



## Clermont Metropolitan Housing Authority

65 South Market Street | Batavia, Ohio 45103  
 513.732.6010 | Fax 513.732.6520  
 www.clermontmha.org

### HOUSING CHOICE VOUCHER (HCV) APPLICATION FOR RECERTIFICATION

#### Family Information

List all persons who live in the unit, including foster children, live-in aides (if needed for the care of a family member). No one except those listed on this form may live in the unit.

	First Name & Last Name	Date of Birth	Sex	Last 4 of SS#	Relation	Disabled		Full-Time		Phone #	Email Address
						Person?	Student?				
H					Head						
2											
3											
4											
5											
6											
7											
8											

#### Family Income Information

List the source & amount of all income expected in the next 12 months for all family members. Include earnings & benefits received from TANF, VA, Social Security, SSI, SSDI, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week. If additional lines are needed, please add a sheet of paper.

Family Member Name	Income Source	Amount \$	Frequency - Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

#### Family Asset Information

Do you or anyone in your household have any of the following, if so please list?

Type of Asset	Family Member	Date Opened	Date Closed	Last 4 of account #	Current Balance	Interest Rate
Savings						
Checking						
Certificate of Deposit						
Savings Bonds						
Annuity						
Life Ins.						



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### UNIT INFORMATION

Please answer the following.

What is the contract rent?	What is your portion?	What utilities are you responsible for?	Whose name are the utilities bills in?

#### Additional Questions

1. Do you own any real estate?  Yes  No  
 If yes, what is the address? \_\_\_\_\_
2. Have you sold any real estate in the past 2 years?  Yes  No  
 If yes, what is the address? \_\_\_\_\_
3. Do you or anyone in your household have any other income not already mentioned?  Yes  No  
 If yes, what is the income and amount. \_\_\_\_\_
4. Does anyone 18 years or older attend a school or training program full time?  Yes  No  
 If yes, which household member & name of school attending. \_\_\_\_\_  
 What is their graduation date? \_\_\_\_\_
5. Is your household reporting zero income (no income being received by any household member)?  
 Yes  No If yes, Zero Income Questionnaire must be completed.
6. Are you or any member of the household subject to a lifetime sex offender registration requirement?  
 Yes  No

#### Optional Allowances

1. Do you have out of pocket child-care expenses for any child age 12 and under due to employment, unemployment and/or to further your education?  Yes  No  
 If yes, provider name and amount you pay? \_\_\_\_\_
2. Is the head of household or spouse age 62 or older or a person with a disability?  Yes  No  
 If yes, please continue to question 3. If no, skip to question #5.
3. Do you have on going out of pocket medical expenses that are not covered by insurance?  Yes  No  
 If yes, please provide receipts or printout of these expenses from the last 12 months.
4. Do you pay for any insurance (Medicare, supplemental, etc.)  Yes  No  
 If yes, what is the company name & amount of monthly premium? \_\_\_\_\_  
 Please provide receipts or printout of these expenses from the last 12 months.
5. Is any member of the household handicapped or disabled?  Yes  No  
 If yes, do you have any expenses (care attendant, equipment, etc.) that is paid out of pocket that would enable a family member to be employed?  Yes  No  
 What is the monthly amount? \_\_\_\_\_  
 Which member of the household is enabled to be employed based on this expense? \_\_\_\_\_



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## Emergency or Other Contact Information

1. Is there anyone that you would like us to contact in the event of an emergency or if we have been unable to reach anyone in your household after repeated attempts? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide name and phone number of your emergency contact.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Is there anyone that is not in your household that you would like to give our office permission to discuss your case with? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide name and phone number of the person you would like us to discuss your case with.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

By answering yes to the above questions and signing below, I hereby give consent for CMHA to discuss my case with the above regarding any matters that concerns my continued tenancy under CMHA's housing programs. This consent will remain in effect until I formally revoke it in writing and provide a copy to CMHA.

## Applicant/Tenant Certification:

I/We certify that the information given to Clermont Metropolitan Housing Authority (CMHA) on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Cohead

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
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 U.S.C. 408 (a) (6), (7) and (8).

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible 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 income 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 income 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 income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this 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.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**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 hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. 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		Other Family Member over age 18	Date
_____	_____	_____	_____
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

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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.



