

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
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.

RESIDENT INCOME CERTIFICATION QUESTIONNAIRE - HUD

HEAD OF HOUSEHOLD: _____

APT # _____

List of Household Members

#	Name	Date of Birth	Sex	Relationship	Social Security Number
<u>1</u>	_____	_____	_____	<u>Head of Household</u>	_____
<u>2</u>	_____	_____	_____	_____	_____
<u>3</u>	_____	_____	_____	_____	_____
<u>4</u>	_____	_____	_____	_____	_____

Yes No

	Are you or any adult member of your household subjected to a lifetime sex offender registration requirement under any state sex offender program?
--	---

YES NO

INCOME INFORMATION

MONTHLY GROSS INCOME

<input type="checkbox"/>	I/we am self employed. (List nature of self employment) _____	(use <u>net</u> income from business) \$ _____
<input type="checkbox"/>	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____ 3) _____	 \$ _____ \$ _____ \$ _____
<input type="checkbox"/>	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
	I/we receive unemployment benefits, disability or workman's compensation.	\$ _____
	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
	I/we receive periodic Social Security payments, including amounts received under another Social Security Number (i.e., widows benefit)	\$ _____
	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
	I/we receive Supplemental Security Income (SSI).	\$ _____
	I/we receive disability or death benefits other than Social Security.	\$ _____
	I/we receive Public Assistance Income Examples would include TANF, AFDC, GA, GR	\$ _____

YES NO	I/we am entitled to receive child support payments. I/we am currently receiving child support payments. If yes, from how many persons do you receive support? _____ I/we am/are currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____	MONTHLY GROSS INCOME \$ _____ \$ _____
	I/we receive alimony/spousal support payments	\$ _____
	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
	I/we receive income from real or personal property or royalties.	\$ _____
	I/we receive payments from personal loans.	\$ _____

ASSET INFORMATION

YES NO		INTEREST RATE	CASH VALUE
	I/we have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____
	I/we have a savings account(s) or direct express debit card account(s). If yes, list bank(s) 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____
	I/we have a revocable trust(s) If yes, list bank(s) 1) _____	_____ %	\$ _____
	I/we own real estate and /or real property. If yes, provide description: _____		\$ _____
	I/we receive rental income.	(NET INCOME)	\$ _____
	I/we own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____

YES	NO		INTEREST RATE	CASH VALUE
		I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
		I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>		I/we have a whole life insurance policy. If yes, how many policies _____		\$ _____
		I/we have cash on hand including money in a safe deposit box.		\$ _____
		I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
		I/we have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
		I/we have personal property that is being held as an investment (i.e. antique cars, jewelry, stamp collections)		\$ _____

ALLOWANCES INFORMATION

YES	NO	
		Do you have any out-of-pocket childcare expenses?
		Are there any household members over the age of 18 that is a student? If yes, please list: Name _____ <input type="checkbox"/> PT <input type="checkbox"/> FT Name _____ <input type="checkbox"/> PT <input type="checkbox"/> FT
		<p>I am elderly (62 or older), disabled or handicapped</p> <p>I pay for medical insurance.</p> <p>Do you or any household member have any prescription drug/ medical expenses not covered by insurance?</p> <p>Do you have any anticipated medical expenses that are NOT covered by insurance?</p> <p>Do you anticipate any major dental, vision, or hearing-aid expenses in the coming year that are not covered by insurance?</p> <p>If you or your co-head or spouse is employed, do you anticipate expenses in the COMING year, for the cost of a care attendant for you or your spouse as a handicapped or disabled person as defined by HUD? (If yes proof of actual expenses are required)</p>

THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) REQUIRES THE OWNER TO GIVE EACH HOUSEHOLD A COPY OF THE FACT SHEET, FORM HUD-9887, FORM HUD-9887-A, OFFICE OF THE INSPECTOR GENERAL'S FRAUD BROCHURE AND RESIDENT RIGHTS AND RESPONSIBILITIES. IN ACCORDANCE WITH SECTION 504 OF THE REHABILITATION ACT OF 1973, WE ARE PROVIDING EACH HOUSEHOLD WITH A COPY OF "NOTICE OF RIGHT TO REASONABLE ACCOMMODATION."

