The Cumberland Housing Group

Cumberland Housing Alliance, Inc.
Housing Authority of the City of Cumberland

Applicants,

Thank you for your interest in the Public Housing Program! Please complete the documents given to you with this letter, and please provide the items listed below.

- **A copy of birth certificate (for everyone in the household)**
- **A copy of driver's license (for everyone over 18)**
- **A copy of social security card (for everyone in the household)**
- **Recent copy of Income verifications**
  - **Every page of social security award letters.**
  - **TDAP or other public assistant award letters.**
  - **6 recent employment paystubs**
  - **Child Support verification showing how much you receive monthly.**
  - **Any Pension or Veterans Affair award letters.**
- **6 months Checking Statements and 1 month savings statement (For each person over 18)**
- **We also need 2 landlord verification from your current landlord and past landlord. If this happens to be family or friends, they can write a statement stating what kind of shape you leave your personal living space in, if you are responsible for any bills, etc. (Please fill in the contact information on the application in the address history section)**

Applications and other items requested can be returned at our office located at 635 E. First St., Cumberland, MD 21502. We are open from Monday to Friday 8:00 am – 4 pm. If we are not open there is a drop box located next to the main office door. Items can also be emailed to housing@cumberlandhousing.org Please include your name in the subject line if you choose to use this method.

Please contact us at (**301) 724-6606** if you have any questions or concerns.

Kind Regards,

Property Management

PERSONAL DECLARATION & APPLICATION

For HUD Public Housing Rental Assistance Benefits

CUMBERLAND HOUSING GROUP

Cumberland Housing Group
635 East First Street
Cumberland, MD 21502-4362
(301)724-6606 Fax (301)724-8731
Email: Housing@CumberlandHousing.org

Office use only - Date/Time Received:

EQUAL HOUSING OPPORTUNITY

The Cumberland Housing Group, and all affiliated agencies, are an Equal Opportunity Housing provider and does not discriminate on the basis of Race, Color, Religion, National Origin or Ancestry, Sex, Disability, the presence of children or any other legally protected status under local, state or federal law.

Please complete all sections of this application and answer **ALL** questions. The answers provided on this document are utilized to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development (HUD). **DO NOT** leave any questions blank. If a question does not apply write "N/A". If you do not understand a question, ask a property management employee for an explanation. **USE A BLUE PEN TO FILL OUT APPLICATION**

WARNING: Making false statements on this affidavit is considered FRAUD and may result in TERMINATION from the program and Criminal prosecution.

I. Applicant Information

Applicant Social Security Number: _____

Applicant Name: _____ Amount of People in Household: _____

Street Address: _____ City, State, Zip: _____

Home Phone: _____ Cell/Work Phone: _____

Lived there since _____ Number of Bedrooms _____ Current Rent $_____ per month

Mailing Address *(if different than above)* _____

Email Address(s): _____

Reason for Moving:

____ I Cannot Afford My Current Rent ____ I Am Relocating to the Area ____ I Am Being Evicted

____ I Am or Will Be Homeless ____ I Am Currently Living in Sub-standard housing

____ I Am Displaced due to Flood, Fire, etc. ____ Other (explain)_____

Personal Contact: (in case we cannot reach you or if someone is acting on your behalf)

Name: _____ Phone: _____

Address: _____ Email: _____

List all States where all household members have lived: _____

Is any member of the household a U.S. military veteran? _____ **If yes who?** _____

II. Family Composition Information *(print legibly or type and fill in all columns in order to be processed correctly)*

#	Household Member Name *(as it appears on the Social Security Card)*	Social Security Number	Date of Birth *mm/dd/yyyy*	Age	City & State of Birth
1	**(Head)**				
2					
3					
4					
5					
6					
7					
8					

#	Relationship to Head of Household		Sex ***M / F/ NR*** *- (I Choose Not to Respond)*	Race *See codes below*	Ethnicity *See codes below*	Marital Status *See codes below*	Disabled *Yes / No*
1	**------ Your Self ------**	*Office codes*					
2							
3							
4							
5							
6							
7							
8							

