

DEERFIELD BEACH HOUSING AUTHORITY

Stanley Terrace Apartments
412 SW 2 Street
Deerfield Beach, FL 33441
Phone #: 954-425-8449

PUBLIC HOUSING APPLICATION (FEBRUARY 22-26, 2010)

Dear Applicant: **(PLEASE READ CAREFULLY)**

Thank you for your interest in the Deerfield Beach Housing Authority's Public Housing Rental Program.

The Deerfield Beach Housing Authority's goal is to provide a safe, decent and sanitary housing for low-income families. This Housing Authority, with the purpose of establishing assistance priorities, has adopted the following local preferences:

- Head of household is disabled or 52 to 61 years of age – 2 points
- Head of household is 62 + years old – 3 points
- Lives or works in the City of Deerfield Beach – 3 points
- Works at least 30 hours per week for the past 6 months – 3 points
- Works at least 20 hours per week for the past 6 months – 2 points
- Educational/Job Training Participant – 3 points

The Housing Authority will also consider the following local preferences:

- Date and time of receipt of a completed application
- Families with income needed to achieve de-concentration of poverty and income mixing.
- Graduates of transitional housing programs

Maximum Family Size:

	3-6 PERSON
	3 Bedrooms

Stanley Terrace Apartments - Family units with 2 to 3 bedrooms

Below is a list of income limits:

MEDIAN FAMILY INCOME (EFFECTIVE 3-19-09): \$65,400					
	3 PERSON	4 PERSON	5 PERSON	6 PERSON	
30% OF MEDIAN	\$ 20,650	\$ 22,950	\$ 24,800	\$ 26,600	
VERY LOW INCOME	\$ 38,250	\$ 38,250	\$ 41,300	\$ 44,350	
LOW INCOME	\$ 55,100	\$ 61,200	\$ 66,100	\$ 71,000	

The families must not exceed the LOW INCOME amounts to qualify for housing. According to the Quality Housing and Work Responsibility Act of 1998, HUD requires at least 40% of all new admissions to have incomes at or below 30% of the area median income.

RECEIPT OF APPLICATIONS:

Every application constitutes the basic legal record which support the Authority's determination of eligibility status, rent, and size of unit for which the applicant and/or tenant is qualified. **The following procedures will be followed when processing all applications:**

1. Read all documents carefully, complete areas applicable to your family, and sign where needed. **All entries by applicants are to be made in blue or black ink ONLY.**
2. Review the list of required documents and eligible immigrant documents then attach copies and/or original to your application. The list shows you if a copy or original document is needed.
3. **ALL APPLICATIONS, ALONG WITH THE REQUIRED DOCUMENTS MUST BE DELIVERED OR POST MARKED ON OR BEFORE FEBRUARY 26, 2010. NO FAXES WILL BE ACCEPTED. NO EXCEPTION WILL BE MADE.**
4. Applicants who provide ALL requested information will be placed on the appropriate waiting list based on the above local preferences, date, and time received.
5. **Should applicants fail to provide ALL the information requested, their case will be placed on an inactive status and they must reapply during the next enrollment period.**



The Deerfield Beach Housing Authority will not discriminate because of race, color, creed, national origin, marital status, familial status, age, disability or sexual orientation.

REQUIRED DOCUMENTS

Please provide us with the following documents, if applicable:

- **Proof of Citizenship** (*see next page for immigration documents*)
 - Birth certificate, valid U.S. passport, and/or certificate of citizenship (*ALL household members*)
 - **Social Security Cards** (*ALL household members*)
 - **Picture I.D. (Valid Florida DL or FL ID ONLY)**
(*ALL household members 18 years and older*)
 - **Marriage Certificate** (*If applicable*)
 - **Proof of ALL household Income** (**No exceptions, please bring ALL required documents**)
 - Copy of 3 current pay stubs (**in addition to Employer Statement**)
 - Copy of current tax return, along with W-2(s)
 - Original statement from employer on letter head with the following information:
 - Beginning and/or ending date of employment
 - Rate of pay
 - Overtime rate after 40 hours
 - Frequency of pay (weekly, biweekly, etc.)
 - # of hours work per week
 - **For Broward County School, please provide the # of days work per year**
 - Copy of Social Security and/or Supplemental Security Income (SSI) benefits
 - Copy of AFDC/TANF
 - Alimony
 - Original Child Support (*Actual Court Order or notarized statement*)
 - Unemployment benefits, workman compensation, or military service pay
 - Contribution from family, friends, and/or organizations (*notarized statement*)
- **Proof of residency**
 - Lease
 - Electric bill (FPL)
 - Phone bill (home and/or cellular)
 - Water bill
- **Proof of out of pocket childcare expense directly from the childcare provider.**
- **Proof of out of pocket medical expenses** (*disabled, handicapped, or 62 years + ONLY*)
- **Verification of full-time student status** (*Students 18 years +*)
- **Guardianship/court documents**
- **Verification of current bank accounts: include credit unions, C.D., mutual accounts, or stocks**
- **Verification of car payment and insurance**
- **Police report/background check from the county where you reside, dated within the last 30 days, for ALL household member 18 years + (ONLY APPLICANTS AND PORT-INS)**

