



52 Chauncy Street
 Boston MA 02111
 Attn: «Caseworker»

Annual Recertification Packet

You May Complete this Package at: www.bostonhousing.org/recertpacket

«First_Name» «Last_Name»
 «Unit_Address»
 «Unit_CSZ»

Date:
 Client ID: «Client»

Please return this completed package with any income documents prior to the due date indicated below. All family members 18 or older must sign the HUD form on the last page of this package.

Options for Completing the Recertification Packet	
Option 1 - Email: «Email»	Option 2 - Fax: «Fax»
Option 3 – Complete Online: www.bostonhousing.org/recertpacket	Option 4 - Mail: «Caseworker» 52 Chauncy Street Boston, MA 02111

Instructions: Please send all documents that apply below and complete the enclosed questionnaire.

1. The two most recent **Pay Stubs** for each job of every family member, or a letter from the employer stating the amount of gross income (weekly, bi-weekly, monthly or annually).
2. A current award letter for any type of **Benefits** you receive including, TAFDC, EAEDC, SSI, Veterans, or Disability from the agency stating gross monthly payments.
3. A **Social Security** award letter stating the amount of gross monthly payments. You may obtain the letter by calling at 1-800-772-1213 website at <http://www.ssa.gov/onlineservice>
4. Any statements or agreements related to **Child Support** payments or **Alimony** received.
5. A notarized statement signed by any person making **Regular Payments** to you or family member stating the amount and frequency of the payments.
6. A certified copy of your most recent tax return (1040) form if you are **Self-Employed** or a certified copy of your most recent quarterly report of income.
7. A current letter from a school where any family member 18 or older is a **Full-Time Student**.
8. If you are elderly or disabled, provide receipts of payments for unreimbursed **Medical Expenses** or insurance premium payments.
9. Receipts or a letter certifying **Daycare Expenses** when the daycare is required to allow a family member to work or go to school.
10. Receipts or a letter certifying **Special Expenses** for the care of a disabled incapacitated member, including homemaking and housekeeping services and travel expenses.

Recertification Packet (Please complete ALL sections on ALL pages)

Head of Household Name: «First_Name» «Last_Name» (Entity ID: «Client»)		
Address:	City:	Zip:
Phone:	Email address:	

SECTION I. FAMILY COMPOSITION - List all people who will live with you at your unit.

First Name / Last Name	Relation to Head	Social Security #	Disabled ?	Sex	Date of Birth	Race/ Ethnicity
1.	HEAD		Y / N	M/ F		
2.			Y / N	M/ F		
3.			Y / N	M/ F		
4.			Y / N	M/ F		
5.			Y / N	M/ F		
6.			Y / N	M/ F		
7.			Y / N	M/ F		

Addition of any household members requires prior BHA and Landlord approval. Any name change in your family must be verified by legal documentation.

LANGUAGE SPOKEN

Do you (head of household) or your co-head speak English? YES NO

What language do you (head of household) or co-head speak? _____

Do you (head of household) or your co-head read English? YES NO

What language do you (head of household) or your co-head read? _____

SECTION II. INCOME

1. Income from Social Security / Retirement/ Pension/ Workers Compensation / Payments in Lieu of Earnings - Do you or any family members receive income from any of the following sources:

Unemployment, SSI or SSDI, Payments from Insurance, Retirement Plans, Annuities, IRA's, other Retirement source or Workers Compensation? YES NO

You may be required to request verification from SSA by calling **1-800-772-1213** (TTY 1-800-325-0778) or at <http://www.ssa.gov/onlineservices/>. Participants should **NOT** go in person to the SSA.

2. **Employment Income** - Do you or any member of your family who is 18 years of age or older receive income from employment? YES NO

If yes, complete the information requested below and **bring the four most current consecutive** paystubs. You **must** list additional income information on another sheet of paper.

Family Member:		Employer:	
Employer Address:		City:	Zip:
Employer Telephone:	Fax:	Amount:	/per:
Family Member:		Employer:	
Employer Address:		City:	Zip:
Employer Telephone:	Fax:	Amount:	/per:
Family Member:		Employer:	
Employer Address:		City:	Zip:
Employer Telephone:	Fax:	Amount:	/per:
Family Member:		Employer:	
Employer Address:		City:	Zip:
Employer Telephone:	Fax:	Amount:	/per:
Family Member:		Employer:	
Employer Address:		City:	Zip:
Employer Telephone:	Fax:	Amount:	/per:

3. **Bank Account Deposits** - Do you or any member of your family receive regular deposits into your bank account that could be considered income? This includes employers such as Uber, Lyft, Uber Eats, or other similar services. This could also include income from a business including but not limited to payments for services. YES NO

4. **Support of Minors (Child Support / Social Security)** - Does any family member receive payments for the support of minors or full time students under 25 from any of the following sources: Child Support, Social Security, Payments for Foster Care, Assisted Adoption Payments, Other Public Assistance? YES NO

5. **Public Assistance / Welfare** - Do you or any family members receive income from public assistance (TANF) or food stamps? YES NO

If you answered YES to any of the above questions, please complete the section below and bring the most recent statement to show proof of payment. For child support (DOR) bring a statement showing the last 12 months of payments, or address and telephone number of individual provider.

