



Baranof Island Housing Authority

245 Katlian Street, Sitka, AK 99835 Phone: 1(866) 962-6835 Email: [info@bihasitka.org](mailto:info@bihasitka.org)

## Student Housing Voucher Application

### APPLICATION CHECKLIST

*Please ensure that the items listed below have been completed and provided by May 31.*

#### ☐ APPLICATION COMPLETE

- ☐ Acknowledgement of Application Requirements Signed and Dated
- ☐ Applicant and Household Information Completed
- ☐ School & Financial Aid Office Information Completed
- ☐ College Housing Information Completed
- ☐ Sources of Income Completed
- ☐ Certification and Declaration of Truth Signed and Dated

#### ☐ DOCUMENTS PROVIDED

- ☐ Copies of government-issued identification and social security cards for household members over age 6
- ☐ Copies of Certificate of Indian Blood (CIB) and proof of Tribal Enrollment
- ☐ Proof of enrollment in an accredited school.
- ☐ Copy of previous school year transcript showing grades for all courses taken (if applicable)

#### ☐ INCOME DOCUMENTS (Student Applicant Income or Parental Income for Dependent Students)

- ☐ TAX RETURNS FOR LAST 3 YEARS OR A COMPLETED AND SIGNED 4506-T FORM
- ☐ PAYCHECK STUBS (LAST 3 MONTHS)
- ☐ MOST RECENT STATEMENTS OF ALL BENEFITS (SSA, SSI, PUBLIC ASSISTANCE, UNEMPLOYMENT)
- ☐ STATEMENTS FOR ALL BANK AND RETIREMENT ACCOUNTS (LAST THREE MONTHS)

#### ☐ SIGNED RELEASE OF INFORMATION (HUD)

### FILE CERTIFICATION FOR COMPLETENESS

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BIHA Representative

\_\_\_\_\_  
Date



# Baranof Island Housing Authority

245 Katlian Street, Sitka, AK 99835 Phone: 1 (866) 962 6835 Fax (907) 747-5701

## **STUDENT HOUSING VOUCHER PROGRAM INFORMATION**

This program has been developed to increase opportunities and encourage tribal members to seek higher education and professional training. BIHA shall provide up to \$2,000.00 (one time) per school year for eligible full-time students (12+ credits) or \$1,000.00 for part-time students (6+ credits) for the purpose of assisting students by reducing housing costs associated with obtaining higher education or professional training. A new application must be submitted each year.

### **Application**

The application period will open on the 1<sup>st</sup> of April for the academic year beginning in fall semester and will close on the 31<sup>st</sup> of May. Award notifications will be issued on or before July 31st. Funds for this program are limited and will be awarded based on eligibility criteria (tribal enrollment, student status at an accredited school, and income level).

To verify federal eligibility requirements, a BIHA Student Housing Voucher application must be certified as complete by a staff member. Following the closing date, applications will be reviewed to confirm the applications are complete, and the applicant meets all eligibility criteria. Eligible applications will then be forwarded to the BIHA screening committee to determine final award selection.

### **Eligibility**

1. ***Member of a federally recognized tribe:***

Assistance is limited to students who are members of a federally recognized tribe.

2. ***Student Status:***

Applicants must be enrolled in an accredited technical or vocational school, 2-year or 4-year college or university, or graduate or professional school and are working towards a degree, diploma, or certificate, etc.

3. ***Income:***

Applicants for this program must demonstrate income that does not exceed 100% of the Area Median Income for Sitka, Alaska as determined by HUD annually. Priority will be given to applicants at or below 80% of the Area Median Income. Applicants whose income is documented as above 80% of the Average Median Income will be awarded assistance if funds allow.

**Adjusted Gross Income (AGI) on IRS Form 1040 (Individual Income Tax Return) will be used to determine income eligibility.** Applications will not be considered complete if tax returns or a signed 4506 T form is not provided with the application.

### **Payment:**

**Funds granted are to be used for payment of school provided dormitory housing or rental of off-campus housing only.** Payment shall be made directly to the school or landlord in a single payment.