Failure to provide ALL documents required, at the same time, will result in your family not being recertified and termination of your Section 8 voucher.

ACCEPTABLE DOCUMENTS FOR ELIGIBLE IMMIGRANTS

Please provide us with the following document(s):

- **Alien Registration Receipt Card** (form I-551)
- **Arrival-Departure Record** (form I-94) with one of the following annotations:
 - a) “Admitted as Refugee Pursuant to Section 207”
 - b) “Section 208” or “Asylum”
 - c) “Section 243” (h) or “Deportation stayed by Attorney General”
 - d) “Paroled Pursuant to Section 212 (d) (5) of the INA”

Note: If form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:

- a) “A final court decision granting asylum (but only if no appeal is taken)”
- b) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990)
- c) A court decision granting withholding of deportation.
- d) A letter from an asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- **Temporary Resident Card** (form I-688), which must be annotated “Section 245A” or Section 210”
- **Employment Authorization Card** (form I-688B), which must be annotated “Provision of Law 274.a12 (11)” or Provision of Law 274a.12”.
- A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant’s entitlement to the document has been verified.

Failure to provide ALL documents required may result in being dropped from the waiting list, terminated from the Section 8 Voucher program, or evicted from Public Housing.

CITIZENSHIP CERTIFICATION

The U.S. Department of Immigration and Nationalization Act, Section 214

Notice To Applicants, Program Participants, and Tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully with the U.S.

Please read the Declaration statement carefully and sign and return to the Housing Authority Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I _____ certify under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (Please check the appropriate box):

- I am a citizen by birth, a naturalized or national of the United States.
- I have eligible immigration status and I am 62 years of age or older. (Attach evidence of proof of age).
- I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form
- Permanent residence under section 249 of INA. (Alien Registration Receipt Card - Form I-55)
- Amnesty under section 245A of the INA or Section 210. (Temporary Resident Card - Form I-688 or 688B)
- Refugee asylum or conditional entry status under section 207, 208, or 243(h) of the INA. (Arrival-Departure-Form 1-94)
- Parole status under section 212 (d) (5) of the INA. (Arrival-Departure - Form 1-94)
- Threat to life or freedom under section 243 (h) of the INA. (Arrival-Departure-Form 1-94)

Signature of Family Member _____

_____ Date

Check box on left if signature is of the adult residing in the unit who is responsible for the child named on the statement above.

Household member _____ **Hours per week:** _____
 School Name: _____ Address: _____
 City: _____ Zip: _____ Telephone: _____
 Date First Enrolled: _____ Anticipated Date of Graduation: _____
 Letter from School Attached? Yes _____ No _____

Household member _____ **Hours per week:** _____
 School Name: _____ Address: _____
 City: _____ Zip: _____ Telephone: _____
 Date First Enrolled: _____ Anticipated Date of Graduation: _____
 Letter from School Attached? Yes _____ No _____

PART B. DRUG CRIMINAL ACTIVITY

Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities. Criminal activity not disclosed upon application is grounds for denial or termination of housing assistance.

1. Have you or any household member ever been charged, arrested or convicted for any criminal, other than a minor traffic offense, including drug related activity? Yes _____ No _____
 If yes, Household Member _____ Date: _____ Reason: _____
 Household Member _____ Date: _____ Reason: _____
 Household Member _____ Date: _____ Reason: _____
2. Have you or any household member ever been convicted of the manufacture or production of methamphetamine (speed) on the premises of assisted housing? Yes _____ No _____
3. Are you or any household member subject to lifetime registration as a sex offender? Yes _____ No _____
 If yes, provide the following: Name of Household member _____

PART C. RENTAL HOUSING HISTORY

1. Has any household member previously received housing assistance or participated in any other Housing Authority? If yes, which Housing Authority? _____
 Dates of participation: _____ Was assistance terminated? Yes _____ No _____
2. Have you or any other household member ever had an eviction filed against them? Yes _____ No _____
3. Do you or any other household member owe money to a Housing Authority or Private Landlord? Yes _____ No _____
 If so, how much? _____

PART D. INCOME INFORMATION

1. Are any household members self-employed, work full-time, part-time or seasonally? Yes _____ No _____
 Provide the wages below, including tips, bonuses, and commissions. Attach last 3 paystubs.

