

**BLACKFEET HOUSING**  
P. O. BOX 449  
BROWNING MT 59417  
TELEPHONE (406) 338-5031

**INCOME SHEET**

Your income sheet must be completed and include all supporting documentation before turning it in to the Blackfeet Housing. All questions must be answered. If a question does not apply, write N/A in the space provided.

**INSTRUCTIONS:**

1. Read the Federal Privacy Act Statement on page 2, date and sign it.
2. Complete the Authorization for Release of Information Form on page 3 by signing, printing and dating in the space provided at the bottom of the form. Each Adult member living in the unit must also sign the form.
3. Read the Fraud statement on page 5, sign and date it.
4. Complete the income sheet on page 6, list every family member living in the unit with the type and amount of income they are receiving this month. **YOU WILL NEED TO SUBMIT THE FOLLOWING DOCUMENTS WITH THE INCOME SHEET:**
  - a. **Birth Certificates for minor children not listed on previous income sheet. (New additions to the household)**
  - b. **Social Security numbers for members not listed on previous income sheets. (New additions to household)**

**FAILURE TO PROVIDE INFORMATION FROM A. & B. ABOVE WILL RESULT IN THE FAMILY MEMBER(S) BEING REMOVED FROM THE FAMILY COMPOSITION UNTIL THE INFORMATION REQUESTED IS PROVIDED.**

- c. **CURRENT income verification for all persons 18 years and older.**

\*\*\*If you have children that are 18 years and older, and are in high school or college, ask the Occupancy Technician for a **Student Verification form**, then have the school they are attending verify that they are a student there. You are eligible to claim this child as a dependant child and will receive a deduction.

\*\*\*If more than one person, such as your spouse, receives income, ask the Occupancy Technician for extra income verification forms.

\*\*\*If you are paying child care, ask the receptionist for a **Child Care Verification Form**, and have your child care provider verify the amount you pay for child care. You are eligible to claim child care as a deduction.

\*\*\*If you are elderly or handicapped and you pay medical expenses out of your own pocket ask the Occupancy Technician for a **Medical Expense Verification Form**. You are eligible to claim out-of-pocket medical expenses as a deduction. Attach receipts for payments/purchases to the Expense Form

**PLEASE MAKE SURE ALL PAGES ARE DATED AND SIGNED!!!!**

**BLACKFEET HOUSING**  
P. O. BOX 449  
BROWNING MT 5941  
(406) 338-5031

**FEDERAL PRIVACY ACT STATEMENT**

The US Department of Housing and Urban Development (HUD) will be collecting information you gave to the Blackfeet Housing at the time you submitted your application or recertification. HUD will collect the information on form HUD-50058. The data it will collect includes name, sex, birth-date, 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 are also 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 may also make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 USC 3545 required applicants and residents to give the Housing the SSN's of household members at least six (6) years old. If you are an applicant and have been issued or use SSN's and you do not give them to the Housing, the Housing is required to evict your family or withdraw your housing assistance.

The US Housing Act of 1937, as amended 42 USC 1432 et:seq, and the Housing and Community Development Act of 1981, PL 97, 35, 38 State 348,408 require applicants and residents to provide the other information listed in the first paragraph of the Housing. If you are an applicant and you fail to give the housing this information, the Housing may have to reject your application or delay acting on it. If you are receiving assistance and you do not give the Housing this information, the Housing may have to evict you or withdraw your housing assistance.

**SIGNATURE:** I read the Federal Privacy Act Statement on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
HEAD OF HOUSEHOLD OR SPOUSE

Authorization for the Release of Information  
 Privacy Act Notice  
 to the U.S. Department of and Urban Development (HUD)  
 and the Housing Agency/Authority (HA)

US 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)  BLACKFEET HOUSING P. O. BOX 449 BROWNING MT 59417 (406) 338-5031	IHA requesting release of information: (cross out space if none) (full address, name of contact person, and date)
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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.

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

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.

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.

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.

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.)

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.

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(1)(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].)

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.

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 housing benefits.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

**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:**

**ALL 18 AND OVER SIGN & DATE**

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	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

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.

GRANTS, PENSIONS, ETC.			
GRANT	MONTHLY AMOUNT	GRANT	MONTHLY AMOUNT
AFDC		SOCIAL SECURITY	
GA		SSI	
ALIMONY		PENSIONS	
CHILD SUPPORT		OTHER	

DATE: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 \*\*\*\*\*

INCOME FROM WAGES

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 GROSS SALARY: \_\_\_\_\_ PER HOUR HOURS WORKED PER-WEEK: \_\_\_\_\_  
 WORKS \_\_\_\_\_ DAYS PER-WEEK OR GROSS PER-WEEK /BI-WEEKLY: \$ \_\_\_\_\_  
 DATE: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 \*\*\*\*\*

STATE UNEMPLOYMENT

GROSS WEEKLY BENEFIT \$ \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

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 disclosure 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 of a misdemeanor and fined not more than \$5,000.  
 Any applicant or participant affected by negligent disclosures 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 or improper use.

**IMPORTANT NOTICE**

Section 1001 of Title 18 of the United States Code makes it a crime punishable by fine of up to \$10,000 or by imprisonment of up to five (5) years or both for making any false, fictitious or fraudulent statements or representations or making or using any false writing or document in any matter within the jurisdiction of any department or agency of the United States.

This means that if you, as an applicant or tenant, knowingly give the Blackfeet Housing false information about your income, or fail to report changes in your family composition or income within 10 days of a change, you may be charged with fraud under Chapter 409.325 and or Section 1001 of Title 18 of the United States Code.

