



### Application for Continued Occupancy

Name of Participant: \_\_\_\_\_ No. Bedrooms: \_\_\_\_\_  
 Reservation: \_\_\_\_\_ Project # \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

#### Part I-Household Composition

You must complete all information, including Social Security Numbers for every member of your household.

Name (Include Applicant)	RELATIONSHIP	DATE OF BIRTH	AGE	SEX	OCCUPATION	SSI#
1.	SELF					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

#### Part II

Please Check What Applies to Your Household Income

<b>Wages</b>		<b>EDD</b>	
<b>Social Security</b>		<b>Child Support</b>	
<b>Welfare/TANF</b>		<b>Retirement/Pension</b>	
<b>Disability</b>		<b>Assets</b>	
<b>Per Capita/Revenue</b>		<b>Other</b>	

#### Certification

I do hereby Certify that the foregoing information is true and Correct to the best of my Knowledge.

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

\_\_\_\_\_  
 Date

**ALL MISSION INDIAN HOUSING AUTHORITY**  
**27368 Via Industria, Suite 113, Temecula, CA 92590**  
**Phone 951-760-7390 Fax 951-760-7394 [www.amiha.org](http://www.amiha.org)**



HUD 9886

**Authorization for the Release of Information Agencies**

PHA Requesting release of Information: All Mission Indian Housing Authority 27368 Via Industria, Suite 113, Temecula, CA 92590	This cannot be used to request a copy of a Tax Return, instead use IRS form 4506. Request for a copy of Tax Form.
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Sensitive information: the consent granted by this form may be used as basis to collect sensitive information which is protected by the privacy Act. Such information will be disclosed or released outside of HUD except to appropriate Federal, State, and local agencies, when relevant and to civil criminal or regulatory investigators and prosecutors. Please see the Federal Privacy Act Statement for a more detailed description of your privacy rights.

**Purpose:**

This form enables the U.S. Department of Housing and Urban Development (HUD) and the above named Public Housing Agency or Indian Housing Authority (IHA'S) to secure your signature and the signatures of each member of your household who is 18 years of age or older for purposes of obtaining employee income information from current and previous employers, wage and claim information from the State Wage Information Collections Agency (SWICA).

**Computer Matching Notice & Consent:**

I understand that a Public Housing Agency, Indian Housing Authority or HUD may conduct computer matching program with other governmental agencies including Federal, State, Tribal, or local agencies.

The Governmental agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by my family.

**Employment Information:** I also authorize the above named HA and HUD to obtain information about me and my family that is pertinent to employment income information from current and previous employers.

**Conditions:** I agree that photocopies of this authorization may be used for the purpose stated above. If I or any adult member of my family fails to sign this authorization, I understand that this action may constitute grounds for denial or eligibility or termination of assistance or tenancy, or both.

**State Wage Agencies:** I authorize HUD, public Housing or Indian Housing Authority to obtain information on wages or unemployment compensation from State Agencies charged with the State unemployment law.

***THIS AUTHORIZATION IS VAILD DOR A PERIOD OF ONE (1) YEAR FROM DATE SIGNED.***

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

\_\_\_\_\_  
 Print: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature/Spouse/Adult of Household

\_\_\_\_\_  
 Print: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature/Adult of Household

\_\_\_\_\_  
 Print: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature/Adult of Household



**Applicant/Tenant Certification**

Applicant (s)/ Tenant (s) Statement

I/ we certify that the \*Information giving by the All Mission Indian Housing Authority on household composition, income, net family assets, allowance and deductions is accurate and complete to the best of my knowledge and belief. I/we understand that false statements of information are punishable under Federal Law. I/we understand that false statements of information are grounds for termination of housing assistance and termination of tenancy.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

If you believe you have been discriminated against, you may call the Fair housing and Equal opportunity National Toll free Hot Line at 1-800-424-8590. (Within the Washington, D.C. Metropolitan Area, Call 426-3500).

After verification by the All Mission Indian Housing Authority, the information will be submitted to the Department of Housing and Urban Development of from HUD- 50058 (Tennant Data Summary), a computer- generated facsimile of the form or on magnetic tape. See the Federal Act Statement for more information about its use.



### Federal Privacy Act Statement

The U.S Department of Housing & Urban Development (HUD) collects information of tenants in HUD- assisted rental housing. The U.S. Privacy Act of 1974 established requirements governing HUD's use and disclosure of the information it collects on individuals and families.

