

PENINSULA HOUSING AUTHORITY

2603 S. Francis Street, Port Angeles WA 98362

(360) 452-7631 • (360) 457-7001 Fax

Email: info@peninsulapha.org

Security Deposit Program

(PLEASE READ ALL INSTRUCTIONS)

The Security Deposit Program offers low-income individuals and families assistance to cover costs of the security deposit. Applications are processed on a first-come, first-serve basis.

Amount: The total amount of the security deposit will not exceed one month's rent. PHA will provide up to ½ of the total security deposit, or \$300, whichever is less. Applicants are eligible to receive this assistance only once in any three-year period.

Households receiving security deposit assistance must sign an agreement that upon move-out they are aware that the refund (or any remainder which is refundable after charges) will be given back to the Housing Authority (Form TBRA-104)

Funds provided by PHA will be approved only for security deposits on new rental situations; rent or other living expenses are not acceptable. This program cannot reimburse a renter for a security deposit that has already been paid, and payments cannot be made retroactively. Applicants must be determined to be eligible before moving in.

Eligibility: Eligibility for assistance is based on several factors, including location and income. To be eligible for assistance the unit selected must be located in Clallam County. In addition household income must be less than the Very Low Income Limit (less than 50% of the median income by household size as published annually by HUD). Income guidelines are available at the PHA office.

Landlord Agreement: Landlords participating in the program cannot be a relative of the tenant (unless a reasonable accommodation is requested and approved by the Executive Director) and must agree to limit the total security deposit to one month's rent (or less) and must agree to do the following:

1. Sign a Tenant/Landlord/PHA Security Deposit Agreement (Form TBRA-104).
2. Provide written certification that the rental unit is decent, safe, and sanitary.
3. Notify the Housing Authority when the tenant vacates the unit and provide a copy of the move-out/disposition of security deposit report to the Housing Authority and the tenant within 14 days.
4. If there are charges left due upon vacate, the landlord must use the tenant-paid portion of the security deposit first. The PHA-paid portion of the security deposit will be used only after the tenant-paid portion is exhausted.
5. If deposit funds remain after applying charges, the landlord must return any portion paid by the PHA to PHA at 2603 S. Francis Street, Port Angeles, WA 98362- the memo portion of the check should note "TBRA Deposit Return" and the tenant's name.



EQUAL HOUSING OPPORTUNITY



BARRIER FREE

Application Process:

1. Tenant must complete Application for Assistance with Security Deposit (Form TBRA-107). NOTE: The Housing Authority *cannot* process an application until the renter has found a unit to rent.
2. **Submit verification of household composition such as birth certificates for all minor children, state identification for adults only, social security cards for all members and current income verification.**
3. Submit an Authorization to Release Information signed by all adult household members.
4. If the application packet is complete and the renter is determined eligible for the security deposit, the landlord will be contacted by the Housing Authority to arrange for the Tenant/Landlord/PHA Security Deposit Agreement to be executed and obtain a copy of the rental agreement.

Payment:

Prior to releasing a check for the amount of the security deposit, a copy of the rental or lease agreement signed by both the landlord and the tenant; the original Tenant/Landlord/PHA Security Deposit Agreement (signed by both the landlord and the tenant); and an IRS W-9 Form signed by the landlord must be received by the Housing Authority.

Checks for security deposits are issued on the 1st and the 15th of the month.

Date Processed: _____ Status: _____
 Income/bracket: _____

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SECURITY DEPOSIT ASSISTANCE PROGRAM APPLICATION

I. GENERAL INFORMATION

Date:	Phone: (Day)	(Eve)
Applicant Name:		Social Security #:
Co-applicant Name:		Social Security #:
Address:		
How long have you lived there?	Monthly rent?	Monthly utility bill (average)?
Current Landlord Name:	Address:	Tel:
New Landlord Name:	Address:	Tel:
Are you related to the Landlord? (yes or no) If so, how? _____		
Address for Proposed Rental Unit:		Proposed Lease Start Date:
Amount of Rent for Proposed Unit:		Proposed Security Deposit:

II. FAMILY COMPOSITION

List all household members.

Name	Sex	Date of Birth	Relationship to Head of Household	Social Security Number	Disability? Y/N

III. HOUSEHOLD WAGE/INCOME

List all household wage earners and their **yearly gross income (before taxes)**. Wages from minors (under 18) and full-time students are **excluded**. Use a separate line for each source of income. Previous employment history if present position is less than two (2) years.

Income Earner's Name	Employer Name, Address, phone number	Length of employment	Yearly (Annual) Salary	Monthly Salary

IV. OTHER INCOME:

If anyone in the household receives monies from other sources of income, please place a check below (documentation is required):

- | | |
|--|---|
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> Child Support Payments | <input type="checkbox"/> Self-Employment |
| <input type="checkbox"/> Dividends/Interest from Stocks, Bonds, Savings | <input type="checkbox"/> Social Security Disability |
| <input type="checkbox"/> GI Dependency Allotments | <input type="checkbox"/> Social Security Retirement |
| <input type="checkbox"/> No-Fault Insurance Benefits | <input type="checkbox"/> Social Security Dependent |
| <input type="checkbox"/> NYS Disability Payments | <input type="checkbox"/> Social Security Survivors |
| <input type="checkbox"/> Pensions or Retirement Benefits | <input type="checkbox"/> Unemployment Insurance Benefits |
| <input type="checkbox"/> Private Disability/Insurance Health-Accident Income | <input type="checkbox"/> Veterans Pensions or Retirements |
| | <input type="checkbox"/> Workers Comp |
| | <input type="checkbox"/> Other _____ |

Total yearly amount of other income (estimate): _____

V. ASSETS:

List assets such as checking account, savings account, stocks/bonds, IRA's, CD's, etc.

Type of Account	Account #	Financial Institution	Balance

VI. LIABILITIES:

List liabilities (debts owed) such as credit card accounts, car payments, etc.

Type of Account	Account #	Creditor Name, address	Balance	Monthly Payment

I (we) certify that to the best of my (our) knowledge and belief, the above information is true and correct and that I (we) have read the information about the PHA Security Deposit Assistance Program. I (we) also authorize PHA to discuss and exchange any information given in this application process, with agencies, banks, and other entities as is deemed necessary and appropriate. I /we understand that any false statement made on this application will cause me/us to be disqualified for eligibility for the program.

Applicant Signature

Date

Co-Applicant Signature

Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

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. 1/31/2014

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)

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(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].)

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.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									
-		-							
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

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Landlord Verification Form for Security Deposit Assistance

Date ____ / ____ / ____

Name of Applicant: _____

Rental Address: _____

Name of Landlord: _____

Are you a relative or friend of the applicant? Yes No

Will the applicant have a lease? Yes No

Amount of Monthly Rent \$ _____

Amount of Deposit (refundable) \$ _____

(nonrefundable) \$ _____

Additional Comments: _____

Signature of Landlord _____ **Date** _____

Address _____ **Phone** _____

The Peninsula Housing Authority does not discriminate on the basis of race, color, national origin, religion, sex, disability or familial status in admission of access to it's programs. If you need to request a reasonable accommodation, contact the PHA at (360) 452-7631