Household Member	Amount	Frequency	Employer/Payer Address and Telephone	Payment Method (Cash/Paycheck)

2. Does any household member receive benefits, such as, unemployment, worker compensation, or severance pay? Yes _____ No _____

Household Member	Benefit Type	Amount

3. Does any household member receive child support from the absent parent? Yes _____ No _____

If yes, attach a copy of the Court Order and child support payment history printout. If party pays you directly, please provide a notarized letter from that party. If party pays expenses for your child such as clothing, daycare or food, provide a letter from that party estimating their monthly donation to the child(ren).

Minor's Name	Name of Absent Parent:	Child Support Amount: \$
	Case Number:	(monthly/weekly/biweekly)
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Minor's Name	Name of Absent Parent:	Child Support Amount: \$
	Case Number:	(monthly/weekly/biweekly)

4. Does any household member receive alimony? Yes _____ No _____

Household Member	Amount	Former Spouse Name

5. Does any household member receive cash, food stamps, or Medicaid assistance? Yes _____ No _____
Attach printout of benefit amount from <http://www.myflorida.com/accessflorida>

Household Member	Amount

6. Does any household member receive Social Security or Supplemental Security Income? Yes _____ No _____
Attach a copy of each most recent award letter to this application and provide the following:

Household Member	Benefit Type (SSA or SSI)	Amount

8. Does any household member receive income from a pension or annuity? Yes _____ No _____
Attach most recent benefit letter from Agency/Company.

Household Member	Amount	Frequency	Agency/Company/Address

9. Does any household member receive regular cash or in-kind contributions from individuals not living in the unit? Yes _____ No _____ **If yes, please attach a notarized statement from the payer.**

Household Member	Amount	Frequency	Payer Name/Address/Phone #

10. Did any household member file a Federal Income Tax return in the past two years? Yes _____ No _____
If yes, attach a copy of past two years the tax return(s) with W-2 (s)
Household members who file Income Tax Returns: _____

PARALLEL ASSETS

1. Does any household member receive income from assets including interest on checking or savings accounts, interest from certificates of deposits, dividends from stocks or bonds, or income from rental property? Yes _____ No _____
Attach the last 3 months checking account and/or savings account statements and/or the last monthly or quarterly statement of investment earnings.

Household Member	Bank Name / Address	Type of Account	Current Cash Value

2. Do you or any household member own or have any interest in any real estate, mobile home, or personal property held as an investment (such as gems, jewelry, coin collections, antique cars, boats, etc.)?
 Yes _____ No _____ **If yes, provide: Household member: _____ Asset: _____**

3. Has any household member sold or disposed of any asset in the past two years for less than fair market value (real estate, mobile home, and/or land)? Yes ___ No ___
If yes, please describe: _____

4. Does any household member have a Whole Life or Universal Life insurance policy with a pre-death cash value? Yes ___ No ___.

Attach a copy of the life insurance policy to include the Cash Value page and provide the following:

Household Member	Insurance Agency / Address	Policy Number	Current Cash Value

PART II - EXPENSES

1. Does any household member have expenses for childcare of a child age 12 or younger? Yes ___ No ___
If yes, attach recent receipts/contract or letter from provider on company letterhead or notarized statement from an individual.

Minor's Name:	Childcare Provider: Address:	Telephone:	Monthly Cost to You: \$
Minor's Name:	Childcare Provider: Address:	Telephone:	Monthly Cost to You: \$

2. Is any portion of your childcare expenses reimbursed from an outside agency or person?
 Yes ___ No ___ if yes, provide name _____

3. Indicate the dollar monthly expenditures for your household. Attach copies of all recent statements/agreements or receipts.

Rent \$	Telephone \$	Medical \$	Credit Card \$
Electric \$	Car Payment \$	Cable \$	Credit Card \$
Gas \$	Car Insurance \$	Insurance \$	Loan \$
Water \$	Fuel \$	Rentals \$	Food \$
Misc \$	Childcare \$	Other (specify)\$	
TOTAL EXPENSES \$		vs.	TOTAL MONTHLY INCOME =

PART III - ELDERLY OR DISABLED PERSON ONLY

Complete the following questions if the Head of Household, Spouse, or Co-head is either 62 years of age or older or a person with a disability who is 18 years of age or older.