Race Codes: **1** = White **2** = Black or African American **3** = Black or African American and White **4** = Asian **5** = Asian and White **6** = American Indian or Alaska Native **7** = American Indian or Alaska Native and Black or African American **8** = Native Hawaiian or Other Pacific Islander **9** = American Indian or Alaska Native and White **10** = Other Multiple Race:

_____

Ethnicity Codes: 1 = Hispanic or Latino 2 = Not Hispanic or Latino

Marital Status Codes: S = Single M = Married P = Separated D = Divorced W = Widow/Widower

Will there be an increase in your family size within the next nine (9) months? ____ If yes, Explain: _____

Applicant members with no Social Security number, do they qualify for one of three allowable exemptions?

1. Ineligible non-citizen-not contending eligible immigration status;
2. Members 62 years of age as of 1/31/2010 and whose initial determination of eligibility began before 1/31/2010; or
3. Members under the age of 6 who are added to applicant household within 6 months prior to move-in (eligible for a 90-day extension to provide their SSN)

If so, enter the applicable number in the corresponding applicants Social Security Number above.

Are any of the Household Members students? ☐ Yes ☐ No

III. Previous Housing Information

Have you ever participated in a Housing Assistance Program? (circle one) Yes No

Program Name: _____ From: _____ To: _____

Address: _____ City, State, Zip: _____

Current Landlord Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Previous Address: _____

City, State Zip: _____

Lived there from: _____ to: _____ Number of bedrooms: _____

Previous Landlord Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

IV. Program Integrity (circle Yes or No for each question and add additional pages if necessary, to explain)

1. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? ☐ Yes ☐ No

   If yes, who, when, for what? _____

2. Does anyone in your household currently use a controlled or illegal drug? ☐ Yes ☐ No
   If yes, please explain: _____

3. Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? ☐ Yes ☐ No

   If yes, who, when, & for what? _____

4. Does anyone outside of your household pay for any of your bills or expenses? ☐ Yes ☐ No

   If yes, who, when, for what? _____

5. Do you or anyone in your household smoke or use tobacco products? ☐ Yes ☐ No
   Note: All of our housing is smoke free. Smoking of any type or substance is prohibited anywhere on the grounds or in the rental unit

6. Are you or any member of your household subject to a lifetime state sex offender registration program in any state? If Yes, Who and what State? _____ ☐ Yes ☐ No

V. Pets/Service Animals

Do you have a pet? ☐ Yes ☐ No Do you have a Service/Assistance Animal? ☐ Yes ☐ No

If yes, list type, breed of each - some restrictions may apply: _____

VI. Reasonable Accommodations

Sometimes people with a physical or mental impairment that substantially limits one or more major life activities may need a reasonable accommodation in order to take full advantage of our housing programs and related services. Generally, the individual knows best what they need; however, the Cumberland Housing Group retains the right to be shown how the requested accommodation enables the individual to access or use the programs or services. If more than one accommodation is equally effective to provide access to our programs and services, we retain the right to select the most efficient or economic choice. The cost necessary to carry out approve requests will be paid by the Cumberland Housing Group if there is no one else willing to pay for the modifications. If another party pays for the modification, we will seek to have the same entity pay for any restoration costs. If the Cumberland Housing Group determines that the requested accommodation presents an unreasonable financial and/or administrative burden, it will have the option of denying the request. If you feel that you need a reasonable accommodation to fully take advantage of our housing programs, please check which of the following Reasonable Accommodations is needed:

☐ In-home visits by staff

☐ Use of Maryland Relay Telephone 1-800-201-7165

☐ Expanded use of mail, electronic mail, Fax, Fed Ex, or UPS

☐ Use of literature in large type, Braille, or a "reader"

☐ Use of literature or translator in a language other than English

☐ Handicapped accessible homes or other devices

☐ Physical modifications to existing units (ramp, grab bars, assist devices, etc.) _____

☐ Other, Pease Specify: _____

VII. Local Preferences (Verification will be required later in housing process)

The Cumberland Housing Group provides local preferences for individuals applying for occupancy in one of our housing communities. Please place an "X" in the box to the left of any of those that apply:

	Victim of Domestic Violence/VAWA			Resident of the City of Cumberland, Maryland
	Elderly or disabled (over 62 years of age)			Resident of Allegany County, Maryland
	Disabled Head of Household, Spouse or Veteran			Employed more than 30 hours/week
	Involuntarily Displaced by Natural Disaster (flood, fire, weather related) or by government action			Employed less than 30 hours but more than 10 hours per week
	Employment Training Program (Applicants with an adult family member enrolled in an employment training program, currently working 10 hours a week, or attending school on a full-time basis. This preference is also extended equally to all elderly families and all families whose head of household or spouse is receiving income based on their ability to work (Social Security, Supplemental Social Security, etc.)			

