

Kiwanis Spring Brook Manor
300 King Street
Eaton Rapids, MI 48827
(517)663-1790
T.D.D. 711

Application Assistance and Information Statement

If you are handicapped or disabled, or have difficulty completing this application, please advise us of your needs when you receive the application or call us to schedule assistance.

Our phone number is (517) 663 -1790.

If you have a hearing impairment, our T.D.D. number is 711

Appropriate assistance will be provided in a confidential manner and setting.

Answering Questions on this Form

Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition, or prior tenant history is grounds for rejection.

Answering questions concerning handicap or disability

Answers to questions concerning handicap or disability status **are optional.** However, without this information we may not be able to: (1) determine your eligibility or need for special housing features; or (2) calculate your rent correctly. Families with handicapped or disabled members may be entitled to certain deductions from income that affect rent.

If you answer these questions we will need to verify that you or a family member is handicapped or disabled. We do not need to know the nature, extent, or current condition of the handicap or disability. We will need to know that you meet the Federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on handicap or disability status will be treated as confidential by Management. In accordance with program regulations, information may be released to appropriate Federal, state or local agencies.

Special Housing Needs Questionnaire

Please complete the special housing needs questionnaire attached to the application form. The information is needed so that we may assign you a unit appropriate to any needs that exist for your family. Your answers will be verified.

Please Note***

HUD Eligibility requirements for Kiwanis Spring Brook Manor state that:

1. Applicants must be United States Citizens or an eligible noncitizen. Assistance in subsidized housing is restricted to the following:
 - a. U.S. citizens or nationals; and
 - b. Noncitizens that have eligible immigration status.
2. Must be 62 years of age, handicapped, or disabled and in need of barrier free features.
3. Must be income eligible as defined in the HUD handbook, with 40% of new move ins per year at or below the area median income.
4. Applicants must not have action pending against them or any family member that involves illegal drug use or other criminal activity.
5. All applicants will be placed on a waiting list by date and time of receipt. All applications will be screened. Should an applicant fail to meet any requirements, written notification will be mailed to them. All denied applicants have 14 days to respond in writing to:

Kiwanis Spring Brook Manor
300 King Street
Eaton Rapids, MI 48827

(For a complete list of eligibility requirements & tenant selection criteria please see the manager)

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant at Kiwanis Spring Brook Manor. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant/Resident Name: _____ File #: _____

Date: _____ I choose not to complete this form

Applicants/Resident signature: _____

1. a. Do you, or does any member of your family have a condition that requires?

- | | | |
|--|---|--|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for Vision-Impaired | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> A barrier free apartment | <input type="checkbox"/> BR/Bath on 1st Floor | |
| <input type="checkbox"/> One-level unit | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Physical modifications to a typical apartment | | |

2. Can you and all your family members go up and down stairs/steps unassisted? YES NO

If NO, please indicate how we may be able to accommodate your family:

3. Will you or any of your family members require a live-in aide to assist you? YES NO

If YES please explain:

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation.

5. What is the name of the family member who needs the features identified above? _____

6. Who should be contacted to verify your need for the features you have identified above?

Name: _____
Address: _____
Phone: _____

APPLICATION FOR OCCUPANCY

Date Rcvd: _____
Time: _____

Kiwanis Spring Brook Manor
OF EATON RAPIDS MICHIGAN

Mailing Address 300 King Street * Eaton Rapids, MI 48827* 517-663-1790 Fax (517) 663-4244
Email* info@kiwanisspringbrookmanor.com* TDD/TTY DIAL 711

**AUTHORIZATION for Release of Information
CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation, and/or maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, Section 515/8 and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the HUD OR RHS, administering and enforcing program rules and policies. I also consent for HUD OR RHS, or the manager to release information from my file about my rental history to HUD OR RHS, credit bureaus, collection agencies, or future property owners. This includes records on my payment history, and any other violations of my lease or occupancy policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- | | |
|----------------------------------|--------------------------------|
| Identity and Marital Status | Employment, Income, and assets |
| Medical or Child Care allowances | Credit and Criminal Activity |
| Residences and Rental activity | |

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups of individuals that may be asked to release the above information (depending on program requirements) includes but not limited to:

- | | | |
|--|-------------------------------------|-------------------------------------|
| Previous Landlords (including Public Housing Agencies) | Employers | Courts and Post Offices |
| Welfare Agencies | Schools and Colleges | State Unemployment Agencies |
| Law Enforcement Agencies | Social Security Administration | Medical & Childcare Providers |
| Support and Alimony Providers | Retirement Systems | Veterans Administration |
| Utility Companies | Bank & Other Financial Institutions | Credit Providers and Credit Bureaus |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand I have the right to review my file and correct any information that I can prove is incorrect. I certify that the unit applied for will be my household's primary residence and my household and I will not maintain a separate subsidized rental unit in a different location.