MY SIGNATURE BELOW INDICATES THAT I HAVE RECEIVED THE FOLLOWING DOCUMENTS:

1. Document Package for Applicant's/Resident's Consent to the Release of Information (9887 Fact Sheet, 9887 form, 9887A form)
2. Fact Sheets (How Rent is Determined)
3. EIV and You Brochure
4. Office of the Inspector General's Fraud Brochure
5. Resident Rights and Responsibilities Pamphlet
6. Notice of Right to Reasonable Accommodation

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. PENALTIES FOR FALSE INFORMATION INCLUDE EVICTION, LOSS OF ASSISTANCE, FINES UP TO \$5,000 AND IMPRISONMENT UP TO FIVE YEARS. FOR A SAMPLE OF CASES, HUD WILL COMPARE THE INFORMATION FAMILIES SUPPLY WITH INFORMATION THAT FEDERAL, STATE AND LOCAL AGENCIES HAVE ON A FAMILY'S INCOME AND HOUSEHOLD COMPOSITION.

_____ PRINTED NAME OF APPLICANT/RESIDENT	_____ SIGNATURE OF APPLICANT/RESIDENT	_____ DATE
_____ PRINTED NAME OF APPLICANT/RESIDENT	_____ SIGNATURE OF APPLICANT/RESIDENT	_____ DATE
_____ PRINTED NAME OF APPLICANT/RESIDENT	_____ SIGNATURE OF APPLICANT/RESIDENT	_____ DATE
_____ PRINTED NAME OF APPLICANT/RESIDENT	_____ SIGNATURE OF APPLICANT/RESIDENT	_____ DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE

EQUAL HOUSING OPPORTUNITY

ABHOW does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs or activities.





EMPLOYMENT VERIFICATION

From	
Phone	
Fax	
Email	

To		Date	
		Unit	
		SSN	
P		RE	
F		Phone	

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Sincerely,
Management, Visionary Property Management

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

PRINT NAME _____ SIGNATURE _____ DATE _____

Employee Name				Job Title			
Presently Employed (circle one)	Y	N	Date First Employed			Date Terminated	
Current Wages (check one)	\$		Hourly	Weekly	Bi-Weekly	Semi Monthly	Monthly
						Yearly	Other
Average of Regular Hours Per Week		YTD Earnings	\$	From		To	
Overtime Rate Per Hour	\$			Average of OT Hours Per Week			
Commissions, Tips, Bonuses, Other	\$		Hourly	Weekly	Bi-Weekly	Semi Monthly	Monthly
						Yearly	Other
Shift Differential Rate Per Hour	\$			Average # of Shift Differential Hours Per Week			
List Any Anticipated Change in Employee's Rate of Pay Within The Next 12 Months						Effective Date	
If the Employee's work is seasonal or sporadic, Please indicate the layoff period(s)							
Additional Remarks							

VERIFIED BY

Name		Title	
Company Name		Address	
Phone		City, State, Zip	
Fax		Email	
Signature		Date	

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at ** 208(a) (6), (7) and (8). ** Violation of these provisions are cited as violations of 42 U.S.C. Section ** 408(a) (6), (7)





SEASONAL EMPLOYMENT VERIFICATION

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

From	
Phone	
Fax	
Email	

To		Date	
		Unit	
		SSN	
P		RE	
F			

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

PRINT NAME _____

SIGNATURE _____

DATE _____

Employee Name				Job Title			
Is this seasonal work?	Y	N	Most Recent Start Date:	Dates of Season/Anticipated Season: Range MM/DD/YYYY		Season Start	Season End
Does employee work multiple seasons during the year?	Y	N	Dates of Season/Anticipated Season: Range MM/DD/YYYY	From	To	Job Title	
Presently Employed (circle one)	Y	N	Date First Employed	Date Terminated			
Current Wages (check one)	\$		Hourly	Weekly	Bi-Weekly	Semi Monthly	Monthly
Average of Regular Hours Per Week		YTD Earnings	\$	From	To		
Overtime Rate Per Hour	\$	Average of OT Hours Per Week					
Commissions, Tips, Bonuses, Other	\$	Hourly	Weekly	Bi-Weekly	Semi Monthly	Monthly	Yearly
List Any Anticipated Change in Employee's Rate of Pay Within The Next 12 Months	YES / NO (circle one)		Estimated hours per week at this rate?		Effective Date		
What is the estimated gross amount you expect to pay this employee for the season(s) for the next 12 months?			\$				
Type of Business (farm, cannery, trucking, etc.)							
Is the employer paid by the owner(s) of the land? YES / NO (circle one)			If no, please explain:				
Does the employee work strictly with raw (unprocessed products)? YES / NO (circle one)			If no, please explain:				
Is there any other form of compensation paid to this employee? YES / NO (circle one)			If yes, please explain:				

VERIFIED BY

Name		Title	
Company Name		Address	
Phone		City, State, Zip	
Fax		Email	
Signature		Date	



General Income Verification

Source's Name: _____ Phone #: () _____
Source's Mailing Address: _____ Fax #: () _____

Recipient: _____ Social Security # _____

The recipient named above has applied for an apartment governed by a federal government housing program. By regulation, we are required to verify all income and asset sources of this person and their household to determine eligibility. Please complete the following information and return as soon as possible in the envelope provided.