Is any member of the household displaced due to a presidentially declared disaster? ☐ **Yes** ☐ **No**
If yes who? _____

VIII. Additional Information Needed

In order for this application to be considered complete and able to be processed by our staff, you MUST attach the following additional items with your submission:

1. Program Interview Checklist *(form 102)*
2. Participant Screening Consent *(form 103)*
3. Declaration of Citizenship Section 214 Status *(form 104)*
4. HUD Race and Ethnic Data Reporting *(form 105)*
5. Authorization for Release of Information – **PH** Public Housing *(form 107)*
6. Copies of Social Security Cards and Birth Certificates for ALL family members listed
7. A Photo Identification for each Adult Applicant
8. HUD Form #92006 Optional Contact Person or Organization

9. Proof of Income: submit copies of all income that apply for those listed on the application: 6 current pay stubs; SS/SSI Award Letter; TCA Award Letter; Child Support verification; Retirement/Pension verification; Unemployment Benefits and other income not listed.

IX. Site Based Waiting List ** ALL PROPERTIES AND RESIDENTIAL UNITS ARE SMOKE FREE **

Place a "1" on the line preceding the Development which is your first choice for location and a "2" for your second choice. The second choice is optional and not required. Circle bedroom size that you need.

Family: ____ Jane Frazier Village (1, 2, 3 & 4 BR) ____ Banneker Gardens (2 & 3 BR)

High Rise: ____ Queen City Tower (0, 1 & 2 BR)

Mid Rise: ____ Grande View Apts. (0, 1 & 2 BR in Westernport)

Elderly Only: ____ Willow Valley (*Application and participation in the Congregate Housing Services program is Required*)

Physical Assessable Units meeting the ADA requirements are available at all developments except Jane Frazier Village

X. Certification of Information

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony. I/We hereby certify under penalty of perjury that all of the information contained in this affidavit is true and correct to the best of my/our knowledge, information and belief. I/We understand and acknowledge that any misrepresentation of information or making false statements on this affidavit is a crime under State and Federal law, which may result in termination from the program and criminal prosecution.

I/We understand that **ALL** changes in the income of **ANY** member of the household **MUST** be reported according to program leasing requirements and that the Cumberland Housing Group must approve **ANY** additional household members **BEFORE** they move in. I/We understand and acknowledge that before our application is approved for housing, a rental history, criminal background check and possibly an inspection at our current residence will be conducted.

I have received a "Declaration of Citizenship Section 214 Status" with this application. ☐ **Yes** ☐ **No**
A Notice of Section 214 requirement is available at our office for applicants applying for and tenants currently receiving section 214 housing assistance which explains the Section 214 law.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant _____ Date _____

Co-applicant _____ Date _____

Other member over 18 _____ Date_____

Other member over 18 _____ Date_____

If you have had someone outside of your household to help you complete this application, please provide their name and relationship to your family.

_____ _____ _____
Name Relationship to your Family Date

HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 $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 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)

Summary of Pet Ownership Policy

Tenants of the **Cumberland Housing Group (CHG)** may own pets that are present at the Tenant's dwelling unit ONLY in accordance with this policy.

- Jane Frazier Village, Banneker Garden, Queen City Tower, and Grande View Apartments – Pets are permitted according to the Pet Ownership Policy.
- River Bend Court – Pets **ARE NOT PERMITTED** at this development.
- JFK Apartments –-Pets **ARE NOT PERMITTED** at this development.
- Willow Valley Apartments – Pets **ARE NOT PERMITTED** at this development due to an enhanced service program provided at this group home type facility which is for the exclusive use of elderly persons with disabilities who are not capable of living completely independently and require continual support services and supervision.