Indian Housing Authorities (IHAs) operating such housing send HUD information on their tenants' income, family composition, rent etc. the Tenants already gave this information to the IHAs when applying or being re-examined. It is transferred to HUD forms used for data collection. The forms may be sent to a contractor who keypunches the information in preparation for processing by HUD computers.

**Use:** HUD used the information for budget development, program evaluation and planning, and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on eligibility, rent and to verify the accuracy and completeness of the income information.

**Public Access:** Summaries of tenant data are available to the public. Disclosure of information about individuals and families are restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State and Local Agencies to verify information relevant to eligibility and rent determination and when applicable to other civil, criminal or regulatory matters.

The Privacy Act restricts HUD's disclosure of information on individuals and families but does not restrict the IHA from releasing such information. There may be State or Local Regulations that govern disclosure by the Indian Housing Agency.

**Information Requirements:** HUD uses the Social Security numbers as identifier in computer matching to check the eligibility and rent determinations made by the IHA.

The other information must be provided to HUD so that it can carry out its monitoring and data collection responsibilities.

Failure to do so may result in eviction or the withdrawal of housing assistance.

**Authority:** HUD is permitted to ask for the information by the U.S. housing Act of 1937 as amended. 42 U.S.C. 1437 et. Seq. The Housing and Community Development Act of 1981, Public Law 97-35, 85 Stat., 384, 408.

**Signature:** I have read this Federal Privacy Act statement on \_\_\_\_\_

Date

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

\_\_\_\_\_  
Signature of Spouse



**Verification of Per Capita/Revenue Sharing Income**

Please complete the top section of this form *for all household members 18 years and older* and return it to AMIHA with your application. AMIHA will forward this form to your Tribe.

Applicants Name: \_\_\_\_\_

Tribe: \_\_\_\_\_

Tribe's Address: \_\_\_\_\_

I hereby authorize the \_\_\_\_\_ Tribe to release information relating to my income to the All Mission Indian Housing Authority.

\_\_\_\_\_  
Applicant/Participant Signature

\_\_\_\_\_  
Date

.....  
To whom it may concern:

Federal Regulations mandate that income for the Housing Authority residents be verified annually. The information received is held in strict confidence for use only in establishing monthly charges.

*Abriana Soto*  
\_\_\_\_\_

All Mission Indian Housing Authority Representative

.....  
**This portion to be completed by your tribe.**

Please complete the following information and return to our office at:

AMIHA, 27368 Via Industria, Suite 113, Temecula, CA 92590

Total anticipated Per Capita/Revenue Sharing for the next 12 months: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**Please Return to: All Mission Indian Housing Authority**



**Employer's Report to the All Mission Indian Housing Authority**

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Employer's Address

To whom it may concern:

Federal Regulations mandates that income for Housing Authority residents/applicants must be verified annually. The information received is held in strict confidence for the use only in establishing monthly/eligibility. Please include the total annual income, the estimated overtime earnings if applicable.

*Abriana Soto*

\_\_\_\_\_  
All Mission Indian Housing Authority Representative

.....  
I hereby authorize the All Mission Indian Housing Authority, information relating to my income.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
**This portion is to be completed by Employer**

Please complete the following information and return to our office at:

**AMIHA, 27368 Via Industria, Suite 113, Temecula, CA 92590**

Employee Start Date: \_\_\_\_\_ Hourly Work Rate: \_\_\_\_\_

Approximate hours worked per month: \_\_\_\_\_

Total anticipated gross earnings for the next twelve (12) months: \_\_\_\_\_

\_\_\_\_\_  
Employers Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

**Please Return to: All Mission Indian Housing Authority**



Request for Information from The State of California Employment Development  
Department  
(Unemployment)

Participant Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date: \_\_\_\_\_

I hereby authorize and request the Employment Development Department to furnish the All Mission Indian Housing Authority with information pursuant to law, regarding eligibility for Unemployment Benefits. I understand that the Housing Authority will maintain all information in strict confidence as authorized by Section 34332 © of the Healthy and Safety Code and Public Law 93-574. This Authorization is valid by a period of one (1) year from date signed.

\_\_\_\_\_  
*Abriana Soto*  
Applicant/Participant Signature All Mission Indian Housing Authority Representative

.....  
(To be continued by Employment Development Department)

To: The All Mission Indian Housing Authority

This is to verify that \_\_\_\_\_ is/isn't currently receiving Unemployment Benefits.