Your assistance in completing this form accurately and timely is greatly appreciated!

Applicant/Tenant Release Statement:

Applicant/Tenant Name: _____
YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

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 which 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.

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, the PHA and any owner (or any employee of HUD, the PHA 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 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 PHA 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 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408, f, g and h.

_____ does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Name: _____ Voice: _____
Address: _____ TDD: _____

Signature: _____ **Date:** _____

Check the type(s) of income received, the GROSS amount CURRENTLY receiving and date began receiving benefit:

<u>Income Type</u>	<u>Amount</u>	<u>Frequency</u>
<input type="checkbox"/> Veteran's Benefit, Retirement Pay or Annuity	\$ _____	_____
<input type="checkbox"/> Severance Pay	\$ _____	_____
<input type="checkbox"/> Insurance Settlement or Life Insurance Dividends	\$ _____	_____
<input type="checkbox"/> Disability or Death Benefit:	\$ _____	_____
<input type="checkbox"/> Contributions to Household:	\$ _____	_____
<input type="checkbox"/> Income from Real Estate:	\$ _____	_____
<input type="checkbox"/> Other: _____	\$ _____	_____

(Please list type)

Are there any expected changes in the next 12 months? ☐ YES ☐ NO

Comments: _____

Signature of Source: _____ **Title:** _____
Date Completed Form: _____ **Phone #:** _____

Office Use Only:

Date Received: _____ **Calculations:** _____





VISIONARY
PROPERTY
MANAGEMENT
of CALIFORNIA

Building Homes, Strengthening Communities

AFDC & GENERAL ASSISTANCE VERIFICATION

From	
Phone	
Fax	
Email	

To		Date	
		Unit	
		Regarding	
Phone		SSN	
Fax			

The above referenced individual is an applicant or resident at our community. This property is operated under a program which requires that we obtain written confirmation of the assets of all household members.

To comply with this requirement, we ask that you complete and return this form to our office within 10 working days, via mail **and** fax or email scan. This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party. Your prompt return of this information is appreciated.

Sincerely, **Management, Visionary Property Management**

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

PRINT NAME

SIGNATURE

DATE

THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.

Number in the Family		
Aid to Families with Dep. Children Benefits	\$	Monthly
General Assistance Benefits	\$	Monthly
Amount Specifically Designated for Shelter and Utilities	\$	Monthly
Other Assistance: (Please Specify):	\$	Monthly
	\$	Monthly
TOTAL INCOME	\$	TOTAL MONTHLY
Other Income Source:	\$	Monthly
Maximum Allowance for Rent & Utilities	\$	Monthly
Medi-Cal Share of Cost	\$	Monthly
Amount of Public Assistance Given During the Past 12 Months	\$	12 MO. TOTAL
Date Assistance Became Effective		
Date Assistance is Expected to Terminate		
Remarks:		

VERIFIED BY

Name	
Title	
Phone Number	
Date	
Signature	

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).** Violation of these provisions are cited as violations of 42 U.S.C. Section ** 408(a) (6), (7)





GIFT OR SUPPORT INCOME VERIFICATION

From	
Phone	
Fax	
Email	

To		Date	
		Unit	
		SSN	
P:		RE:	
F:			

The above referenced individual is an applicant or resident at our community. This property is operated under a program which requires that we obtain written confirmation of the assets of all household members.

To comply with this requirement, we ask that you complete and return this form to our office within 10 working days, via mail **and** fax or email scan. This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party. Your prompt return of this information is appreciated.