Guidelines for pets

- Only one (1) domestic cat or one (1) domestic dog shall be owned and housed in a unit. The animal must be a house pet and shall only be housed inside the unit.
- All female cats and dogs twelve (12) months of age or older shall be spayed and all male cats and dogs twelve (12) months of age or older shall be neutered. In the case of an animal twelve (12) months of age or older, documentation of spay/neuter shall be submitted to the Central Office prior to the animal being approved. For animals under the age of twelve (12) months, tentative approval may be given with the requirement that the Tenant provide documentation of spay/neuter by the time the animal attains twelve (12) months of age. Any animal tentatively approved under this subparagraph shall lose its approval if the required documentation is not received by the required date.
- Dogs are limited to those with a maximum mature height of twenty (20) inches (to the shoulder) and a maximum mature weight of twenty-five (25) pounds. A certification from a veterinarian as to the maximum mature height and weight is required. A form will be provided to Tenants for the Veterinarian to complete.
- Animals considered vicious or aggressive **WILL NOT** be approved. A certification from a veterinarian is required. A form will be provided to Tenants for the veterinarian to complete. An animal that is considered vicious or aggressive is:
  - any animal that constitutes a physical threat to human beings or other animals; or
  - any animal that, due to its disposition or demonstrated behavior, could reasonably cause injury to human beings or other animals; or
  - any animal that has bitten or attacked a human being or another animal.
- Liability insurance is not required.

Pet deposit/monthly fee

Payment of an additional security deposit, **not to exceed $150.00** known as a Pet Security Deposit, (amount cannot exceed one month's rent, including the security deposit, as of 10-23-2025), shall be paid to the "Cumberland Housing Group" for a dog or a cat housed in a unit. This Pet Security Deposit shall be paid in full to CHG after approval has been given for the requested animal and prior to the animal being authorized to be in the unit. This Pet Security Deposit will be maintained in an escrow account and will be used to correct any damage to CHG property (inside and out) by the animal after the animal has vacated the premises or the Tenant of that unit has moved out, whichever occurs first.

A non-refundable Pet Fee of Ten Dollars ($10.00) per month shall be charged to each unit housing an approved dog or cat. This Pet Fee is intended to cover reasonable operating costs of CHG related to cats and dogs and will not be applied to damage caused by a specifically identified pet.

Under Maryland law, unless the pet is removed from the unit prior to the termination of the lease, within forty-five (45) days after the end of tenancy, Landlord shall return to the pet owner the Pet Security Deposit minus any amount which Landlord shall rightfully withhold for damages caused by the pet.

To view the entire Pet Ownership Policy, please visit our website or visit one of our staffed offices.

PROGRAM INTERVIEW AND RECERTIFICATION CHECKLIST

Complete a separate form for each household member who is age 18 or older or an emancipated minor.

Name: _____ Unit: _____

Phone: _____ Email: _____

#	YES	NO	COMPLETE EACH ITEM	Office Use Only
1			Are you a citizen of the United States or a permanent legal resident.	104
2			Are you a member of the U.S. Military or a Veteran	
3			Is any member of my household subject to a registration requirement under a state sex offender program.	Screen
4			Is there an expected family addition? ☐ Pregnancy ☐ Adoption ☐ Foster Child	121
5			Are you presently a student. Check one: ☐ Full-time ☐ Part-time ☐ Other: _____ Name of School: _____	145
6			Were you a student sometime during the current calendar year? Check one: ☐ Full-time ☐ Part-time ☐ Other Name of School: _____ I anticipate becoming a student sometime during the upcoming twelve-month period. Check one: ☐ Full-time ☐ Part-time ☐ Other Name of School:	
	YES	**NO**	**INCOME**	**Office Use Only**
7			Are you currently employed and receive wages? (*List the companies that pay you)*	124
8			Do you receive or have applied for unemployment benefits?	125/Award Letter
9			Are you laid off from work and when do you anticipate returning to work on _____?	N/A
10			The date that my last employment ended was: _____	N/A
11			Are you self-employed? (List the name of your company and the type of jobs you do.)	126
12			Do you receive tips, bonuses and/or gratuity?	127
13			Do you have any income currently?	128
14			Do you receive or have applied for Social Security or Rail Road Retirement Act income?	Award Letter
15			Do you receive or have applied for Supplemental Security Income (SSI)?	Award Letter
16			Do you receive quarterly payments from DHS for the state-paid portion of an SSI grant (Quarterly SSI)?	Award Letter
17			Do you receive unearned income for a family member(s) age 17 or under (e.g.: Social Security)?	Award Letter