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### CLERMONT METROPOLITAN HOUSING AUTHORITY (CMHA) STATEMENT OF FAMILY OBLIGATIONS

The following statements are a partial listing of a participant's obligations under the HCV program:

- The family **must** supply any information that CMHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- The family **must** supply any information requested by CMHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- The family **must** disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Any information supplied by the family **must** be true and complete.
- The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.
- The family **must** allow CMHA to inspect the unit at reasonable times and after reasonable notice, as described in Chapter 8 of the HCV Administrative Plan.
- The family **must not** commit any serious or repeated violation of the lease.
- The family **must** notify CMHA and the owner in writing before moving out of the unit or terminating the lease. A proper 30-day notice is required unless a mutual termination form is signed by the owner and the family after the lease is exhausted.
- The family **must** promptly give CMHA a copy of any owner eviction notice.
- The family **must** use the assisted unit for residence by the family. The unit **must** be the family's only residence.
- Families are required to report to CMHA all changes in household composition or income **within 30 calendar days** of the occurrence. These changes **must** be submitted in writing with appropriate verification.
- The composition of the assisted family residing in the unit **must** be approved by CMHA. The family **must** notify CMHA of the birth, adoption, or court-awarded custody of a child. Other than these additions, the family **must** obtain CMHA's approval prior to allowing any other person to move into the subsidized unit.
- The family **must** promptly notify CMHA in writing if any family member no longer lives in the unit.
- After CMHA has given approval, a foster child or a live-in aide may reside in the unit. CMHA has the discretion to adopt reasonable policies concerning residency by a foster child or a live-in aide, and to define when CMHA consent may be given or denied. Policies related to the request and approval/disapproval of foster children, foster adults, and live-in aides are further clarified in Chapter 3, HCV Administrative Plan.
- The family **must not** sublease the unit, assign the lease, or transfer the unit.

- The family **must** supply any information requested by CMHA to verify that the family is living in the unit or information related to family absence from the unit.
- The family **must** promptly notify CMHA when the family is absent from the unit.
- The family **must** pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease (Form HUD-52646, Voucher).
- The family **must not** own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).
- Family members **must not** commit fraud, bribery, or any other corrupt or criminal act in connection with the program. (Chapter 14, Program Integrity HCV Administrative Plan).
- Family members **must not** engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. (Chapter 12, HCV Administrative Plan)
- Members of the household **must not** engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises. (Chapter 12, HCV Administrative Plan)
- An assisted family or member of the family **must not** receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state, or local housing assistance program.
- A family **must not** receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister, or brother **of any member of the family**, unless CMHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. (Form HUD-52646, Voucher)
- Visitor Policy. Any adult or child who has been in the unit more than 14 consecutive days or a total of 30 days in a 12-month period, *without CMHA approval*, will be considered as an unauthorized household member.
- A family **must** report any unsafe housing conditions to the HCV Program if the Owner fails to do repairs in a timely manner.

By signing below, I acknowledge that I understand all of the listed family obligations. Further, I understand that **any failure by any family member to abide by these obligations may result in a termination of assistance for the entire household.**

*All household members 18 years of age and older **must** sign that they understand these obligations.*

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

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

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Permission to Obtain Income / Benefit Information Via User Name & Password

*The below is an **optional** form that can be completed by the tenant or applicant to provide easier access to Clermont County Metropolitan Housing Authority (CMHA) from certain income sources. We understand that there may be instances when the tenant or applicant does not have access to a printer, fax machine, transportation, or email capability and by providing this information CMHA can verify the income source by using the log in information provided by the tenant or applicant.*

I, \_\_\_\_\_ (Tenant) give permission to Clermont Metropolitan Housing Authority to obtain my benefit / income information and payment history via the internet utilizing the website of the agency listed below. I understand that is optional and I am not required to complete this form. By completing this form, I understand that I still **must** notify CMHA if there is a change in my income so they know when the information needs to be accessed. I understand that in order to access this information, a User Name and Password will have to be established on the appropriate website. Additionally, I understand that the established User Name and Password will be kept on this form and in my file at CMHA in the event this information would need to be accessed again in the future by CMHA personnel. This information would be accessed for required verification purposes only.

Income Source/Agency: \_\_\_\_\_

Established User Name: \_\_\_\_\_

Established Password: \_\_\_\_\_

Person receiving benefit: \_\_\_\_\_

By signing below, this consent will remain in effect until I formally revoke it in writing and provide a copy to CMHA.