Family Member	Source	Amount	Frequency

6. **Total Family Assets in excess of \$5,000** Do you and/or all of the members of your household own/hold real or personal property (i.e. assets) in any of the following forms: Bank Accounts, Real Estate, Stocks or Bonds, Other Assets with a total value that exceeds \$5,000? YES NO

If yes, please complete the section below and bring the most recent statement for each account/asset. Include each asset on a separate line.

Family Member	Source / Name of Bank	Interest Rate	Annual Income

OTHER INCOME:

7. **Self – Employment/Income from Business** - Do you or any family members receive income from self-employment or from a business owned by the family member? YES NO
 If yes, complete the section below and supply BHA with IRS Form 1040 and all Schedules.

8. **Gifts and Scholarships** - Do you or any family members receive a regular gift (at least twice a year for two or more years or \$2000 or more once each year for two or more years)? YES NO
 If yes, provide the name, address, and telephone number of the gift giver.

9. **Gambling** - Has any family member received income from lottery or gambling? YES NO

10. **Separate Support / Alimony** - Do you or any family members receive alimony or separate support payments? Do not include foster care payments. YES NO
 If yes, provide the a court order, agreement, statement, or name and address of provider

11. **Trusts or Inheritance** - Does any family member receive regular income from a trust, inheritance, or an estate? YES NO

If yes, complete below and bring your most current statement showing income and proof of payment

Family Member	Source	Amount	Frequency

12. **Certification of Zero Income** (For each adult family member who does not receive any income)

I hereby certify that I do not currently receive, nor do I anticipate to receive any income from any source within the next twelve months. Signed Under the Pains and Penalties of Perjury.

 Family Member (PRINT)

 Signature

 Date

 Family Member (PRINT)

 Signature

 Date

****Additional adults must complete a zero income certification on a separate piece of paper.**

SECTION III. DEDUCTIONS

1. Medical – Complete if you are **at least 62 years old or disabled**.

In addition to completing the questions below **please also bring** any printout from pharmacy or receipts for medications and/or medical visits anticipated to be paid by you within the next 12 months.

- Do you pay, out of pocket for medical insurance? YES NO
 Do you pay for prescription medication? YES NO
 Do you have any non-prescription (over-the-counter) medication that your doctor has requested you to use on a regular basis? YES NO
 Do you have any outstanding medical bills on which you are paying?

2. Childcare Expenses or Care of a Disabled Family Member - Do you have child care expenses for a child(ren) under the age of 13 or expenses for care of a disabled family member in order for you to work, or to attend school? YES NO

***If yes, please complete the following section.**

Persons Cared For:		Care Provider Name:	
Provider Address:		City:	Zip:
Provider Telephone:	Fax:	Amount:	/per:
Persons Cared For:		Care Provider Name:	
Provider Address:		City:	Zip:
Provider Telephone:	Fax:	Amount:	/per:

3. Full-Time Student Status - Are any of the members of your family over age 18 full time students? YES NO

***If, yes, please complete the section below and bring verification of full time student status.**

Family Member	School	School Contact Information

SECTION IV: FAMILY OBLIGATIONS OF THE HOUSING CHOICE VOUCHER PROGRAM

Violation of the Family Obligations listed below by action or failure to act may result in termination of housing assistance.

1. **Supplying required information.**

- The family must supply any information that the BHA or the Department of Housing and Urban Development (HUD) determines necessary in the administration of the program, including submission of required evidence of Citizenship or eligible immigration status as required by federal regulations. "Information" includes any requested certification, release or other documentation.
- The family must supply any information requested by the BHA or HUD for use in a regularly scheduled reexamination of family income and composition in accordance with HUD requirements.
- The family must disclose and verify social security numbers and must sign and submit Consent forms for obtaining information.

2. **Housing Quality Standards (HQS) breach caused by family.** The BHA may terminate a participant from the Section 8 program for life threatening HQS violations that the participant does not correct within twenty-four (24) hours. The BHA may terminate assistance for non life-threatening HQS violations that the family does not correct the violation within thirty (30) days. The BHA may also terminate a participant under this provision for one or more of the following reasons:

- The family fails to pay for any utilities that the owner is not required to provide, but which are to be paid by the tenant.
- The family fails to provide and maintain any appliances that the owner is not required to provide, but which are to be provided by the family.
- If any family member or any guest damages the dwelling unit or common areas beyond ordinary wear and tear.

3. **Allowing BHA inspection.** The family must allow the BHA to inspect the unit at reasonable times and after reasonable notice.

4. **Violation of lease.** The family may not commit any serious or repeated violation of the lease

5. **Family notice of move or lease termination.**

- The family must notify the BHA and the Owner before the family moves to out of the unit, or terminates the lease on notice to the owner.
- The family must give the BHA a copy of the thirty-day notice of termination that the family gave to the owner before the family can move to a new apartment with assistance.