1. Do you pay for a care attendant or for any equipment for any household member (s) with a disability that is necessary to permit that person or someone in the household to work? Yes ___ No ___

Care Attendant Name	Address / Telephone	Monthly Cost
Medical Equipment	Supplier	Monthly Cost

2. Do you pay for any other kind of medical insurance? Yes _____ No _____

Household Member	Insurance Provider	Policy Number	Monthly Premium

3. Do you have any outstanding medical bills that you are paying? Yes _____ No _____
Attach a statement of amount due and record of past payments from all Providers.

Household Member	Name of Provider	Monthly Amount

4. Do you pay out-of-pocket for prescription drugs? Yes _____ No _____
Attach a printout from each Pharmacy going back one full year from current date.

Household Member	Name of Pharmacy	Monthly Amount

PART 15. CERTIFICATIONS

Please let DBHA staff know if you need any assistance in understanding the following notice or Certified Statement:

IMPRISONMENT: Chapter 409.325 of the Florida Statutes makes it a crime, punishable by fine from \$5000 to \$50,000, or by imprisonment for up to five (5) years, or both, if a housing applicant or tenant deliberately makes false statements about his or her income, or fails to disclose a material fact affecting income and rent.

If you as an applicant or program participant, knowingly give the Deerfield Beach Housing Authority false information about your income, or fail to report changes in your family household or income in person **within 10 days of a change** you may be charged with fraud under Chapter 409.325 and/or Section 1001 of Title 18 of the United States Code.

If as a result of committing fraud, withholding information, or making a misrepresentation to the DBHA you receive rental assistance or lower rent to which you are not entitled, you will be responsible for making restitution (repayment) in full to the DBHA and will be subject to local/state and federal prosecution. This could also result in fines, imprisonment or both as well as the loss of your eligibility for any Federal Housing Programs.

CERTIFIED STATEMENT: The information requested on this form is being collected in connection with regulations of the Deerfield Beach Housing Authority, authorized by the United States Department of Housing and Urban Development (HUD) to determine a client's eligibility or continued occupancy; apartment size; and the amount of contribution by the client(s). It will be used to provide the basis for managing the program(s), and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies; when relevant, to civil, criminal, or regulatory investigators or prosecutors. Failure to provide any information may result in a delay, or termination of continued housing assistance, or subsequent determination that initially approved eligibility was erroneous. Any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under 18USC1001 / 18USC666 and/or FL 419.39.

ADDITIONAL CERTAIN STATEMENTS:

I/WE do hereby affirm and attest that all of the information above about me and my household are true and correct. I understand that the DBHA requires me/us to report in **WRITING** within ten (10) business days of the date of any changes to my/our (but not limited to) income, marital status, job, and/or family size that occur any time during the year.

Signature of Head of Household _____ Date _____

Signature of Spouse or Other Adult _____ Date _____

Signature of Other Adult _____ Date _____

Signature of Other Adult _____ Date _____

DBHA Representative _____ Date _____

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the DBHA at 954-428-0678.

**CONSENT FORM AUTHORIZING HOUSING AUTHORITY TO
OBTAIN CRIMINAL BACKGROUND RECORDS**

I/We hereby consent to and authorize the Deerfield Beach Housing Authority (“the Authority”) to obtain any and all records concerning my/our criminal background, including but not limited to NCIC records, Florida Department of Law Enforcement records, the records of any other State in which I have lived, and the records of any State sex offender registration, including the Florida Section Predator Act program.

This consent and authorization shall terminate upon termination of my/our tenancy under Public Housing or Section 8 assistance provided by the Authority.

I/We consent to and authorize any law enforcement agency to release to the Authority my/our criminal background records, including any records of my/our arrest or conviction of any criminal offense under laws of any State in the continental U.S. or of any country.

Print Name of Head of Household

Signature

Print Name of Other Adult

Signature

Print Name of Other Adult

Signature

Print Name of Other Adult

Signature

Date Signed: _____

**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

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

PHA 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(D)(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:

<u>Head of Household</u>	<u>Date</u>	<u>Other Family Member over age 18</u>	<u>Date</u>
<u>Social Security Number (if any) of Head of Household</u>		<u>Other Family Member over age 18</u>	<u>Date</u>
<u>Spouse</u>	<u>Date</u>	<u>Other Family Member over age 18</u>	<u>Date</u>
<u>Other Family Member over age 18</u>	<u>Date</u>	<u>Other Family Member over age 18</u>	<u>Date</u>
<u>Other Family Member over age 18</u>	<u>Date</u>	<u>Other Family Member over age 18</u>	<u>Date</u>

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. 20000d), 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.