BIHA will contact successful applicants after July 31 to confirm the name, address, phone and/or email details of the applicant's landlord. If BIHA does not receive a response from the applicant within 10 calendar days of making contact, BIHA will assume that the applicant is no longer interested in receiving the funds.

### **Required Academic Performance:**

Students receiving assistance must maintain passing grades (minimum 2.0 Grade Point Average or equivalent Pass/Fail determination) in all classes to remain eligible under this program. Students who fail to do so may be deemed ineligible for future assistance under this program.

## **REQUIREMENTS TO PROVIDE TAX INFORMATION**

Baranof Island Housing Authority requires each applicant to provide copies of Income Tax Returns for the most recent year, or the Request for Transcript of Tax Return form number 4506-T. BIHA must confirm that the request is submitted to the IRS per form instructions. It takes a minimum of 10 days for the IRS to process this request. Your application will not be considered complete until the information is received.

## **DEPENDENT OR INDEPENDENT STUDENT**

- **Independent Students** - file their own tax return. They are not included in another person's tax return (parents or spouse).
- **Dependent Students** - Applicants who are claimed as dependents on a parent or spouse's tax return will need to provide this document as proof of their income status.

Baranof Island Housing Authority administers federally funded housing assistance programs. By failing to file Income Tax Returns for any reason other than an exemption from the IRS from the requirement to file, you are in violation of federal law. BIHA cannot admit applicants who have been or are currently in violation of any local, state, or federal laws.

## **VERIFICATION REQUIREMENTS**

Staff will do third party verification of; income, employment, unemployment, AFDC, social security, retirement, child support, permanent fund dividends, Native Corporation dividends, assets, family composition, and student status.

## **PROVISION OF ASSISTANCE WITH COMPLETING APPLICATIONS**

Should you have any questions, or need assistance in filling out the application, please call Baranof Island Housing Authority at 1 (866) 962 6835.

## **REQUIREMENT TO UPDATE APPLICATION INFORMATION**

Applications will not be accepted unless they are complete, including all requested documents and identification.

## **WARNING: FALSE STATEMENTS**

SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFULL FALSE STATEMENTS OR MISREPRESENTATIONS OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.

## **ACKNOWLEDGMENT OF UNDERSTANDING**

I/WE HAVE READ AND UNDERSTAND THE INFORMATION REGARDING COMPLETION AND VERIFICATION OF THIS APPLICATION.

\_\_\_\_\_  
**Applicant/Head of Household (Print Name)**

\_\_\_\_\_  
**Signature of Applicant/Head of Household      Date**

\_\_\_\_\_  
**Signature of Spouse      Date**

\_\_\_\_\_  
**Signature of Other Adult      Date**

\_\_\_\_\_  
**Signature of Other Adult      Date**

## **BIHA Student Housing Voucher Program Application**

### **APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB: \_\_\_\_\_

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

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

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Anticipated move in date \_\_\_\_\_

### **Are you or anyone in your household an:**

☐ Enrolled member of Sitka Tribe of Alaska ☐ Alaska Native ☐ American Indian ☐ Honorably Discharged Veteran

### **HOUSEHOLD COMPOSITION:**

NAME	RELATIONSHIP	DOB	AGE	GENDER	SOCIAL SECURITY #
1.	Applicant/ Head of Household				
2.					
3.					
4.					
5.					
6.					

### **SCHOOL & FINANCIAL AID OFFICE INFORMATION**

Name of College/University/School	Financial Aid Office Address
Financial Aid Officer/Counselor	City State Zip
Financial Aid Office Phone #	Financial Aid Office Fax #
Financial Aid Office Website Address	Financial Aid Officer Email Address

**Are you a Full-Time or Part-Time Student?**

☐ Full-Time ☐ Part-Time

**Is the school you're attending recognized by the U.S. Department of Education?**

☐ Yes ☐ No

If you answered No, then you must provide the school accreditation/certification information below:

\_\_\_\_\_

**COLLEGE HOUSING INFORMATION:**

Checks will be issued to the landlord after July 31. If the landlord details are NOT known at the time of submission, please indicate this by checking the box. If the name and contact details of the landlord are KNOWN at the time of submission, please provide them in the table below.