18			Do you receive/expect to receive periodic payments from retirement funds or pensions? How many funds or pensions? _____	Award Letter
#	**YES**	**NO**	**INCOME (continued)**	**Office Use Only**
			List name(s) of fund or pension provider:	
19			Do you receive Dual Entitlement benefits? list name: _____ Claim Number _____ Deceased SSN _____	Award Letter
20			Do you receive or have applied for disability or death benefits other than Social Security?	Award Letter
21			Do you receive or have applied for Veteran's Administration benefits?	129/Award Letter
22			Do you receive Public Assistance - TCA/TANF/TDAP (other than Food Assistance (FAP) and Medicaid)?	131/Award Letter
23			Do you receive cash contributions or gifts, including rent or utility payments, on an ongoing basis from persons not living with me?	135
24			Do you receive, or anticipate receiving money from GoFundMe, CrowdSource, or similar fundraising platforms?	140
25			Do you receive payments via PayPal, Venmo, CashApp, or other similar money transfer platforms?	140
26			Have you invested in cryptocurrency such as Bitcoin or other similar currencies?	140
27			Do you receive or have applied for periodic payments from Workers' Compensation?	Award Letter
28			Do you receive periodic payments from a trust, annuity or inheritance.	140
29			Do you receive income from rental of real estate or personal property.	140
30			Do you receive periodic payments from lottery winnings?	140
31			Do you receive adoption assistance payments?	140
32			Do you receive alimony?	134/Award Letter
33			Do you receive GI Bill benefits?	Award Letter
34			Do you receive military active-duty allotments?	Award Letter
35			Are you a member of an Indian Tribe receiving gaming payments?	Award Letter
36			Do you receive periodic payments from insurance policies?	Award Letter
37			Do you-receive long term care insurance payments?	Award Letter
38			Do you receive other recurring or periodic income not listed above? (Includes financial aid under the Higher Education Act of 1965 from private sources or institution) Describe:	Award Letter
#	**YES**	**NO**	**CHILD SUPPORT**	**Office Use Only**
39			Do you receive child support? List names of parents that you receive support from?	132
40			Is Child Support Paid Directly to DHS?	N/A
41			Have you been awarded a judgment for child support but have not been receiving payments?	133

42			Have you been awarded a judgment and reasonable efforts have been made to collect the amounts due, including filing with courts or agencies responsible for enforcing the payments? List State _____ and County _____ where granted.	
43			Do you anticipate filing a claim for child support within the next twelve months?	
#	**YES**	**NO**	**ASSETS**	**Office Use Only**
44			Do you have a savings account(s) and/or Money Market Account(s)? List name(s) of financial institution(s).	140
45			Do you have a checking account(s)? (List name(s) of financial institutions)	140
46			Do you have a prepaid card, debit Card, or pay card, on which funds from Social Security, SSI, Child Support, DHS, unemployment or another agency are directly deposited? If yes, how many? ____ From which Agency(ies)? (List name(s) of financial institution(s)):	140
47			Do you have certificates of deposit? (List name(s) of financial institutions)	140
48			Do you have cash held in the home or in a safe deposit box?	140 + 136/142
49			Do you have savings bonds? If yes, how many? ___ (Please provide copies)	140
50			Do you have Treasury Bills? If yes, how many? ____ (Please provide copies)	140
51			Do you have stocks? (List name(s) of financial institutions)	140
52			Do you have a 401k or 403b? (List name(s) of financial institution(s))	140
53			Do you have bonds? (List names of financial institutions)	140
54			Do you have Mutual Funds or securities? (List names of financial institutions)	140
55			Do you have IRA's or Keogh accounts?) (List name(s) of institutions)	140
56			Do you have an annuity(ies)? (List name(s) of institutions)	140
57			Do you own real estate? If yes, how many properties? _____ Address of Property(ies):	SDAT
58			Do you own a mobile home?	140
59			Do you have land contracts? If yes, how many?	140
60			Do you hold a mortgage or deed of trust?	140
61			Do you have revocable trusts? If yes, how many trusts?	Copy
62			Do you have a whole life or universal life insurance policy(ies)? If yes, how many policies? (List name(s) of institution(s)):	140A
63			Do you have time share certificate? (s) (List name(s) of institution):	140
64			Do you have personal property held for investment purposes (gems, jewelry, collections, etc.)?	140
65			Do you have lump sum receipts or one-time receipts?	140