SIGNATURES:

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	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).**



DATE: _____
TIME: _____

**KIWANIS SPRING BROOK MANOR
300 KING STREET
EATON RAPIDS, MI 48827
APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE**

APPLICANT NAME _____ APP. NO. _____
CURRENT ADDRESS _____
CUTY/STATE/ZIPCODE _____
HOME PHONE _____ WORK PHONE _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the Head of Household.

Member #	Members full name	Relationship	Birth Date	Age	Sex	Social Security #

Race of Head of Household (Check One)

- White Non-Hispanic Black Non-Hispanic Asian, Pacific Islander
 American Indian/Alaskan Native Hispanic

Does anyone live with you now who are not listed above? YES NO

Does anyone plan to live with you in the future who are not listed? YES NO

Explain if you answered "YES" to either question above: _____

Are there any household members who are handicapped? YES NO

If yes, please identify and explain any special housing needs they have: _____

Are you paying more than 50% of your gross Income for rent? YES NO

What are you currently paying for rent? \$ _____ Does this include utilities? YES NO

If no, what do you pay for utilities? (Check the appropriate items.)

<u>UTILITY</u>		<u>CIRCLE TYPE</u>
Heat	\$ _____	(gas, electric, oil, other)
Cooking	\$ _____	(gas, electric, oil, other)
Hot Water	\$ _____	(gas, electric, oil, other)
Lights and Refrigerator	\$ _____	(gas, electric, oil, other)
Water, Sewer, Trash	\$ _____	

Do you furnish your own range? YES NO

Do you furnish your own Refrigerator YES NO

INCOME

Family Member	Source of Income/Type of Income	Annual Income

ASSETS

List all checking and savings accounts (including IRA's, Keogh accounts, and Certificates of Deposit) of all household members, including amounts disposed of during the past two years.

Family Member	Bank Name	Account #	Current Balance

List value of all stocks, bonds, trusts, pension contributions, or other assets: _____

List the value of any assets disposed of for less than Fair Market Value in the preceding two years:

EXPENSES

YES NO

Do you have expenses for a handicapped or disabled family member? If yes, answer the questions below:

Weekly Cost? _____

Name, address and telephone number of the care provider: _____

YES NO

Families with Handicapped Members

Do you pay a care attendant or for any equipment for any handicapped member (s) of the family to permit that person or someone else in the family to work?

YES NO

Elderly Families Only

Do you have Medicare? If yes, what is your monthly premium \$ _____

Do you have any other kind of medical insurance? If yes, answer the questions below:

Provide name and address of carrier, policy number and premium amount: _____

Do you have outstanding medical bills? If yes, List them below: _____

What medical expenses do you expect to incur in the next twelve months?

Number of Vehicles _____

1. Make/Model _____ Year _____ Color _____ Tag _____

2. Make/Model _____ Year _____ Color _____ Tag _____

Driver's License/Id's # Applicant _____ Co-Applicant _____

PREVIOUS RENTAL HISTORY

Name & Address of Present Landlord:

Telephone Number: _____

How long have you lived here: _____

Reason for leaving: _____

Name & Address Former Landlord:

Reason for leaving?

Telephone Number: _____

How long did you live here? : _____

Name & Address of Nearest Relative NOT residing with you:

Relationship _____ Telephone _____

Name & Address of Person to be contacted if you should become incapacitated:

Relationship _____ Telephone _____

Is the applicant or any member of the household subject to a State Lifetime sex offender registration in any state? YES NO List all states applicant and members of household have resided: _____

APPLICANT CERTIFICATION

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or local agencies. 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.

Signature of Head: _____ Date _____

Signature of Spouse _____ Date _____

Owner/Manager/PHA Representative _____ Date _____

**VERIFICATION CHECKLIST
FOR HUD APARTMENT COMMUNITIES**

Kiwanis Spring Brook Manor

Please complete a separate form for each member (excluding members under 18)