- 1) Period covered \_\_\_\_\_ to \_\_\_\_\_
- 2) \$ \_\_\_\_\_ weekly benefit rate for total Unemployment or Disability.
- 3) Are there currently funds available for Federal Extensions in the County? Yes \_\_\_ No \_\_\_
- 4) These Benefits may be extended for another \_\_\_\_\_ weeks.

Remarks, if any: \_\_\_\_\_

\_\_\_\_\_  
Signature of Department Representative/ Title Date

Please Return to: All Mission Indian Housing Authority

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**All Mission Indian Housing Authority**  
**Request for Information from Department of Public Welfare/T.A.N.F.**

Participant Name: \_\_\_\_\_  
 Project # \_\_\_\_\_

Case Name: \_\_\_\_\_ Eligibility Worker: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthday: \_\_\_\_\_ Case Number: \_\_\_\_\_

I hereby authorize and request the Department of Public Welfare to furnish the All Mission Indian Housing Authority with information, pursuant to law, regarding my eligibility for Welfare Benefits. I understand that the Housing Authority will maintain all information in the strict confidence as authorized by section 34332 (c) of the Health and Safety Code.

*Abriana Soto*

\_\_\_\_\_  
 All Mission Indian Housing Authority Representative

\_\_\_\_\_  
 Signature of Applicant/ Participant

.....  
 To be completed by the Department of Public Welfare/ T.A.N.F.

To: The All Mission Indian Housing Authority

Case Number: \_\_\_\_\_

This is to verify that: \_\_\_\_\_ is currently receiving Welfare/  
 T.A.N.F. Benefits.

Benefit Type: Please Check

1. \_\_\_\_\_ Aid to Families with Dependent Children
2. \_\_\_\_\_ General Relief
3. \_\_\_\_\_ Other, Specify
4. \_\_\_\_\_ Number of Persons on Grant
5. \_\_\_\_\_ If Grant Varies Please Indicate Last 6 months Grant Amount \$ \_\_\_\_\_

Amount: \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

Months: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6 Months Total: \_\_\_\_\_

\_\_\_\_\_  
 Eligibility Worker Signature

\_\_\_\_\_  
 Date

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

Phone Number: \_\_\_\_\_

**Please Return to: All Mission Indian Housing Authority**





Verification of Disability/ Workman's Compensation

Participant Name: \_\_\_\_\_

Project # \_\_\_\_\_

\_\_\_\_\_  
Employers/ Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Signature of Participant to release information

Please be advised that \_\_\_\_\_ is receiving benefits for Disability/Workman's Compensation with this organization. The term of these benefits commence on

\_\_\_\_\_ and terminates on \_\_\_\_\_. The amount of these benefits are \$ \_\_\_\_\_ weekly/bi-weekly, monthly. The above person is scheduled to return to work on \_\_\_\_\_.

\_\_\_\_\_  
Signature and Title/ Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

Please Return to: All Mission Indian Housing Authority



**Request for Information Veteran's Administration**

Participant Name: \_\_\_\_\_  
 Project # \_\_\_\_\_  
 Date: \_\_\_\_\_

Veteran's Service Division  
 VA Regional Office  
 2022 Camino Del Rio North  
 San Diego, CA 92108

Name: \_\_\_\_\_  
 VA Claim/File: \_\_\_\_\_  
 Name of VA: \_\_\_\_\_

I hereby authorize and request the Veteran's Administration to furnish the All Mission Indian Housing Authority with information regarding my eligibility for Veteran's Benefits. I understand that the Housing Authority will maintain all information in strict confidence as authorized by Section 34322 c) of the Health and Safety Code, and in accordance with Public Law 93-574. Your prompt consideration and reply will expedite processing and will be appreciated.

\_\_\_\_\_  
 Participant Signature

\_\_\_\_\_  
 Date

**To be completed by Veteran's Service Department**

To: The All Mission Indian Housing Authority

VA/ Claim File # \_\_\_\_\_

This is to verify that \_\_\_\_\_ is currently receiving a monthly Veteran's Benefit.

Type of Benefits Please Check:	Monthly Amount	Effective Date
Compensation	_____	_____
Disability Compensation	_____	_____
Pension: Start Date: _____	_____	Ending Date: _____
Death Pension	_____	_____
Disability Pension	_____	_____
Other Specify	_____	_____

\_\_\_\_\_  
 Signature of Department Representative

\_\_\_\_\_  
 Date

**Please Return to: All Mission Indian Housing Authority**