Valley Residential Service (VRS)

Tenant Income Questionnaire Certification Instructions

Valley Residential Services (VRS) * 1075 Check Street, Suite 102 * Wasilla, AK 99654 * Phone: (907) 357-0256 * Fax:(907) 357-0368 www.valleyres.org or email vrs@valleyres.org

When submitting your Certification Packet, please ensure that a separate Certification Packet is completed for EACH applicant 18 and over who will reside in the unit and that the following information is completed, including all requested documentation. If placed on a waitlist or you haven't from VRS then you must call within 90 days and check status if you do not your application will be closed.

Please fill in every blank line on the forms. If not applicable, please leave blank and ask VRS if applicable. Do not use white-out on any forms in this packet. Any correction must be made by drawing a line through and initialing the error. Each form must be filled out completely even if you have provided the same information on a previous form. Please provide the following, where required:

- _____ Your full name, social security number, and date of birth, and copy of State ID
- Your daytime and evening telephone numbers where you can be reached, or a good message #.
- _____ List all household members who will be living in the unit,
- _____ If you anticipate any additions to your household in the next twelve (12) months, please explain.
- Current employment history of all employed household members to include past 6 weeks pay stubs,
- Employment verification must be provided by your employer via fax or mail,
- _____ Non-Employment form if applicable
- Additional income specifying where the money comes from and how much you receive monthly,
- Provide current documentation from agencies such as: Current year's Social Security Benefit letter (dated no more than 90 days prior to certification), Public Assistance, Unemployment, Child Support, etc.
- Provide name of banking institution and checking/savings/CD's/Bonds/Stocks/other assets with account numbers,

If you check "no" on the Permanent Fund Dividend Form then you must provide verification of ineligibility or denial. Garnishment of PFD will still count toward household income,

____ Other general information requested.

If the forms are incomplete or incorrect when they are submitted, it will slow down the annual certification process and could result in your household being out of compliance with your housing program. This is a violation of your lease and may cause termination of your program and lease.

Failure to provide requested certification information will cause a delay in processing and could negatively affect your application or certification for housing.

For new applicants, failure to provide requested documentation could result in denial of application.



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NAME: _____ Initial Certification

□ Re-certification

Other

TELEPHONE #

Development Name_

OR

Check One MESSAGE #:

Unit #_____

EACH ADULT HOUSEHOLD MEMBER MUST COMPLETE THIS FORM INCOME INFORMATION

YES	No		MONTHLY GROSS INCOMI	
		I am self employed. (List nature of self employment)	(use <u>net</u> income from \$	self employment)
		I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: Name of Employer		
		1) 2)	\$ \$	
		I have seasonal employment (fishing, agriculture, tourist industry, etc.):		
		Identify type of seasonal employment (identify employer if applicable)		
		1)	\$	(per season)
		2)	\$	(per season)
		I receive cash contributions of gifts, including rent or utility payments, on an ongoing basis from persons not living with me.	\$	
		I receive unemployment benefits.	\$	
		I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$	
		I receive periodic Social Security payments.	\$	
		The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, SSI, Trust Fund disbursements, etc.).	\$	
		I receive Supplemental Security Income (SSI).	\$	
		I receive disability or death benefits other than Social Security.	\$	
		I receive Public Assistance Income (examples: TANF, APA, ATAP, AFDC, General Assistance).	\$	



UNIT # ___

INCOME INFORMATION CONTINUED

YES	No		MONTHLY GROSS INCOME
		I am entitled to receive child support payments.	\$
		I am currently receiving child support payments.	\$
		If yes, from how many persons do you receive support?	
		I am currently making efforts to collect child support owed to me. List efforts being made to collect child support:	
		I receive alimony/spousal maintenance payments.	\$
		I receive periodic payments from trusts, annuities, inheritance, retirement	
		funds or pensions, insurance policies, or lottery winnings.	
		If yes, list sources:	
		1)	\$
		2)	\$
		I receive income from real estate or personal property.	(use <u>net</u> earned income) \$
		I receive income from Alaska Senior Care program.	\$
		I receive income from Native Dividends.	
		List sources:	\$
		The household will receive the Alaska Permanent Fund Dividend.	
		If yes, how many people will receive the dividend?	\$

ASSET INFORMATION

YES	NO		INTEREST RATE	CASH VALUE
		I have a checking account(s).		
		If yes, list all bank(s).		
		1)	%	\$
		2)	%	\$
		I have a savings account(s).		
		If yes, list all bank(s).		
		1)	%	\$
		2)	%	\$



NAME: ___

Unit # _____

ASSET INFORMATION CONTINUED

YES	NO		INTEREST RATE	CASH VALUE
		I have an online bank account(s).		
		If yes, list all institution(s).		
		1)	%	\$
		2)	%	\$
		I have a debit card(s).		
		If yes, list type of card(s).		
		1)	%	\$
		2)	%	\$
		I have a revocable trust(s).		
		If yes, list bank(s).		
		1)	%	\$
		I own real estate.		
		If yes, provide description and location:		
				\$
		I own stocks, bonds, or Treasury Bills.		
	_	If yes, list sources/bank names.		
		1)	%	\$
		2)	%	\$
		3)	%	\$
		I have Certificates of Deposit (CD) or Money Market		
		Account(s).		
		If yes, list sources/bank names.		
		1)	%	\$
		2)	%	\$
		3)	%	\$
		I have an IRA / Lump Sum Pension / Keogh Account /		
		401K.		
		If yes, list bank(s).		
		1)	%	\$
		2)	%	\$
		I have a <u>whole</u> life insurance policy.		
	-	If yes, how many policies		\$
		I have cash on hand.		\$
	—			



N	AM	IE:	_

Unit # _____

ASSET INFORMATION CONTINUED

YES	NO		INTEREST RATE	CASH VALUE
		I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years.		
		If yes, list items and date disposed:		
		1)		\$
		2)		\$
		I have income from assets or sources other than		
		those listed above.		
		If yes, list type below:		
		1)	%	\$
		2)	%	\$

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE



UNIT#

ANNUAL STUDENT CERTIFICATION

(This form must be completed by each adult household member)

NAME:

UNIT DESIGNATION LIHTC

□ HOME

□ LIHTC & HOME

Complete the following if occupying a LIHTC unit

YES NO Will ALL of the persons in your household be or have they been full-time students (Kindergarten and higher. Examples: Elementary, High School, College/University, trade school, etc.) during five (5) calendar months of the current and/or upcoming calendar year? (Please note that the five calendar months do not have to be consecutive)

If you answered NO to this question please proceed to the bottom of the questionnaire and sign and date. If you answered YES to this question please specify which of the following exceptions your household meets.

•	
	Are you receiving assistance under Title IV of the Social Security Act (AFDC/TANF)?
	Are you enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program?
	Are you married and filing a joint tax return
	Are you a single parent with a dependent child or children and neither you nor your child(ren) are dependent(s) of another individual other than a parent of such children
	Are you a student who was previously under the care and placement responsibility of the state agency responsible for administering a plan under part B or part E of title IV of the Social Security Act

If none of the above five (5) exceptions have been identified, the household does not qualify to reside in a LIHTC unit.

		Complete the following if occupying a HOME unit
YES	NO	
		Are you a student at an institution of higher education (including but not limited to post-secondary colleges / universities and vocational institutes)?

If you answered NO to this question please proceed to the bottom of the questionnaire and sign and date.

If you answered YES to this question please specify which of the following exceptions your household meets.

	Are you over the age of 24?
	Are you a veteran of the United States military?
	Are you married?
	Do you have a dependent child?
	Have you been independent of your parents for at least one year? (emancipated minor or youth aging out of foster care)

** If none of the above five (5) exceptions has been identified, the household must income qualify including the income and assets of their parents.**

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE



City:

UNDER \$5,000 ASSET CERTIFICATION

For households whose <u>combined</u> net assets do not exceed \$5,000. Complete only <u>one</u> form per household; include assets of children.

Household Name:	Unit No.

Development Name:

1. Choose one:

Complete the following:

□ I/we do not have any assets at this time. (if this box is checked, write N/A draw a line through the asset information below, place a zero in #3, sign and date)

My/our assets include: (*Please complete fully. Write N/A on any blank line that does not apply*)

(Å) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$		\$	_ Savings Account	\$		\$	Checking Account
\$		\$	Cash on Hand	\$		\$	Safe Deposit Box
\$		\$	Certificates of Deposit	\$		\$	_ Money market funds
\$		\$	Stocks	\$		\$	Bonds
\$		\$	IRA Accounts	\$		\$	401K Accounts
\$		\$	Keogh Accounts	\$		\$	Trust Funds
\$		\$	_ Equity in real estate	\$		\$	Land Contracts
\$		\$	Lump Sum Receipts	\$		\$	Capital investments
\$		\$	Online Bank Account	\$		\$	_ Debit/gift card
\$		\$	_ Life Insurance Policies (e	excluding Term)			
\$		\$	Other Retirement/Pension	n Funds not nam	ed above:		
\$		\$	_ Personal property held as	an investment**	*:		
\$		\$	Other (list):				

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Choose one:

I/we have <u>not</u> sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

3. Please complete:

The net family assets (as defined in 24 CFR 813.102) above do not exc	ceed \$5,000 and the total annual income (add all annual
income columns) from the net family assets is \$	This amount is included in total gross annual
income.	

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant Signature

Applicant/Tenant Signature



Date

VERIFICATION OF ASSETS

		TION TO BE COMPLE	ETED BY MANAGEN	MENT ANI	D EXECUTED	BY TENANT
ГО:	(Name & address of financial	institution)		Date: _		
RE:	Applicant/Tenar	nt Name		cial Security	Number	Unit # (if assigned)
hereb	y authorize release of my inform	ation.				
	Signature of Appl	icant/Tenant				Date
The ind provide	dividual named directly above is ed will remain confidential to sati	an applicant/tenant of stated	of a housing program purpose only. Your p	m that req prompt res	uires verificati ponse is crucia	on of income. The information and greatly appreciated.
	Project Owner/ Ma	inagement Agent IAIL OR FAX THIS FO	RM TO:		1075 S C Wasil (907)35	idential Services Theck St Ste 102 la AK 99654 7-0256 Phone 57-0368 Fax
		IIS SECTION TO BE C		IANCIAL II	NSTITUTION	
	ing Accounts: unt #	Six (6) Month	Average Balance		Interest Rat	te
	s Accounts / Money Market A	Accounts:				
Saving	gs Accounts / Money Market /	Accounts: Current Balar	nce		Interest Rat	ïe
Saving Acco			nce		Interest Rat	e
Saving Accol	unt #		nce Interest Rate	Date	Interest Rat	te Cost to Withdrawal Early
Saving Accol	unt # cates of Deposit: unt #	Current Balar		Date		
Saving Accol	unt # cates of Deposit: unt #	Current Balar		Date		

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.





Verification of Deposit Housing Assistance Agencies

For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Fax Requests To	
Online Instructions	
Balance Confirmation Services	•
SECTION 1: REQUESTER I	NEORMATION

VA	L	L	Е	Y		R	E	S	Ι	D	Е	Ν	Т	Ι	А	L		S	Е	R	V	Ι	С	Е	S			
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City	_					-	-														State	e	_	Zip				
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Request	er Er	mail	(opti	onal))	-												_										
9 0	7	-	3	5	7	-	0	2	5	6							9	0	7	-	3	5	7	-	0	3	6	8
Request	ter Ph	none	Num	nber		-					•						Retu	irn F	ax N	umb	ər							
								S	ECT	101	2:	CL	JST	OM	ER	INF	OR	MA	TIO	N								
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									EC1		N 2:	CL	JST	ОМ	ER	INF	OR	MA [.]	ΓΙΟ	N								
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Custom	er On	ne Fu	III Na	ime ((First	t Mid	dle L		=C1		N 2:	CL	JST	ОМ 	ER	INF	OR	MA [.]		N								
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CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder

WELLS FARGO

ALASKA PERMANENT FUND DIVIDEND CERTIFICATION

The Alaska Permanent Fund Dividend is available to Alaska Residents who have been a resident of the State for at least 1 calendar year (January 1st - December 31st). An Alaska Resident is defined as an individual who is physically present in the State with the intent to remain in the State indefinitely and to make a home in the State.

SECTION: I

Please complete the following information: List all members that will be living in this household & provide date of birth, eligible or not eligible to receive PFD and date of AK. Residency for each household member.

	Print Name of Household Member	Date of Birth	Eligible and / or received PFD Yes or No	Date of Alaska Residency
1				
2				
3				
4				
5				
6				
7				
8				

If all household members listed above were Eligible, & you answered "YES", received the PFD then you have completed this statement. Please sign & date in section III below.

If any household members listed above were Ineligible & you answered "NO", did not receive the PFD, please write the household member line number listed above, under appropriate reason in Section II below.

Section: II

Did not meet Alaska residency requirement of 1-year and will not meet the requirement before they are
issued again.
Did not meet Alaska residency requirement of 1-year but will meet the requirement before they are
issued again.
Alaska State Eligible Resident & applied but, my/our application was received by PFD office after
deadline date.
Garnishment by IRS, State, Civil lawsuit, lien, child support or other.
Other, Explain:

All Household members that answered "NO", to receiving the PFD may be required to provide additional documentation as proof of non-receipt.

Section: III

I/We certify that the above information is true and correct. Under penalty of perjury, I certify the above representations to be true and accurate to the best of my knowledge.

Applicant/Tenant Signature:	 Date:	
Co-Applicant/Tenant	 Date:	
Signature:	 Date:	



NON-EMPLOYED STATUS CERTIFICATION

Apartment Number: Applicant / Resident Name: I confirm that: • I am not currently employed in any capacity. • I have no intention of becoming employed in the next 12 months. I do not receive unemployment compensation or other benefits as a result of my non-employment status. • I am not under any other obligation to obtain employment. The reason I am not seeking employment is: • (Skip to question B below) I am not presently employed but I anticipate becoming employed in the next 12 months. • Based on my educational background, prior experience, and career training, I anticipate starting employment as a _____ I anticipate earning \$ _____ per hour working _____ hours per • week. I anticipate starting employment on ____ (Skip to question A below) **A:** This information is supported by the attached documentation: Previous year's tax returns Previous job and salary history Written confirmation from a new employer Three current employment advertisements showing average compensation Other

B: I will be using the following sources of funds to pay for rent and other necessities:

I understand that this certification and supporting documentation is made as part of the qualification procedure to determine eligibility for residency and that any misrepresentation herein will be considered a material breach of the lease and subjects me to immediate eviction.

Under penalty of perjury, I certify the above representations to be true and accurate to the best of my knowledge.

Applicant / Resident Signature



EMPLOYMENT VERIFICATION

	THIS SECTION TO BE COMPLE	TED BY MANAGEMENT AND EXECUTE	D BY TENANT
TO:	(Name & address of employer)	Date:	
RE:	Applicant/Tenant Name	Social Security Number	Unit # (if assigned)
hereb	y authorize release of my employment information.		
	Signature of Applicant/Tenant		Date
	dividual named directly above is an applicant/tenant or will remain confidential to satisfaction of that stated	purpose only. Your prompt response is cru	icial and greatly appreciated.
	Project Owner/ Management Agent	1075 S	Residential Services 5 Check St Ste 102
	MAIL OR FAX THIS FO	RM TO: (907)	ssilla AK 99654 357-0256 Phone 7)357-0368 Fax
	THIS SECTION	TO BE COMPLETED BY EMPLOYER	
Employ	ee Name:	Job Title:	
Present	tly Employed: Yes Date First Employed	No Last Day of Em	ployment
Average Overtim Shift Di [.]		earnings: \$ from/ verage # of overtime hours per week: verage # of shift differential hours per week:	through / /
		.,,,,	
	d in the year-to-date figure above? □ Yes □ No		
	anticipated change in the employee's rate of pay within th		
	e employee participate in a 401 (k) retirement account?		
If the er	mployee's work is seasonal or sporadic, please indicate the		
	nal remarks:		
Additior			Dete
Additior	Employer's Signature	Employer's Printed Name	Date
Additior		Employer's Printed Name er [Company] Name and Address	Date
Additior		· ·	E-mail.



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Child Support Certification

Unit Number:	
Applicant / Resident Name:	
Child(ren) name(s):	
PLEASE CHECK ALL THAT APPLY:	
I AM legally entitled to receive child support and I an	n currently receiving support. (Attach verification of collection)
I <u>AM</u> legally entitled to receive child support; howeve following)	er, I am not currently receiving support <u>AND:</u> (check one of the
I am <u>ACTIVELY</u> in the process of seeking mor agency or other legal channels. I am pursuing s	nies for child support through the child support enforcement support for the following child/children: (Attach verification of collection attempts)
following child/children:	
following	support pursuant to any court order or other agreement for the
child/children:	receive the following from the non-custodial parent:
	Average value per month
Food	\$
Diapers, clothing and other household items	\$
Payment of utility, car insurance, or other month	
Health insurance and child care	\$
Other items not listed above	\$ verification of recurring gift)
I do not receive support from the non-custod	lial parent.
	time I <u>anticipate receiving</u> such an order in the next twelve (12) per month starting
Child support is not an issue for this household as be	oth parents reside in the home.
I do not have children at this time.	
that the information presented in this certification is true	y changes to the status of child support. Under penalty of perjury, I certify and accurate to the best of my knowledge. The undersigned further stitutes an act of fraud. False, misleading or incomplete information may

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date



9.1.23 Revised

AUTHORIZATION FOR RELEASE OF INFORMATION

Your signature on this form authorizes Valley Residential Services (VRS) to obtain information on your income, financial position and personal history to determine your eligibility for rental housing. This authorization and the information obtained may be given to any Federal, State, or local program that is enforcing applicable housing rules and regulations.

Persons and/or organizations that may be contacted include, but are not limited to: employers, financial institutions, landlords, local governments, Native corporations, the State of Alaska's Permanent Fund Dividend (PFD) Division, child support enforcement agencies, private individuals, public assistance agencies, law enforcement agencies, school authorities, the Social Security Administration, and unearned income sources. Therefore, this consent form authorizes the release of income, financial, and personal information from all of the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last 5 years.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for rental housing with Valley Residential Services (VRS).

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that Valley Residential Services (VRS) may conduct computer matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to disprove any information that may be incorrect.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with Valley Residential Services (VRS) and will stay in effect fifteen (15) months from the date signed. I understand that I have a right to review my file and correct any information that may be incorrect.

Applicant/Resident Name (Please print)

Applicant/Resident Signature

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felon 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 the 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 42 U.S.C. 208a (6), (7), and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408a (6), (7), and (8).



Date

Date