Name _____ Apt. # _____ New Move-in _____ Recertification _____

YES NO

- ___ ___ I receive income from full and/or part - time employment
- ___ ___ I am an independent contractor and/or self employed
- ___ ___ I regularly receive cash contributions or gifts from persons not living with me (include rent or utility)
- ___ ___ I receive periodic payments from Worker's Compensation
- ___ ___ I receive Veteran's Administration benefits
- ___ ___ I receive G. I Bill benefits
- ___ ___ I receive disability or death benefits other than Social Security
- ___ ___ I receive Social Security
- ___ ___ I receive Supplemental Security Income (S.S.I.)
- ___ ___ I receive Public Assistance (Excluding Food Stamps and Medicaid).
- ___ ___ I receive educational grants or scholarships
- ___ ___ I receive unemployment benefits
- ___ ___ I receive child support or alimony
- ___ ___ I receive periodic payments from trust, annuities or inheritance
- ___ ___ I receive periodic payments from insurance policies
- ___ ___ I receive periodic payments from retirement funds or pensions
- ___ ___ I receive periodic payments from lottery winnings
- ___ ___ I receive income from rental of real or personal property
- ___ ___ I have real estate, land contracts, or mobile homes
- ___ ___ I have income from Interest, dividends, and/or other net income from real or personal property not listed above.
- ___ ___ I have checking account(s). How many banks? ___
- ___ ___ I have saving account(s). How many banks? ___
- ___ ___ I have time certificates(s). How many banks? ___
- ___ ___ I have certificates of deposit. How many banks? ___
- ___ ___ I have IRA's or Keogh accounts
- ___ ___ I have treasury bills
- ___ ___ I have stocks
- ___ ___ I have bonds
- ___ ___ I have personal property held for investments (gems, jewelry, coin collections, etc.)
- ___ ___ I have disposed of assets within the last two (2) years.
- ___ ___ I pay child care expenses (to be gainfully employed or to further education) for children under 13
- ___ ___ I am eligible for unreimbursed reasonable attendant care and auxiliary apparatus expenses for each person of the family who is a person with disabilities, to the extent necessary to enable any member of the family to be employed.
- ___ ___ I pay Medicare premiums
- ___ ___ I pay medical insurance premiums others than Medicare
- ___ ___ I pay medical or prescription expenses which are not reimbursed by insurance
- ___ ___ I need two (2) bedrooms for Medical reasons
- ___ ___ I need a Barrier Free Unit
- ___ ___ I am eligible for "elderly status" income adjustment, that being, I am 62 years of age or disabled.
- ___ ___ I am a full time student.

I/WE ACKNOWLEDGE THAT IF THIS IS AN APPLICATION FOR A LOW INCOME HOUSING TAX CREDIT COMMUNITY THAT I/WE MUST FIRST MEET IRS SECTION 42 REQUIREMENTS IN ORDER TO BE CONSIDERED FOR TENANT SELECTION.

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ARE TRUE AND THAT WHEN CIRCUMSTANCES CHANGE, I WILL NOTIFY THE MANAGER FOR POSSIBLE RECERTIFICATION. I UNDERSTAND THAT FAILURE TO DISCLOSE ALL ASSETS AND INCOME WILL RESULT IN EVICTION FROM THIS APARTMENT COMMUNITY AND RECAPTURE OF UNEARNED RENT SUBSIDES.

Signature-Applicant or Resident _____

Witness-Agent for Management _____

Date _____



"In Accordance with Federal law and US Department of HUD policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, gender identity, sexual orientation or familial status. To file a complaint of discrimination, call 1-800-669-9777 or your local HUD office."



**VERIFICATION CHECKLIST
FOR HUD APARTMENT COMMUNITIES**

Kiwanis Spring Brook Manor

Please complete a separate form for each household member (excluding members under 18)

Name _____ Apt. # _____ New Move-in _____ Recertification _____

YES NO

- ___ ___ I receive income from full and/or part - time employment
- ___ ___ I am an independent contractor and/or self employed
- ___ ___ I regularly receive cash contributions or gifts from persons not living with me (include rent or utility)
- ___ ___ I receive periodic payments from Worker's Compensation
- ___ ___ I receive Veteran's Administration benefits
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- ___ ___ I receive disability or death benefits other than Social Security
- ___ ___ I receive Social Security
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- ___ ___ I receive educational grants or scholarships
- ___ ___ I receive unemployment benefits
- ___ ___ I receive child support or alimony
- ___ ___ I receive periodic payments from trust, annuities or inheritance
- ___ ___ I receive periodic payments from insurance policies
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- ___ ___ I receive periodic payments from lottery winnings
- ___ ___ I receive income from rental of real or personal property
- ___ ___ I have real estate, land contracts, or mobile homes
- ___ ___ I have income from Interest, dividends, and/or other net income from real or personal property not listed above.
- ___ ___ I have checking account(s). How many banks? ___
- ___ ___ I have saving account(s). How many banks? ___
- ___ ___ I have time certificates(s). How many banks? ___
- ___ ___ I have certificates of deposit. How many banks? ___
- ___ ___ I have IRA's or Keogh accounts
- ___ ___ I have treasury bills
- ___ ___ I have stocks
- ___ ___ I have bonds
- ___ ___ I have personal property held for investments (gems, jewelry, coin collections, etc.)
- ___ ___ I have disposed of assets within the last two (2) years.
- ___ ___ I pay child care expenses (to be gainfully employed or to further education) for children under 13
- ___ ___ I am eligible for unreimbursed reasonable attendant care and auxiliary apparatus expenses for each person of the family who is a person with disabilities, to the extent necessary to enable any member of the family to be employed.
- ___ ___ I pay Medicare premiums
- ___ ___ I pay medical insurance premiums others than Medicare
- ___ ___ I pay medical or prescription expenses which are not reimbursed by insurance
- ___ ___ I need two (2) bedrooms for Medical reasons
- ___ ___ I need a Barrier Free Unit
- ___ ___ I am eligible for "elderly status" income adjustment, that being, I am 62 years of age or disabled.
- ___ ___ I am a full time student.

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Signature-Applicant or Resident

Witness-Agent for Management

Date



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RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENAL TIES 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).**



Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Notice and Consent for the Release of Information

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
---	---	--

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

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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.