Sincerely,

Management, Visionary Property Management

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

PRINT NAME

SIGNATURE

DATE

**THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.
Please check the applicable boxes for the type of Gift/Support.**

	From Parents	Amount	\$	Per		Month	Year
	From Other Family Member	Amount	\$	Per		Month	Year
	From Friends	Amount	\$	Per		Month	Year
Remarks:							

VERIFIED BY

Name	
Address	
Phone Number	
CDL or Social Security Number	
Date	
Signature	

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).** Violation of these provisions are cited as violations of 42 U.S.C. Section ** 408(a) (6), (7)





SOCIAL SECURITY BENEFIT VERIFICATION

From	
Phone	
Fax	
Email	

To	Social Security Administration	Date	
		Unit	
		SSN	
PH	877-803-6314	RE:	

The above referenced individual is an applicant or resident at our community. This property is operated under a program which requires that we obtain written confirmation of the assets of all household members.

To comply with this requirement, we ask that you complete and return this form to our office within 10 working days, via mail **and** fax or email scan. This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party. Your prompt return of this information is appreciated.

Sincerely,

Visionary Property Management Group

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

PRINT NAME

SIGNATURE

DATE

THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.

Current Monthly Gross Amount of Social Security	
Current Monthly Gross Amount of SSI	
Deductions From Gross for Medical Insurance Premiums	
Overpayment Balance Owing as of Today	
Date of Initial Award	
Effective Date of Current Award	

VERIFIED BY

Name	
Title	
Name of Institution	
Phone Number	
Date	
Signature	





Effective Dates: 05/11/2012 - Present

[Previous](#) | [Next](#)

TN 1 (04-05)

GN 03311.007 A Standard Fee for Non-Program SSN Printouts for Third Parties with Consent

A. Purpose

The purpose of this message is to inform you of a change in determining the amount to charge third parties for SSN printouts for non-program requests. Instead of computing a fee based on the schedule in [GN 03311.005E.3.](#), we will charge a standard fee, plus an additional amount for any additional work involved in processing the request. The decision to collect a standard fee applies to third parties requesting SSN printouts.

Do not confuse this fee-based, third party verification service with the “free” SSN Printouts for hired employees we provide to employers and their agents. This fee-based SSN printout service is for purposes other than wage and tax reporting.

B. Background

It is SSA policy to charge third parties a fee for verification of SSNs for non-program purposes ([GN 03311.005E.2.](#)). SSA must be compensated for the work it does for others so that the Social Security Trust Funds do not bear the costs of such activities. We may consider a proposed use program related if the information is needed:

- to pursue some benefit under the Social Security Act (e.g., Social Security benefits, SSI payments, Medicare, Medicaid, etc.)
- solely to verify the accuracy of information obtained in connection with a program administered under the Social Security Act
- in connection with an activity that has been authorized under the Act
- by an employer to report or pay taxes under the Federal Insurance Contributions Act or Section 218 of the Social Security Act.

C. Standard Fee

The Commissioner has approved the charging of \$46 for a single SSN printout request. This fee consists of two parts. There is a \$20 charge to process the SSN printout and provide a “match/no match” response. This fee covers personnel and overhead costs and is based on information captured by SSA’s Cost Analysis System. There is an additional \$26 charge for the full cost to the Agency to process the associated remittance. The fee for multiple requests from a single requestor would be \$46 for the first SSN and \$20 for each additional SSN in that particular request.

Due to the costs associated with the third party verification as indicated by the Social Security Administration webpage <https://secure.ssa.gov/poms.nsf/lnx/0203311007>, second party award letters are accepted due to the hardship associated with the cost for the affordable project.





DISABILITY BENEFIT VERIFICATION

From	
Phone	
Fax	
Email	

To	Employment Development Department	Date	
		Unit	
		Applicant	
Phone		SSN	
Attn.	Verifications Department		

The above referenced individual is an applicant or resident at our community. This property is operated under a program which requires that we obtain written confirmation of the assets of all household members.

To comply with this requirement, we ask that you complete and return this form to our office within 10 working days, via mail **and** fax or email scan. This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party. Your prompt return of this information is appreciated.

Sincerely,

Management, Visionary Property Management

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

PRINT NAME

SIGNATURE

DATE

THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.

It is imperative that this form is completed in its entirety. Please do not leave any questions blank and do not answer with N/A

Gross Weekly Payment	\$
Date of Initial Payment	
Duration of Benefits - # of Weeks	
Is the claimant eligible for further benefits?	Yes / No <i>(circle one)</i>
If YES, how many weeks?	
If NO, what is the termination date of benefits?	

