



# A Petra Community Housing Property Freedom House Application

Strengthening Communities, Empowering Lives



Dear Applicant,

Thank you for your interest in Freedom House. Attached is an application for residency . Please answer all questions, where not applicable, write "N/A". **Please provide proof of income with this application. The disability verification form attached is to be completed by a Medical Professional.**

All applicants must meet certain qualifications for admission to the Freedom House :

1. Head of household must be at least 18 years of age or older with a verified disability to apply.
2. Income limits determined by the Department of HUD in accordance with the Section 811/PRAC program do apply. Maximum qualifying 2019 – 2020 annual income is \$31,550 (1 Person) or \$36,050 (2 Person).
3. Actual eligibility will be verified once the applicant's name has reached the top of the waiting list, and further verification must be done. (i.e. credit check, background check, income verification, etc.)

Those who qualify for this program will pay approximately 30% of their monthly income toward rent. All apartments are one bedroom unfurnished units equipped with refrigerator and stove. Freedom House is a one-story non-smoking facility.

Completed applications can be delivered to the address below. If deemed complete, you will receive a letter of acknowledgement. It is your responsibility to inform us if there are any updates to your contact information.

Further information regarding Petra's application procedures can be reviewed by viewing our Tenant Selection Plan on our website at [www.petrach.org/apartments-for-rent/howtoapply](http://www.petrach.org/apartments-for-rent/howtoapply)

Regards,

*Steve Kambic*

*Executive Director*

**Petra Community Housing Office located at 201 S. Main Street, Spring City, PA 19475 (610) 948-1797**



**Office Use Only:**

Date/Time Received: \_\_\_\_\_

\_\_\_\_\_ Accessible Unit Requested

**APPLICATION FOR ELIGIBILITY DETERMINATION FOR RESIDENCY WITH FREEDOM HOUSE  
LOCATED AT 531 SPRING STREET, ROYERSFORD, PA 19468**

Property Managed by Petra Community Housing  
Main Office location - 201 S. Main St. Spring City, PA 19475  
Phone – 610.948.1797 Fax – 610.948.1765 Website – www.petrach.org

1. Petra Management will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). Management will take affirmative steps to communicate the provided information and services. Do you require services of an interpreter or materials translated into another language other than English, as available for persons with Limited English Proficiency (LEP)?  Yes  No If Yes, please list the language and services requested: \_\_\_\_\_

2. Do you require a reasonable accommodation due to a disability?  Yes  No

3. Do you need an accessible feature (i.e. walk or roll-in shower, flashing notification for the deaf)?  Yes  No  
If yes to either question, please describe your need: \_\_\_\_\_

**Household Composition and Characteristics & Family Summary**

4. List the head of the household and all other members who will be living in the unit. Give the relationship of each family member to the head of household. Please Print.

NOTE: YOU MUST BE AT LEAST 18 YEARS OR OLDER TO APPLY AND HAVE A VERIFIED DISABILITY. GENDER INFORMATION OPTIONAL.

	Last Name	First Name	Relationship	Age	Gender	Birthday	Social Security Number
1			Head (HOH)				
2			Spouse/Co Head				
3							

5. Are you a Veteran?  Yes  No

6. Are you a US Citizen? If no, please list citizenship.  Yes  No \_\_\_\_\_

**Contact Information & Location History**

7. Your Telephone # \_\_\_\_\_

8. Your Email Address \_\_\_\_\_

9. Current Mailing Address: \_\_\_\_\_

10. If lived there less than 2 years, give prior address: \_\_\_\_\_

11. Please list all states you lived in and the approximate year(s) there: \_\_\_\_\_

12. Do you rent? (If yes, Landlord information will be collected and verified before move-in approval.)  Yes  No  
Or other living arrangements (describe): \_\_\_\_\_

**Live-In Attendant**

13. Do you require the aid of a live-in care attendant?  Yes  No  
 14. Do you require the assistance of others to manage your affairs?  Yes  No

NOTE: PETRA COMMUNITY HOUSING DOES NOT PROVIDE ASSISTED LIVING. Tenants must provide for their own care or employ outside agencies/services to be able to live independently from Petra Staff/Management.

