

**SARATOGA SPRINGS HOUSING AUTHORITY  
ONE SOUTH FEDERAL STREET  
SARATOGA SPRINGS, NEW YORK 12866**

PHONE: (518) 584-6600

FAX: (518) 583-3006

**Request to add to lease**

Name of Family Members	Relation to Family Head	Date of Birth	Age	Sex	Race	S.S.#

Family Member No.	Source of Income Or Name of Employer	Address	Gross income per year

I \_\_\_\_\_ of \_\_\_\_\_  
 (Resident's Name) (Resident's Unit Address)

am requesting to add \_\_\_\_\_ to my household.  
 (Applicants Name)

I understand that this form is to begin processing of adding the above to my lease. The process includes conducting a thorough criminal background check and requires the applicant to provide references. We will notify you in writing whether this applicant has been approved or not approved to be added to your lease.

As a reminder, in accordance with your lease, residents are allowed guests for a total of 10 days for the year. Therefore the applicant should not be residing in the apartment until the housing authority reaches its decision on the application. If the individual has been found to be residing in your apartment (for more than the 10-day visitation period) while the Housing Authority is fulfilling the application background process, you will be in serious violation of your lease. This may result in eviction proceedings and could potentially involve criminal proceedings as well. Your housing subsidy is determined based on the income of all approved household members so it is imperative that you comply with your lease during this period.

Tenant Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Executive Director: Paul Feldman  
 Legal Counsel: Scott Peterson

Board of Commissioners:  
 Ann Bullock  
 Eric Weller

Joanne Foresta - Chairman  
 Susan Christopher  
 Olivine Wescott

Lucile Lucas - Co Chairman  
 Joy King

Reasonable Accommodation Statement: Pursuant to the Fair Housing Act (42U.S.C. 3601-3619), if you are a federally funded assisted housing program applicant or resident with a disability, you may request an exception, change or adjustment to a rule, policy, practice or service that may be necessary to afford you an equal opportunity to participate in the program.

# Authorization for the Release of Information

Tenant ID \_\_\_\_\_

HA requesting release of information:

**Saratoga Springs Housing Authority**  
One South Federal Street  
Saratoga Springs, NY 12866

518-584-6600

**Authority:** 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

**Consent:** I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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

\_\_\_\_\_  
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

\_\_\_\_\_  
Other Family Member over age 18 Date

**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 review and hearing procedures.

**Sources of Information:** The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Social Service Agencies
- State Unemployment Agencies
- State Wage Information Collection Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies
- Internal Revenue Service

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## 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 this form is restricted to the purposes cited above. 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.