VERIFIED BY

Name	
Phone Number	
Date	
Signature	

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).** Violation of these provisions are cited as violations of 42 U.S.C. Section ** 408(a) (6), (7)



Applicant/Resident Name _____

Development Name _____

Unit Number/Identification _____

Child support and/or spousal support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child/Spousal support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:

A. Do you receive child support and/or spousal support? Yes ☐ No ☐
Go to B Go to C.1

B. I receive:

1. Payment amount \$ _____
2. Frequency _____
3. Name(s) of Recipient(s) _____

4. Name of source _____
Complete multiple affidavit forms if there are multiple sources.
5. Go to C.1

C. 1. Have you been awarded child or spousal support by court order? Yes ☐ No ☐
Go to C.2 Sign Form

2. Provide copy of entire document, enter amount of award
\$ _____, and frequency _____; go to C.3.

3. Is payment being received as awarded? Yes ☐ No ☐
Go to 3.a Go to 3.b

a. Indicate the manner by which payment is received and sign form.

- i. _____ Enforcement agency *Name agency* _____
and provide agency print out
- ii. _____ Court of Law *Name court* _____
- iii. _____ Direct from responsible party *Name source* _____
and provide affidavit or statement from the source.
- iv. _____ Other (Explain) _____

b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

Child and/or Spousal Support Verification

Date _____
Applicant/Resident Name _____
Development Name _____
Unit Number/Identification _____

TO: *(Name and Address of Payer)*

RETURN TO: *(Rental Community Address)*

Almond Terrace Apartments

2004 Evans Road

Ceres, CA 95307

I hereby authorize release of the information requested below in order to determine my eligibility for residency at the above rental community in the upcoming year.

Signature	_____	Social Security #	_____
Printed Name	_____	Date	_____

The following information is requested as part of the household qualification process required by federal and/or state housing programs with jurisdiction over this rental community. Information provided will remain confidential. Your assistance by completing and returning this form in a timely manner will be greatly appreciated. Please call if you have questions.

Signature _____ Telephone Number _____
Printed Name _____ Title _____

THIS SECTION TO BE COMPLETED BY PAYER

Name(s) of Recipient(s) _____

Payment amount _____ Frequency _____

Are payments paid to offset an AFDC/TANF grant? ☐ Yes ☐ No

Are changes expected in the next 12 months? ☐ Yes ☐ No

If yes, provide details _____

Note: Child support and/or Spousal support payments awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

I hereby certify that the information supplied is true and complete.

Signature	_____	Completion Date	_____
Printed Name	_____	Title	_____
Firm/ Organization	_____	Telephone Number	_____

STUDENT CERTIFICATION – SELF AFFADAVIT

Resident/Applicant		TIC Effective Date	
Initial Certification	Check Here <input type="checkbox"/>	Recertification	Check Here <input type="checkbox"/>

You have applied to live in an apartment that is governed by the Housing Credit Program. This program has restriction son full time student s and requires us to determine your student status. We must determine this prior to granting your eligibility and, if such eligibility is granted, annually thereafter.

YES	NO	Declaration
		I am a full time student or was enrolled as such during 5 or more months during the current calendar year. School Name:
		I am the parent or guardian of children enrolled in K-12th grade.
List Minor's Names Here		

Please check all that apply: To be eligible, one of the following must be answered **YES** with documentation in the file.

YES	NO	Declaration
		At least one member of the household is married and entitled to file a joint tax return
		The household consists of single parents and their children, and such parents and children are not dependents of another individual
		At least one member of the household received assistance under TITLE IV of the Social Security Act (i.e. AFDC or it's successor TANF)
		At least one member of the household is enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar federal, state or local laws
		All household members are full time students, and one adult household member was formerly in foster care
		At least one household member will be residing in the unit who is NOT a full time student.

FOR HUD PROPERTIES ONLY:

I have applied to live in an apartment that is governed by the US Department of Urban & Housing Development. This program has restrictions on students and requires us to determine your student status. We must determine this prior to grant your eligibility and, if such eligibility is granted, annually thereafter.

YES	NO	Declaration
		I am a student attending an Institute of Higher Education.

Please check all that apply: To be eligible, one of the following must be answered **YES** with documentation in the file.

YES	NO	Declaration
		Is the student a dependent moving in/currently living with their legal parents or legal guardians?
		Is the student over the age of 23?
		Is the student married?
		Are there any dependents of the student residing in the household?
		Is the student a veteran of the US Military?
		Is the student disabled and was receiving subsidy assistance on or before November 30, 2005?

IF YOU ARE A STUDENT AND ANSWERED NO TO ALL THE QUESTIONS ABOVE, YOU MUST BE ABLE TO PROVIDE FURTHER DOCUMENTATION THAT YOUR PARENTS ARE INCOME ELIGIBLE FOR THE PROGRAM.

