



NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS FOR GOVERNMENT PURPOSES

24 CFR Part 5 (General HUD Program Requirements; Waivers) §5.216 specifically states the following:

(b) Disclosure required of assistance applicants. Each assistance applicant must submit the following information to the processing entity when the assistance applicant's eligibility under the program involved is being determined.

- (1) The complete and accurate SSN assigned to the assistance applicant and to each member of the assistance applicant's household; and
- (2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

(c) Disclosure required of individual owner applicants. Each individual owner applicant must submit the following information to the processing entity when the individual owner applicant's eligibility under the program involved is being determined:

- (1) The complete and accurate SSN assigned to the individual owner applicant and to each member of the individual owner applicant's household who will be obligated to pay the debt evidenced by the mortgage or loan documents; and
- (2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

The social security number is needed to determine eligibility under federal and state programs such as HOME, CDBG and SHIP that are determined eligible using 24 CFR part 5.

The applicant and household member hereby agree to allow the Boynton Beach Faith Based CDC, Inc and the City of Boynton Beach to use the SS number to verify the following information:

- Employment
- Unemployment
- Pension Benefits
- Social Security
- Assets
- Child support

paragraph g) Required documentation –

- (1) **SSN.** The documentation necessary to verify the SSN of an individual who is required to disclose his or her SSN under paragraphs (a) through (e) of this section is:
 - (i) A valid SSN card issued by the SSA;
 - (ii) An original document issued by a federal or state government agency, which contains the name of the individual and the SSN of the individual, along with other identifying information of the individual; or
 - (iii) Such other evidence of the SSN as HUD may prescribe in administrative instructions

Signed by all adult household members

RECEIVED BY: _____

Print Name

Signature

DATE: _____

RECEIVED BY: _____

Print Name

Signature

DATE: _____