6. **Owner eviction notice.** The family must promptly give the BHA a copy of any owner eviction notice. Promptly means within two weeks of receiving the eviction notice for the purposes of this section.

7. Use and occupancy of the unit.

- The family must use the assisted unit for residence by the family. The assisted unit must be the family's only residence.
- All family members residing in the unit must be approved by the BHA.
- All family members residing in the unit must be approved by the BHA. The Family must promptly notify (within thirty (30) days) the Housing Authority of the birth, adoption, or court-awarded custody of a child. The family must request and receive BHA approval before adding any other family member as an occupant of the unit. No person other than members of the assisted family may reside in the unit, except a foster child or a Personal Care Attendant.
- The family must promptly notify BHA (within thirty (30) days) that a family member no longer resides in the unit.
- If the BHA has given approval, a foster child or a Personal Care Attendant may reside in the unit.
- A family member may engage in legal profit making activities in the unit, but only if such activities are incidental to the primary use of the unit for residence by members of the family.
- The family must not sublease or let the unit.
- The family must not assign the lease or transfer the unit.

8. Absence from the unit. The family must supply any information or certification requested by the BHA to verify that the family is living in the unit, or relating to a family absence of the unit, including any BHA requested information or certification regarding family absences. The family must cooperate with the BHA for this purpose. The family must promptly notify (within thirty (30) days) the BHA of an absence from the unit. Absence means that no member of the family resides in the unit.

9. Interest in the unit. The family must not own or have an interest in the unit.

10. Fraud and other program violation. The members of the family must not commit fraud, bribery, or any other corrupt criminal act in connection with the programs.

11. Crime by family members. The members of the family may not engage in Drug-Related Criminal Activity or Violent Criminal Activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the Premises.

12. Alcohol abuse by family members. The members of the family must not abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other participants and persons residing in the immediate vicinity of the premises.

13. Other housing assistance. An assisted family, or any member of the family, may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) federal, State or local housing assistance program.

Certification of Understanding

I hereby certify that I understand my obligations under the Section 8 program and that my failure to comply with these obligations may result in the termination of my participation in the program.

Signature of the Head of Household: _____ Date: _____

SECTION V. FAMILY CERTIFICATIONS (Completed by Head of Household)

I, _____, hereby certify the following:

Check each box to certify the statements below.

CERTIFICATION OF NO CRIMINAL ACTIVITY

Neither I, nor any of my household members, nor those that I am proposing to add to my family composition, presently, or in the past 12 months have engaged in any drug related and/or violent criminal activity.

LEAD PAINT CERTIFICATION

The BHA has advised me that: (1) any child living with me is under six (6) years old should be tested for an elevated blood level of lead (“EBL”), (2) BHA inspectors do not test apartments for lead-based paint, (3) the BHA will order the landlord to conduct a test for lead-based paint only upon request and if a family member under the age of six (6) years old has an EBL equal to or exceeding 20 ug/dl for a single test or 15-19 ug/dl in two consecutive tests three to four months apart or has lead poisoning. I further certify that I received a copy of the, “Protect Your Family From Lead in Your Home” brochure. **Please check here if a child under 6 in your current family composition has an EBL.**

REQUEST FOR VISUAL SMOKE DETECTOR

I am aware that I may obtain a visual smoke detector if my household includes someone who is hard of hearing.

CERTIFICATION BY HEAD OF HOUSEHOLD - Not related to owner of rental unit

I do hereby certify that neither I nor any member of my household is the parent, child, grandparent, grandchild, sister or brother of the owner, or owners, of the property in which I/we are residing and receiving a Section 8 subsidy. Unless the BHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide a reasonable accommodation for a family member who is a person with disabilities.

FAMILY CERTIFICATION OF TRUE AND COMPLETE INFORMATION

I/We certify that the information given to the BHA on household composition, income, net family assets, allowances and deductions is true and complete to the best of my/our knowledge and belief. I/We understand that giving false statements or information can be grounds for punishment under federal and state laws. I/we also understand that giving false information or failing to provide complete information can be grounds for termination of housing assistance.

X _____
HEAD (signature) DATE

Please be advised that if you fail to keep this appointment and complete this questionnaire your housing choice voucher assistance may be terminated.

Reasonable Accommodation: If you or a household member is a person with a disability and needs help with this process or another BHA process, please contact your Leasing Officer and arrangements will be made to accommodate your needs. If you have any general questions about reasonable accommodations please contact the BHA Office of Civil Rights at (617) 988-4383

This is an important document. If you require interpretation, please call the telephone number below or come to our offices.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室

Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone embaixo ou vem a nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

នេះ គឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ

សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ

អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dhokomenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.

هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Phone: (617) 988-4000



Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2021

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

«Caseworker», Leasing Officer
Tel: «Phone»
Email: «Email»
Boston Housing Authority
52 Chauncy Street
Boston, MA 02111

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(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 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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (07/14)