

OSHKOSH/WINNEBAGO COUNTY HOUSING AUTHORITY

600 Merritt Avenue, P.O. Box 397, Oshkosh WI 54903-0397

Phone: 920-424-1470 * Fax: 920-424-1474

www.ohawcha.org

PUBLIC BENEFITS VERIFICATION CONSENT

PLEASE RETURN THE COMPLETED VERIFICATION TO THE SENDER LISTED BELOW.

Date: _____

To: _____

From: _____

Fax/Address: _____

Title: _____

This person has applied for or is currently receiving housing assistance with the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

*Name of Applicant/Tenant: _____

*Current Address: _____

INFORMATION BEING REQUESTED: THE FOLLOWING INFORMATION:

Public benefit income information; Food Share assistance; W-2 assistance and sanction information; Child care assistance; Other income information including Child Support, Unemployment benefits, and wage data; Start and end dates of program participation; Benefit case household composition; Anticipated changes in future income amounts

Please sign and date the enclosed verification form.

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RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is not older than 12 months.

* _____
Signature

* _____
Date

Note to Applicant/Tenant: You do not have to sign this form if either the requested organization or the organization supplying the information is left blank.



PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 \$5000. 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC (a), (6), (7) and (8).

We Do Business in Accordance With The Federal Fair Housing Law (The Fair Housing Amendments Act of 1988)