66			Do you have other name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney? Do these people own the asset or receive income from the asset?	N/A
67			Do you have joint ownership on one or more of the above assets? (Describe)	N/A
68			Do you have income/assets from sources other than those listed above? (Describe)	Statement
69			Is any member of my household under the age of 18 and has assets? (Describe)	N/A
#	**YES**	**NO**	**COMPLETE EACH ITEM**	**Office Use Only**
70			Are you a single parent with joint physical custody and the other parent resides in subsidized housing?	Court Document
71			Are you elderly (age 62 or older), handicapped or disabled and pay Medicare premiums?	EIV
72			Are you elderly (age 62 or older), handicapped or disabled and pay medical insurance premiums, other than Medicare?	EIV
73			Are you elderly (age 62 or older), handicapped or disabled and pay medical, prescription or chore provider expenses, which are not reimbursed by insurance?	Print Out
74			Are you elderly (age 62 or older), handicapped or disabled and pay long term care insurance premiums?	Receipts
75			Do you pay child care expenses for a child age 12 or under, in order to be gainfully employed or to further my education?	Receipts
76			Does Family Independence Agency (FIA) pay child care expenses for a child(ren) age 12 or under in order for you to be gainfully employed or further my education? If yes, FIA pays: ☐ full ☐ partial.	Award Letter
77			Do you pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed?	Receipts
78			Do you pay handicap equipment expenses for a handicapped/disabled family member which is not covered by insurance?	Receipts
#	**YES**	**NO**	**OTHER ITEMS**	**Office Use Only**
79			Have you provided proof of Social Security Number (or certification) for all household members? (The certification for individuals under 18 years of age will be executed by a parent or guardian.)	SS Card
80			Has the SSN of any household member changed since the last certification?	SS Card
81			Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years for under Fair Market Value? Initial the "Yes" column or the "No" column at left. If yes, list item[s] and date(s): -*Assets include cash (totaling in excess of $999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds. Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.*	141

All items on this checklist will be verified in accordance with the Cumberland Housing Group's Verification Procedures Policy which is in alignment with the HUD approved verification procedures. *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 use 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 $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 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)*

_____	_____
Date	**Signature**

CUMBERLAND HOUSING GROUP

PARTICIPANT SCREENING CONSENT FORM

The Cumberland Housing Group and its agencies performs a thorough screening process on all applicants and participants in our affordable housing programs. This screening process is conducted by both our staff and a professional screening company in accordance with the Fair Credit Reporting Act and the Fair Housing Act. The screening process utilizes records and reports gathered from banks and financial Institutions, credit bureaus, law enforcement agencies, state and federal courts, government agencies, past/present landlords, Registered Sex Offender Registries, subsidized housing agencies, or other entities to confirm the accuracy of representations made on housing documents or undisclosed information.

I understand and acknowledge that my failure to fully and truthfully answer questions on housing related documents, disclose any requested information, or falsifying answers, may constitute grounds for denial or rejection of my application or continued participation for rental assistance benefits. I further understand and acknowledge that making false statements in either an attempt to or actually obtain rental assistances benefits is a FELONY under federal law, which may result in CRIMINAL PROSECUTION.