☐ I do not know where I will be living at this time. I will provide this information on or before August 10. I understand that if I do not provide this information, BIHA will not be able to provide these funds on my behalf.

<b>Name of Landlord:</b>			
<b>Address of Landlord:</b>			
	<b>City</b>	<b>State</b>	<b>Zip code:</b>
<b>Phone:</b>	<b>Fax:</b>		
<b>Email:</b>			

PLEASE NOTE: If your application is successful we will contact you after July 31 to update the landlord's information. If a successful applicant does not respond to BIHA's request for this information by August 10, BIHA will assume that you are no longer interested in participating in the Student Housing Voucher program.

**APPLICANT CERTIFICATION AND DECLARATION OF TRUTH**  
**PLEASE READ BEFORE SIGNING**

I/WE UNDERSTAND THAT THE INFORMATION GIVEN TO BARANOF ISLAND HOUSING AUTHORITY ON THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE, UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF THE OCCUPANCY. I/WE HAVE NO OBJECTIONS TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFICATION.

_____ <b>Signature Head of Household</b>	_____ <b>Date</b>
_____ <b>Signature of Spouse (if applicable)</b>	_____ <b>Date</b>
_____ <b>Signature of Other Adult (if applicable)</b>	_____ <b>Date</b>

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**For Office Use Only:**

Received by: \_\_\_\_\_ Date \_\_\_\_\_ Application Complete: \_\_\_\_\_ Application Incomplete: \_\_\_\_\_

**SOURCES OF INCOME:**

ALL INCOME MUST BE REPORTED FOR THOSE INDIVIDUALS LIVING IN THE HOME OVER THE AGE OF 18.

**WAGES, SALARIES, BENEFITS, BUSINESS INCOME** (GROSS INCOME, before deductions) Includes hourly wage, salary, income from a business, public assistance, Social Security, disability, child support, alimony, unemployment, VA benefits, regular payments from an annuity or trust, pensions or other retirement accounts.

Name of Household Members	Source of Income	Total Annual Income
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

**TOTAL:** \$ \_\_\_\_\_

**DID EVERY FAMILY MEMBER RECEIVE AN ALASKA PERMANENT FUND DIVIDEND?**

☐ Yes ☐ No # of PFDs Received: \_\_\_\_\_ Additional Comments: \_\_\_\_\_

**ASSETS/DIVIDEND INCOME**(GROSS INCOME, before deductions):

Including, but are not limited to; real property, non-commercial boats, recreational vehicles/watercraft, rental property, stocks, interest in non-native held corporations, etc. Documentation of current value of each asset must be provided with the application.

Name of Household Member	Description of Asset	Current Value
<i>Example</i>	<i>Home*</i>	<i>\$(tax assessed value)</i>
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

**NATIVE CORPORATION SHARES:**

Do not list 'distributions' or dividends with a value less than \$2000

Shareholder Name	Corporation Name	# Shares	Most recent value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

**BANK/RETIREMENT ACCOUNTS:**

List all checking and savings accounts, CD's, IRA's, Bonds, etc. Use a separate sheet if necessary.

Name Account Holder	Bank or Lending Institution	Account Numbers
1.		
2.		
3.		
4.		

## Request for Transcript of Tax Return

- **Do not sign this form unless all applicable lines have been completed.**  
► **Request may be rejected if the form is incomplete or illegible.**  
► **For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).**

OMB No. 1545-1872

**Tip: Get faster service:** Online at [www.irs.gov](http://www.irs.gov), **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> Customer file number (if applicable) (see instructions)	

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . . ☐

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . . ☐

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . . ☐

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . . ☐

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

	/	/		/	/		/	/		/	/
--	---	---	--	---	---	--	---	---	--	---	---

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> <b>Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.</b> See instructions.	Phone number of taxpayer on line 1a or 2a
<b>Signature</b> (see instructions)	Date
<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
<b>Spouse's signature</b>	Date

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

**What's New.** As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to [www.irs.gov](http://www.irs.gov) and search IVES.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Customer File Number.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 5.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301  855-587-9604
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145

## Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.



# 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. 07/31/2021

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)

Baranof Island Housing Authority  
245 Katlian Street, Sitka AK, 99835

**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.