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

\_\_\_\_\_  
Date





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## SELF DECLARATION OF ZERO (\$0) INCOME (ONLY FILL OUT IF HOUSEHOLD REPORTED ZERO INCOME)

Because you have reported zero (\$0) household income, Clermont Metropolitan Housing Authority (CMHA) is required to see what resources, *if any*, are being used to meet the family's current needs. Please note: CMHA **may not** make an adjustment to your rent until ALL questions have been answered.

Print Head of Household Full Name \_\_\_\_\_

Last 4 of Head of Household's SSN \_\_\_\_\_

1. When did your household income become zero (\$0) income? \_\_\_\_\_
2. Does your family have car payment(s)?  yes  no      **How much is paid monthly?** \_\_\_\_\_  
 How does your family pay for gasoline? \_\_\_\_\_ **Estimated monthly amount \$** \_\_\_\_\_  
 How does your family pay for insurance? \_\_\_\_\_ **Estimated monthly amount \$** \_\_\_\_\_  
 How does your family pay for maintenance/tires? \_\_\_\_\_ **Estimated monthly amount \$** \_\_\_\_\_  
 If the family does not own a car, what is used for transportation? \_\_\_\_\_  
 How does your family pay for transportation? \_\_\_\_\_ **Estimated monthly amount \$** \_\_\_\_\_
3. Does your family pay a portion of the rent?  yes  no      **How much is paid monthly?** \_\_\_\_\_  
 How does your family pay for this? \_\_\_\_\_
4. Does your family pay for any utilities?  yes  no      **Estimated monthly amount \$** \_\_\_\_\_  
 How does your family pay for this? \_\_\_\_\_
5. Does your family have a home phone or a cell phone?  yes  no      Which?  home  cell  both  
 How does your family pay for this? \_\_\_\_\_ **How much is paid monthly?** \_\_\_\_\_
6. Does your family have internet, cable, digital, or satellite services?  yes  no  
 How does your family pay for this? \_\_\_\_\_  
 \_\_\_\_\_ **How much is paid monthly?** \_\_\_\_\_
7. Does your family have any rental agreements for furniture, appliances, and electronics?  yes  no  
 How does your family pay for this? \_\_\_\_\_  
 \_\_\_\_\_ **How much is paid monthly?** \_\_\_\_\_
8. How does your family purchase toiletries, paper products, cleaning supplies, laundry costs, etc.?  
 How does your family pay for these purchases and services? \_\_\_\_\_  
 \_\_\_\_\_ **Estimated monthly amount \$** \_\_\_\_\_



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9. Does your family have credit card payments?  yes  no  
How does your family pay for these? \_\_\_\_\_ How much is paid monthly? \_\_\_\_\_
10. Does your family own any pets?  yes  no  
If yes, how does your family pay for the expenses associated with owning a pet (food, vet bills, etc)?  
\_\_\_\_\_ Estimated monthly amount \$ \_\_\_\_\_
11. Does your family have entertainment expenses?  yes  no  
If yes, how does your family pay for the expenses associated with entertainment (Amazon, Hulu, Netflix, vacations, church tithes, vape/cigarettes, alcohol, etc)? \_\_\_\_\_  
\_\_\_\_\_ How much is paid monthly? \_\_\_\_\_
12. How does your family pay for shoes and clothing? \_\_\_\_\_  
\_\_\_\_\_ Estimated monthly amount \$ \_\_\_\_\_
13. Does any household member currently have income? yes  no  
If yes, list household member: \_\_\_\_\_ Source of income: \_\_\_\_\_  
If yes, list household member: \_\_\_\_\_ Source of income: \_\_\_\_\_  
If yes, list household member: \_\_\_\_\_ Source of income: \_\_\_\_\_

By signing below, I/we are agreeing that I/we **must** report to CMHA all sources of income for all household members in writing within thirty (30) calendar days. I/we understand my family **must** complete this Questionnaire whenever requested by CMHA for as long as my household income remains at \$0. I/we certify the above information to be correct and any misrepresentation of household income may result in termination of my/our assistance and/or lease, as permitted by Federal Regulations and/or State and Local law.

Signature of Head of Household

Date

\_\_\_\_\_

\_\_\_\_\_

Signature of Spouse/Cohead/Other Adult

Date

\_\_\_\_\_

\_\_\_\_\_

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