**Employment**

15. Are you or a household member currently employed?  Yes  No  
 16. If yes, give information on your employer and provide a recent paystub and your last year's W2:

Name	Address	Supervisor	Telephone Number	Length of time employed
------	---------	------------	------------------	-------------------------

**Sources of Income** HUD REQUIRES ALL INCOME TO BE REPORTED.

17. Fill out the table below with all of your GROSS income. (i.e. Social Security income BEFORE they take out Medicare)

Do you receive the following:	Source	Monthly or Periodic Amount	Documentation Needed at Eligibility Interview
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security		Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pensions, Annuities		Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability		Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-Employment		Profit & Loss Tax Documents
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify)		

18. Do you have any other regular sources of income not listed above? This would include any financial assistance from an outside source. (Describe if yes)  Yes  No

---



---

**Assets:** HUD REQUIRES ALL ASSETS TO BE REPORTED

19. Fill out the table below with all of your current assets. Estimated values are acceptable for the application process.

Do you have the following:	Asset	Current Value	Documentation Needed As Attachments to Application
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash on Hand		Signed Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s)		Copy of Most Recent Bank Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings/Money Market Account(s)		Most Recent Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks and Bonds		Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit		Copy of Certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts, IRA, or Pension Accounts		Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance (cash value)		Insurance statement if term or cash value
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (describe)		

20. Do you or any members of your household own a home or other real estate? Yes  No

21. If yes, please list address \_\_\_\_\_

22. Estimated Value of the property \$ \_\_\_\_\_

23. Will you sell or rent the property? \_\_\_\_\_

**Criminal Background**

*Petra Community Housing may prohibit admission of a household to federally assisted housing if we determine that any household member is currently engaging in, or has engaged in during a reasonable time before the admission decision:*

- (1) Drug-related criminal activity;*
- (2) Violent criminal activity;*
- (3) Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or*
- (4) Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.*

24. Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past ten (10) years? This also includes harassment, sexual assault, drug abuse, and other crimes.  Yes  No If yes, please explain:

\_\_\_\_\_

25. Are you or any member of your household subject to a lifetime registration requirement under a state/federal sexual offender registration program?  Yes  No If yes, please explain:

\_\_\_\_\_

26. Have you or any member of your household ever been evicted from Federally -assisted housing or other types of housing? This specifically includes drug-related criminal activity.  Yes  No If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

27. Are you or any member of your household currently engaged in illegal drug use?  Yes  No If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

28. Are you or any member of your household currently engaged in alcohol abuse that may threaten the health/safety of the resident/staff or hinders the peaceful enjoyment of the housing premises?  Yes  No If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Other Information:**

29. Do you plan to use a service or assistance animal in this facility?  Yes  No

30. Do you have a pet you wish to bring into this facility?  Yes  No

31. If yes to either question, further information will be required regarding the service or assistance animal or the pet. Request our Pet Policy and Pet Rules for details.

32. Do you have a vehicle you wish to bring onto the property?  Yes  No

33. If yes, is the car registered, insured, in operable condition, and owned by a member of the household?  Yes  No

**Applicant(s)' Certification:**

I/we understand that the above information is being collected to determine my/our eligibility for placement on the wait list. By application, I/we understand this does not mean we are qualified for housing other than by initial review of age and household income. Once, my/our name(s) comes to the top of the waiting list, I/we authorize PETRA COMMUNITY HOUSING to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact **Petra Community Housing** in writing every twelve (12) months should we decide to remain on the List and if our address or telephone number changes. I/we understand that failure to complete this application in its entirety and/or legibly, will result in the rejection of this application. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence.

Signature of Head of Household: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse / Co-Head: \_\_\_\_\_ Date \_\_\_\_\_

***Please note: If your household size or contact information changes, notify us immediately as it may impact your eligibility and opportunity to be offered an apartment. Petra Community Housing supports fair housing practices and does not discriminate based upon a person's race, color, sex, creed, national origin, handicap status, religion, familial status, source of income, or disability. Petra Community Housing does not discriminate based upon age or disability for any reason, excluding HUD program/project requirements.***

Mail completed applications to: Petra Community Housing  
201 South Main Street  
Spring City, PA 19475

- |  |
|--|
| <p><b>Application Checklist</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> All questions filled in – NO BLANKS. If the question doesn't apply, please put N/A.</li><li><input type="checkbox"/> Proof of income (i.e. copy of Social Security award letter, pension statement)</li><li><input type="checkbox"/> HUD form # 92006 (AKA Supplement to Application for Federally Assisted Housing)</li><li><input type="checkbox"/> HUD form Race/Ethnic Data Reporting Form</li><li><input type="checkbox"/> Disability Verification form (can be sent under separate cover once completed by your Medical Professional)</li></ul> |
|--|

# STEPS TO COMPLETE THE ATTACHED RACE/ETHNIC DATA REPORTING FORM AND THE SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

It is necessary to complete the attached forms for your application to be considered complete.