If, as a result of committing fraud, withholding information, or making a mis-representation to the Blackfeet Housing, you receive any rental assistance or lower rent to which you are not entitled, you will be responsible for making restitution (repayment) in full to the Blackfeet Housing and may be subject to Tribal and Federal Prosecution as well. This could also result in a fine, imprisonment or both as well as the loss of your eligibility for any of the Agency's Housing Programs.

I have read the above statement or have had it read and explained to me and understand the consequences of not correctly reporting my family composition and all of my income and any changes within 10 days of their occurrence.

SIGNATURE OF APPLICANT/TENANT: \_\_\_\_\_

DATE: \_\_\_\_\_

Received From: \_\_\_\_\_

**BLACKFEET HOUSING**

P. O. BOX 449  
BROWNING MT 59417  
(406) 338-5031

TODAY'S DATE: \_\_\_\_\_

HOUSE NO: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Re-Examination    Annual Review  
\_\_\_\_\_ Interim Adjustment    Interim change

TELEPHONE: \_\_\_\_\_

FAMILY COMPOSITION						
NAME	RELATIONSHIP TO HEAD	DATE OF BIRTH	AGE	SEX	PLACE OF BIRTH	SOCIAL SECURITY NUMBER
1.	<b>HEAD</b>					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

**LIST ALL INCOME THAT EVERYONE IN YOUR HOUSEHOLD RECEIVED THIS MONTH. YOU WILL ALSO NEED TO GET VERIFICATION OF ALL INCOME. SHOULD YOUR INCOME CHANGE AT ANY TIME BEFORE THE NEXT REEXAMINATION, YOU WILL NEED TO FILL OUT ANOTHER INCOME SHEET. YOU MAY BE RECORD ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER.**

NAME OF FAMILY MEMBER EMPLOYED	NAME & ADDRESS OF EMPLOYER	EMPLOYER PHONE NO.	HOURLY RATE	HOURS WORKED/WK

NAME OF FAMILY MEMBER SELF EMPLOYED: \_\_\_\_\_

NET INCOME FROM OPERATION OF A BUSINESS OR PROFESSION: \_\_\_\_\_

INCOME SOURCE	MONTHLY AMOUNT RECEIVED	INCOME SOURCE	MONTHLY AMOUNT RECEIVED
AFDC		SOCIAL SECURITY	
GA		SSI	
VA		ALIMONY	
WORKMANS COMP		CHILD SUPPORT	
OTHER PENSIONS		OTHER INCOME	

PLEASE CONTINUE ON NEXT PAGE

**BLACKFEET HOUSING**  
 INCOME SHEET CONTINUED

INCOME SOURCE	WEEKLY AMOUNT RECEIVED	INCOME SOURCE	YEARLY AMOUNT RECEIVED
UNEMPLOYMENT		LEASE	

FOSTER CARE:

AMOUNT RECEIVED PER MONTH: \$ \_\_\_\_\_ FOR: \_\_\_\_\_

\*\*\*\*\*  
 \*\*\*\*\*

**DEDUCTIONS**

**TRAVEL EXPENSES  
 NOT PAID BY EMPLOYER**

**MONTHLY**

**YEARLY**

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DATE: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

**CHILD CARE EXPENSES**

**MONTHLY**

**YEARLY**

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DATE: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

**MEDICAL EXPENSES PAID  
 OUT OF YOUR OWN POCKET**

**MONTHLY**

**YEARLY**

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\*\*\*\*PLEASE ASK FOR A MEDICAL EXPENSE VERIFICATION FORM. IF YOU HAVE FURTHER  
 QUESTIONS REGARDING DEDUCTIONS, PLEASE READ PAGE ONE OF YOUR INCOME SHEET.

**Consent for Release of Information**

You must complete all required fields. We will not honor your request unless all required fields are completed. (\*signifies a required field).

TO: Social Security Administration

**\*My Full Name**

**\*My Date of Birth  
(MM/DD/YYYY)**

**\*My Social Security Number**

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

**\*NAME OF PERSON OR ORGANIZATION:**

BLACKFEET HOUSING

**\*ADDRESS OF PERSON OR ORGANIZATION:**

BOX 449, BROWNING, MT 59417

**\*I want this information released because:**

We may charge a fee to release information for non-program purposes.

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

You must specify the records you are requesting by checking at least one box. We will not honor a request for "any and all records" or "my entire file." Also, we will not disclose records unless you include the applicable date ranges where requested.

- 1.  Social Security Number
- 2.  Current monthly Social Security benefit amount
- 3.  Current monthly Supplemental Security Income payment amount
- 4.  My benefit or payment amounts from date \_\_\_\_\_ to date \_\_\_\_\_
- 5.  My Medicare entitlement from date \_\_\_\_\_ to date \_\_\_\_\_
- 6.  Medical records from my claims folder(s) from date \_\_\_\_\_ to date \_\_\_\_\_

If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.

- 7.  Complete medical records from my claims folder(s)
- 8.  Other record(s) from my file (you must specify the records you are requesting, e.g., doctor report, application, determination or questionnaire)

Retirement, Survivors, and Disability Insurance

I am the individual, to whom the requested information or 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 (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form, and 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 seeks or obtain access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

**\*Signature:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_

**\*Address:** \_\_\_\_\_

**Relationship (if not the subject of the record):** \_\_\_\_\_ **\*Daytime Phone:** \_\_\_\_\_

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness	2. Signature of witness
Address(Number and street, City, State, and Zip Code)	Address(Number and street, City, State, and Zip Code)