add Live-in Aide*, Home Forward will review your request for eligibility.
- Home Forward will not approve a particular person as a live-in aide, and may withdraw such approval if:
  1. The person commits fraud, bribery or any other corrupt or criminal act in the connection with any federal housing program;
  2. The person commits drug-related criminal activity or violent criminal activity; or
  3. The person currently owes rent or other amounts to Home Forward or to another Public Housing Authority in connection with Section 8 or public housing assistance under the 1937 Housing Act.
- The live-in aide must abide by the Housing Choice Voucher program's applicable program rules.

### Housing Choice Voucher and Live-in Aide

- A live-in aide is a member of the household, not the family, and the income of the live-in aide is not considered in the family income calculations.
- Relatives may be approved as live-in aides if they meet the criteria defining a live-in aide (see below).
- Relatives who serve as a live-in aide are not considered a family member and are not considered a remaining member of the tenant family if the person receiving care from the live-in aide vacates the unit.
- If the person receiving care vacates the household for any reason, the voucher will not be transferred to the live-in aide, even if the live-in aide is a relative, and the live-in aide may have to move out of the unit.
- If the person receiving care is the only household member, and that person permanently vacates the unit for any reason, the rent assistance will end the day the person receiving care vacates the unit.

## Certification

***I/we certify the requested live-in aide meets the following criteria:***

- 1) The live-in aide is determined to be essential to the care and well-being of the person(s)
- 2) The live-in aide is not obligated for the support of the person(s)
- 3) The live-in aide would not be living in the unit except to provide the necessary supportive services

***I/we have read and understand this Applicant/Participant and Live-in Aide Certification and agree to comply with the terms of the certification and the applicable program rules.***

***Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$10,000 and/or imprisonment of not more than 5 years.***

*I/we certify the information provided is true and accurate.*

Head of Household Signature:

Date

Head of Household Name Printed:

Live-in Aide Signature:

Date

Live-in Aide Name Printed: