

**APPLICATION FOR ADMISSION to:**

Niagara City Lofts  
561 Portage Road  
Niagara Falls, NY 14301  
Phone: (716) 299 - 0269  
NYS TTY/TDD #: 711

NAME: _____
Application #: _____ (M/L only)
Type of Housing: _____ (For Official Office Use Only)

This application must be returned in person. *If you need a reasonable accommodation due to a disability we can provide an alternative method for your application process upon your request.* Please answer all questions and include all information requested. If a question does not pertain to you, please indicate N/A in answer space. FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING CONSIDERED INCOMPLETE AND THEREFORE WILL NOT BE PROCESSED. Make certain you carefully read and understand all items before you submit this application. All information is confidential. Pets are only allowed in our senior citizen properties or for persons with disabilities who require a service animal. The occupancy of a unit is subject to possession of unit being delivered by present occupant. It is understood that this application and each prospective occupant is subject to approval and acceptance. Approval is based on, but not limited to, acceptable credit history and demonstrated ability to pay required rent. When also approved and accepted the applicant agrees to execute a lease before possession is given and to pay the first month's rent plus the required security deposit. All Adults, 18 years of age and older, listed on the application will be required to sign the application and its attachments as well as provide a picture identification.

Head of Household Name:

_____	_____	_____
Last	First	Middle

Social Security Number: \_\_\_\_\_ - - Date of Birth: \_\_\_\_\_ / /

Present Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street City State

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Present Landlord: \_\_\_\_\_

Present Landlord Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

How long have you lived there: \_\_\_\_\_ Dates Resided Here: \_\_\_\_\_

Monthly Rent: \$ _____	Did This Include Utilities?	Yes	No
Is your present landlord or any of your previous landlords a relation to you?		Yes	No
If Yes, which one? _____			

**What is your citizenship status?**

Citizen or National of US \_\_\_\_\_ Eligible Non-Citizen \_\_\_\_\_ Non-Eligible Non-Citizen \_\_\_\_\_

If Eligible Non-citizen: ALIEN/USCIS # \_\_\_\_\_ and Card Number \_\_\_\_\_

Card Number is located on the back of the I-551 (Issue Apr 2010) Permanent Resident Card and the front of I-551 (Issue Nov 2004) Do any other household members have a different citizenship status then the one declared above? Yes No

The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410. This section is optional and not required to submit an application

The Individual listed as Head of Household on this application should complete the following:

Race of Head of Household:

_____ White	_____ American Indian/Alaskan Native	_____ Black or African American
_____ Asian	_____ Native Hawaiian or Other Pacific Islander	_____ Other

Ethnicity of Head of Household: \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic



Based on number of household members listed above, how many bedrooms are you applying for? (Please circle all applicable)      Studio      1      2      3      4      5

Please select the property that you are applying to  
or write it in the space provided. \_\_\_\_\_

**Please list ALL ADULTS (Including Yourself) to reside in the unit. (Individuals 18 years or older)**

Name First, Middle, Last	Relationship	Sex (Optional)	D.O.B.	SS#	Source of income

**List All Children Who Will Reside In Household**

Name	Relationship	Sex (Optional)	D.O.B.	SS#	School Name

Do you have full custody of all children noted above?    Yes                      No                      Partial

Absent Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**LIST TWO PREVIOUS ADDRESSES**

(IF ANOTHER PERSON WILL BE RESPONSIBLE FOR RENTING THE APARTMENT WITH YOU, LIST HIS/HER CURRENT AND PREVIOUS TWO ADDRESSES ON BACK OF THIS FORM AND GIVE THE LANDLORD'S NAME AND ADDRESSES.)

1st Previous Address: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long At This Address: \_\_\_\_\_ Dates Resided There: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2nd Previous Address: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long At This Address: \_\_\_\_\_ Dates Resided There: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Are any household members now living in housing with a subsidized program?      Yes      No

If yes, is this assistance:      Tenant based \_\_\_\_\_      Project based \_\_\_\_\_

If yes, list names of complex(s): \_\_\_\_\_

Address(s): \_\_\_\_\_

Dates Resided Here: \_\_\_\_\_



Manager/Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please Note: Assistance cannot be made available to you at this Property while you are receiving assistance for another residence.

Are you or any other adult household members a veteran of the armed forces? Yes No

Have there been any changes in the household composition in the last 12 months? Yes No

If yes, explain:

\_\_\_\_\_

Do you anticipate any changes in the household composition in the next 12 months? Yes No

If yes, explain:

\_\_\_\_\_

Are any household members currently under eviction or ever been evicted? Yes No

If so, why?

\_\_\_\_\_

Are any household members currently living in a unit with any type of pest? Yes No

Are any household members currently living in a unit containing bed bugs? Yes No

Do you or any household member have any type of pet? Yes No

Have any household member ever committed any fraud in a federally assisted housing program or been required to repay money for knowingly misrepresenting information for such program? Yes No

If Yes, Explain:

\_\_\_\_\_

Have any household member ever been evicted from any federally assisted housing unit drug related criminal activity? Yes No for

If Yes, Explain:

\_\_\_\_\_

Have any household member ever been convicted of a felony? Yes No

If Yes, please list dates for time served, probation, and/or parole status:

\_\_\_\_\_

Have any household member ever been convicted of the illegal manufacture, use, or distribution of a controlled substance? If Yes, Explain: Yes No

\_\_\_\_\_

Are any household members currently using illegal substances? Yes No



Have any household member ever been convicted of a sex related crime or are they, or ever been, a registered sex offender in any state?

Yes No

Have you or any member of the household ever used another social security number other than the one you were assigned? Yes No if Yes, explain

Do you own a car? Yes No. If yes, please list the following: License #: State of Registration: Model/Type:

STUDENT STATUS INFORMATION

Are any household members listed on this application currently enrolled as a student in an institute of higher education (Institutes of higher education include post-secondary vocational institutions, proprietary institutions of higher education which prepare students for gainful employment in a recognized occupation, and accredited post-secondary colleges and universities.)? Yes No If yes, please list all household members who were, are currently, or intend to be enrolled in an institute of higher education:

Table with 4 columns: Name, D.O.B., Full or Part Time, Name of School/Institute

If any household members are listed above, please answer the following questions (For LIHTC purposes only):

Table with 3 columns: Question, Yes, No

EMPLOYMENT INFORMATION

PRESENT EMPLOYER: Employer Address: Employer Phone #: ( ) How Long Employed: Job Title: Supervisor: Gross Weekly Wage: \$ Hourly Rate: \$ Avg. Hrs. worked per week Spouse or Co-Tenant Current Employer: Employer Address: Employer Phone #: ( ) How Long Employed: Job Title: Supervisor: Gross Weekly Wage: \$ Hourly Rate: \$ Avg. Hrs. worked per week



**ALL INCOME MUST BE REPORTED**

Complete for all members of the household. List all money earned or received by everyone living in your household. Please list a "0" on each line that no income is received.

	<b>SOURCE</b>	<b>GROSS MONTHLY INCOME</b>	Social Security \$ _____
SSI	\$ _____	Pension's \$ _____	Public Assistance
	\$ _____	Child Support/ Alimony \$ _____	Trust Funds
	\$ _____	Disability \$ _____	
Unemployment Insurance			\$ _____
Workman's Compensation			\$ _____
Wages (if not previously listed)	\$ _____	Interest from Savings	
	\$ _____	Interest from checking accounts \$ _____	Dividends
from stocks/bonds	\$ _____		
Income property owned (List Market Value of Real Estate)			\$ _____
Military Reserves			\$ _____
Money paid to you by Higher Education (Grants/Scholarships)	\$ _____	Any	
monies paid to anyone in the household by someone not			
living in the household (Include any bills paid by someone outside the household)			\$ _____
Other (specify source)			\$ _____

Do you or anyone in your household receive utility assistance from sources other than HUD? (This includes HEAP) Yes or No If you answered yes how much? \$ \_\_\_\_\_

Have any household member sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes No  
 If yes, type of asset (e.g., money/land/house) \_\_\_\_\_  
 Market value when sold/disposed (Must be able to be verified) \$ \_\_\_\_\_  
 Amount sold/disposed for: \$ \_\_\_\_\_ Date of transaction \_\_\_\_\_ Name/Address of Broker \_\_\_\_\_

(For LIHTC purposes only)

Has any household member filed income taxes for the last tax year? Yes No If

Yes, what was the filing status listed on the income tax return:

Single Married Filing Jointly Married Filing Separately Head of Household Qualifying Widow(er) with Dependent

Please list all states that household members have lived in besides NY State: \_\_\_\_\_

**ASSET INFORMATION**

List **ALL** assets and investments owned by **ALL** members of the household. Include all savings accounts, checking accounts, IRA's Keogh accounts, annuities, certificate of deposits, real estate owned (**must provide full market value of all real estate owned**), stocks, bonds and all other assets owned. Please use separate sheet of paper if necessary.

<b><u>Type of Asset</u></b>	<b><u>Yes/No</u></b>	<b><u>Value (Full Market for Real Estate)</u></b>	<b><u>Bank Name/Address</u></b>
Checking	_____	\$ _____	_____
Savings	_____	\$ _____	_____
Certificate of Deposit	_____	\$ _____	_____
IRA/Keogh/401K	_____	\$ _____	_____
Real Estate	_____	\$ _____	_____
Stocks/Bonds	_____	\$ _____	_____
Life Insurance	_____	\$ _____	_____
Burial Fund	_____	\$ _____	_____



Trusts \_\_\_\_\_ \$ \_\_\_\_\_  
Other Asset(s) \_\_\_\_\_ \$ \_\_\_\_\_

**CHILDCARE EXPENSES INFORMATION**

Do you pay childcare for a child 12 years old or younger so that you can work or attend school?

Yes \_\_\_ No \_\_\_

If yes, what is the weekly cost of care: \$ \_\_\_\_\_

Name of childcare provider: \_\_\_\_\_

Address of childcare provider: \_\_\_\_\_

**MEDICAL EXPENSE INFORMATION**

An elderly/disabled household may be eligible to receive a deduction from their rent based on the amount of ongoing medical expenses they incur. Please list all medical expenses you expect **to incur in the next 12 months** that will NOT BE PAID OR REIMBURSED by Medicare or any kind of health insurance and which you expect to be continuous.

Health Insurance: Name \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Health Insurance: Name \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Medicaid Spend down: Monthly Amount \$ \_\_\_\_\_ Medicare: Monthly Amount \$ \_\_\_\_\_

Prescriptions (Not covered by insurance; used for ongoing medical problems):

Pharmacy Name \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Unpaid Hospital Bills for which you are making payments: (Only amounts not covered by nor reimbursed by insurance or other agency) Total Amount Owed: \$ \_\_\_\_\_ Monthly Payment Amount \$ \_\_\_\_\_

**REASONABLE ACCOMMODATION INFORMATION**

This information is voluntary. Niagara City Lofts provides low rent housing to eligible households, elderly households and single people. Niagara City Lofts has a legal obligation to provide "reasonable accommodations" to applicants if they or any household member have a disability or handicap. You may request a reasonable accommodation at any time during the application process or after admission. If you would prefer to not discuss your situation with management, that is your right.

Does any member have special housing needs which require any of the following: (check applicable items)

- Separate Bedroom Unit
- for Vision Impaired Unit
- for Hearing Impaired Unit
- Barrier-free Unit
- Other (Please specify): \_\_\_\_\_
- One level Unit Br/Bath on 1 Floor
- Live-In Aide
- Service Animal
- Ramp

Please complete the following to help us identify which forms of advertisement or outreach we are using in accordance with our AFHMP that is working to reach our targeted areas.



How did you hear about our community?

\_\_\_\_\_ Newspaper Advertisement (*please indicate which newspaper*): \_\_\_\_\_

\_\_\_\_\_ Friend or Current/Former Resident: \_\_\_\_\_

\_\_\_\_\_ Referral from Community Resource: \_\_\_\_\_

\_\_\_\_\_ Internet: \_\_\_\_\_

\_\_\_\_\_ Brochure/Flyer: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

**APPLICANT CERTIFICATION (READ CAREFULLY)**

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence. I/we understand that we must provide valid proof of social security numbers for all household members prior to occupying a unit.

I/we understand that eligibility for housing will be based on either the Low-Income Housing Tax Credit program, and/or the Department of Housing and Urban Development’s eligibility criteria and Niagara City Lofts resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from a residential program; (5) police records indicating any type of criminal activity or conviction; and (6) any records which show the applicants behavior to be unacceptable, even if it is a manifestation of an applicant’s disability.; (7) a credit score lower than that set for this project by an online screening website.

**I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.**

_____	_____	_____	_____
Head of Household Signature	Date	Spouse or Co-tenant Signature	Date
_____	_____	_____	_____
Other Adult Member Signature	Date	Other Adult Member Signature	Date
_____	_____	_____	_____
Received By	Date	Time	AM/PM

“Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$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).”

**ATTACHMENTS TO APPLICATION:**

1. Authorization to use an online screening website for credit/criminal background checks
2. Criminal History Policy
3. Rental History Verification Consent form
4. HUD 92006 Emergency Contact Form, for HUD housing projects
5. Application attachments, as required, for applicable housing programs

Revised: 05/26/2016



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency Assist with Recertification Process	<input type="checkbox"/>
<input type="checkbox"/> Unable to contact you Change in lease terms	<input type="checkbox"/>
<input type="checkbox"/> Termination of rental assistance Change in house	<input type="checkbox"/> rules
<input type="checkbox"/> Eviction from unit Other:	<input type="checkbox"/> _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

<b>Signature of Applicant</b>	<b>Date</b>

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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.

Form HUD- 92006 (05/09)

# Niagara City Lofts

## Criminal History Policy

The following policy will be followed by Niagara City Lofts LLC for all applicants and household members who will be subject to screening for criminal history in accordance with the Department of Housing and Urban Development's Notice H 2002-22. A history of any of the following by any household member is cause for rejection of an application for housing:

Any conviction of Adjudication other than an acquittal of:

- First-degree murder
- Sex offenses, including forcible rape, child molestation and aggravated sexual battery
- Arson

Within ten (10) years from the date of application the completion of sentence for any conviction or adjudication other than acquittal of:

- A felony that involved bodily harm against a person, including but not exclusive of:
- Murder (other than first-degree)
- Manslaughter
- Armed robbery

Within five (5) years from the date of application the completion of sentence for any conviction or adjudication other than acquittal of:

- A crime involving the illegal use, sale of manufacture of a controlled substance
- A felony that involved harm to another person's property, including but not exclusive of:
  - Burglary or theft
  - Auto theft
  - Buying, receiving or possession of stolen property
  - Embezzlement

Within three (3) years from the date of application the completion of sentence for any conviction or adjudication other than acquittal of:

- Any other felony, not included above

# Niagara City Lofts

## Applicant/Co-Applicant Consent Form

I/we hereby consent to allow Niagara City Lofts LLC through its' designated agent and its' employees, to obtain and verify my credit information (including a criminal background and sex offender status) for the purpose of determining whether or not to lease me/us an apartment. I/we understand that should I/we lease an apartment, management will review my/our criminal background and sex offender status yearly at recertification.

\*\*\*\*\* PLEASE PRESENT PHOTO I.D. FOR ALL ADULTS IN HOUSEHOLD \*\*\*\*\*

_____	_____	_____	_____
Head of Household Signature	Date	Spouse or Co-tenant Signature	Date
_____	_____	_____	_____
Other Adult Member Signature	Date	Other Adult Member Signature	Date

### PENALTIES FOR MISUSING THIS CONSENT:

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$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).\*\* Violations of these provisions are cited as violations of 42 USC \*\*408 (a) (6), (7) and (8).\*\*"

# Niagara City Lofts Rental History Consent Form

I/we hereby consent to allow Niagara City Lofts LLC through its' designated agent and its' employees to obtain and verify my landlord references.

_____ Head of Household Signature	_____ Date	_____ Spouse or Co-tenant Signature	_____ Date
_____ Other Adult Member Signature	_____ Date	_____ Other Adult Member Signature	_____ Date

## PENALTIES FOR MISUSING THIS CONSENT:

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$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).\*\* Violations of these provisions are cited as violations of 42 USC \*\*408 (a) (6), (7) and (8).\*\*"