## Race and Ethnic Data Reporting Form

1. Print your name on the third line where it says "Name of Head of Household," and if there are two people applying for residency, write their name where it says "Name of Household Member."
2. Put today's date on the date line
3. If you choose to provide your race/ethnic data, please do the following:
  - a. Ethnic Categories – Put a check mark next to each category that applies to you
  - b. Racial Categories – Put a check mark next to each category that applies to you
  - c. Sign on the signature line
  - d. Put today's date on the date line
4. If you choose to **NOT** provide your race/ethnic data, please do the following:
  - a. Sign and date

## SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form acts like an emergency contact form. You will be filling out your own personal contact information as well as the contact information for the person you give us permission to contact.

1. For the top portion of the form, please fill out your own information. Applicant name, Address, phone number, etc.
2. If you choose to provide information for an emergency contact, please do the following:
  - a. For the second portion of the form, under "Name of Additional Contact Person or Organization" please fill out information for your emergency contact.
  - b. Please be sure to check the reasons why we may be able to contact them. (If nothing is checked, we cannot contact them.)
  - c. Sign and date
3. If you choose **NOT** to provide any information for an emergency contact, please do the following:
  - a. Check the box that says "Check this box if you choose not to provide the contact information."
  - b. Sign and date





**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)

FREEDOM HOUSE 531 SPRING STREET, ROYERSFORD PA 19468  
**Name of Property** **Project No.** **Address of Property**

PETRA COMMUNITY HOUSING PRAC 811  
**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 in compliance 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 provided 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 not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa

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	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<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.

--	--

**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





Petra Community Housing  
DISABILITY VERIFICATION FORM

**APPLICANT NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires Petra Community Housing to verify all information that is used in determining this person’s eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to:

**PETRA COMMUNITY HOUSING**  
201 S. Main Street, Spring City, PA 19475  
Telephone: (610) 948-1797 fax: (610) 948-1765 email: [info@petrach.org](mailto:info@petrach.org)

=====

**AUTHORIZATION FOR RELEASE OF INFORMATION**

To \_\_\_\_\_  
Health Care Provider’s Name

\_\_\_\_\_  
Health Care Provider’s Address

The person named and signing below is an applicant of *Petra Community Housing* that is requesting the information on this form. By my signature below, you are authorized to provide the information requested on this form about me and to answer any follow-up questions related to the requested application, accommodation or modification.

**Printed Name of Applicant/Tenant:** \_\_\_\_\_

**Signature Of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The resident named above has applied for an apartment and has made a request directly on the basis of a disability. Under state and federal laws, individuals with disabilities may request reasonable accommodations from housing providers and we must consider the request. Reasonable accommodations in rules, policies, practices, and services must be allowed to give persons with disabilities an equal opportunity to use and enjoy housing, provided such accommodation does not impose an undue hardship or requests a change in the fundamental nature of our business. Tenants with disabilities must be allowed to make reasonable modifications to their apartments and common areas subject to appropriate construction and restoration considerations.

It is our policy to verify that the individual qualifies as disabled, as that term is defined by law, and needs the accommodation in order to have an equal opportunity to use and enjoy the apartment community.

**Definition of Disability:** Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment." This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use. (24 CFR Par 8.3, and HUD Handbook 4350.3) Exh. 2-2)).

\*\*\*\*\* Below is to be completed by a Medical Professional only\*\*\*\*\*

1. Is the resident disabled as defined on this page?  Yes  No

I hereby certify that my patient, who signed the release above, is medically considered a person with a disability. I have completed this section in order to assist Petra Community Housing to provide or continue to provide housing to my patient based on their medical need(s).

**Medical Professional's PRINTED Name and Title:**

\_\_\_\_\_

**Associated Facility/Office Name and Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Medical Professional's 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).