Through my signature below, I hereby consent to and authorize the Cumberland Housing Group and its agencies to perform the screening process and to obtain the information needed for the purpose of verifying my eligibility for admission and continued participation in assisted housing programs. I hereby release the Cumberland Housing Group from any claim or liability arising from such reports and representations, or its use in the rental assistance program selection process. I agree that photocopies of this authorization may be used for the purposes stated.

Printed Name: _____ Date: _____

Signature: _____

YOUR SIGNATURE IS REQUIRED TO COMPLETE YOUR CONSENT FORM

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 use 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 $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 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)

Form #103 8/1/2020

DECLARATION OF CITIZENSHIP
SECTION 214 STATUS

Instructions: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admission Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury (1),
Print or type (first name) (middle initial) (last name)

that, to the best of my knowledge, I am lawfully within the United States because: (place an "X" in the appropriate boxes below)

☐ I am a citizen by birth, a naturalized citizen or a national of the United States; **or**

☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age *(footnote 2)*; **or**

☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

- ☐ Immigrant status under section 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) *(footnote 3)*
- ☐ Permanent residence under section 249 of INA *(footnote 4)*
- ☐ Refugee, asylum, or conditional entry status under section 207, 208, or 203 of the INA *(footnote 5)*
- ☐ Parole status under section 212(d)(5) of the INA *(footnote 6)*
- ☐ Threat to life or freedom under section 243(h) of the INA *(footnote 7)*
- ☐ Amnesty under section 245 of the INA *(footnote 8)*

_____ _____ _____
Signature of Family Member Date

☐ Check box if signature is of adult residing in the unit who is responsible for child named on statement above

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____
Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

[See reverse side for footnotes]

DECLARATION OF CITIZENSHIP
SECTION 214 STATUS

Footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

(1) **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000 or imprisoned for not more than five years, or both.

(2) Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older <u>and</u> receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

(3) Immigrant status under §§101(a)(15) or 101(a) (20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant]. This category includes a noncitizen admitted under 210 or 210A of the INA (8U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

(4) Permanent residence under §249 of INA. A noncitizen that entered the U.S. before January 1, 1092 or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 1259)

(5) Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under Section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under Section 208 of the INA (8 U.S.C. 1158 [asylum status]; or as a result of being granted conditional entry under Section 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1080, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.

(6) Parole status under 212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA(8U.S.C. 1182(d)(5) parole status].

(7) Threat to life or freedom under 243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under Section 243(h) of the INA (8 U.S.C. 1253(h).

(8) Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under Section 245A of the INA (8 U.S.C. 1255a)

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

HOUSING AUTHORITY CITY OF CUMBERLAND PUBLIC HOUSING

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy)**:** _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

_____ _____

Signature **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

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

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Housing Authority of the City of Cumberland
635 E. First Street
Cumberland, MD 21502
Carole Moreland

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

CUMBERLAND HOUSING

Unlocking the Doors for Your Future

AUTHORIZATION TO RELEASE INFORMATION

I consent to allow Cumberland Housing, to obtain or share information with the individuals or organizations listed below, for the purpose of obtaining services from community providers.

Department of Social Services
Allegany County Health Department
Human Resources Development Commission
Allegany Health Right, Inc.
Horizon Goodwill Industries
University of MD Extension
Salvation Army
Western MD Food Bank
Western Maryland Health Systems
Allegany College of Maryland
Frostburg State University
Maryland Coalition for Families
Other:_____

Associated Charities
Y.M.C.A.
Western MD Consortium
Archway Station, Inc.
Mission of Mercy
Motor Vehicle Administration
American Red Cross
Allegany County Transit
Therapy, Counseling, etc.
Allegany Board of Education
Legal Aid Bureau
Institute for Family Centered Services
_____

I agree that photocopies of this authorization may be used for the purposes stated above.

Signatures:

_____	_____	_____
Date	Head of Household	Social Security #
_____	_____	_____
Date	Spouse	Social Security #
_____	_____	_____
Date	Other Family Member over age 18	Social Security #
_____	_____	_____
Date	Other Family Member over age 18	Social Security #

Form #234 Revised 8/14/2026

The Housing Authority of the City of Cumberland
635 East First Street, Cumberland, MD 21502-4362
Office 301-724-6606 Facsimile 301-724-8731 www.CumberlandHousing.org