I certify that the information given above is true and correct to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Resident/Applicant Signature		Date	
Agent for Owner		Date	



STUDENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following apartment:

Project Name	
Building Address	
Unit Number	

I hereby grant disclosure of the information requested below from

Name of Educational Institution	
Address of Educational Institution	
City State Zip	
Phone Number of Educational Institution	
Fax Number of Educational Institution	

RESIDENT AUTHORIZATION / RELEASE:

Resident Signature of Release	
Printed Name of Resident	
Date	
Student ID #	

Return Form to:

P:
F:

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

Is the above-named individual a student at this educational institution? YES NO

If so, part-time or full-time? PART-TIME FULL-TIME

If full-time, the date the student enrolled as such: _____

Expected date of graduation: _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Print your name: _____

Tel. #: _____

Title: _____

Educational Institution: _____

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Student Verification (September 2000)

UNEMPLOYED/NON-EMPLOYED AFFIDAVIT

Resident/Applicant		Unit	
Initial Certification	Check Here <input type="checkbox"/>	Recertification	Check Here <input type="checkbox"/>
Social Security #		Property	
Address			

1. For **unemployed** applicants/residents **receiving unemployment benefits**, lease check the box below. The amount disclosed below will be include on the Tenant Income Certification.

Check if Applicable		I am not presently employed. However, I am currently receiving unemployment benefits (verification attached) in the amount disclosed below, per week. Unemployment benefits must be annualized and included in anticipated gross annual income.
Weekly Benefit Amount		\$

2. For **non-employed** applicants/residents, please check the appropriate box below and select appropriate reason for non-employment, if applicable.

Check if Applicable		I am not presently employed and do not anticipate becoming employed within the next twelve (12) months. The reason for the non-employment status is stated below (i.e. retired, disabled/handicapped, student, full time parent, etc.)
Reason for NON EMPLOYMENT		
Check if applicable		I am not presently employed. However, I do anticipate becoming employed within the next twelve months.
Type of Work Anticipated		

I understand that this certification is made as part of the qualification procedure to determine eligibility for residency at these apartments and that providing false information or any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above representations are true to the best of my knowledge and belief. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Resident/Applicant Signature		Date	
Agent for Owner		Date	



UNEMPLOYMENT BENEFIT VERIFICATION

From	
Phone	
Fax	
Email	

To	Employment Development Department	Date	
	PO Box 19007	Unit	
	San Bernardino, CA 92423-9007	Applicant	
Phone	800-563-2441	SSN	
Attn.	Verifications Department		

The above referenced individual is an applicant or resident at our community. This property is operated under a program which requires that we obtain written confirmation of the assets of all household members.

To comply with this requirement, we ask that you complete and return this form to our office within 10 working days, via mail **and** fax or email scan. This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party. Your prompt return of this information is appreciated.

Sincerely,
Management, Visionary Property Management

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

PRINT NAME

SIGNATURE

DATE

THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.

It is imperative that this form is completed in its entirety. Please do not leave any questions blank and do not answer with N/A

Gross Weekly Payment	\$
Date of Initial Payment	
Duration of Benefits - # of Weeks	
Is the claimant eligible for further benefits?	Yes / No (circle one)
If YES, how many weeks?	
If NO, what is the termination date of benefits?	

VERIFIED BY

Name	
Phone Number	
Date	
Signature	

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CERTIFICATION OF ZERO INCOME

(To be completed by adult household members who are claiming zero income from any source, if appropriate.)

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Any other source not named above.

2. Choose one:

- ☐ Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.
- ☐ Currently, I have no income of any kind and I will not be seeking employment at this time.

3. I will be using the following sources of funds to pay for rent and other necessities: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date



BANK VERIFICATION

From	
Phone	
Fax	
Email	

To		Date	
		Unit	
		SSN	
		Checking #	
RE		Checking #	
		Savings #	

The above referenced individual is an applicant or resident at our community. This property is operated under a program which requires that we obtain written confirmation of the assets of all household members.

To comply with this requirement, we ask that you complete and return this form to our office within 10 working days, via mail **and** fax or email scan. This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party. Your prompt return of this information is appreciated.

Sincerely,

Management, Visionary Property Management

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

PRINT NAME

SIGNATURE

DATE

THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.

ACCOUNT NUMBER	TYPE OF ACCOUNT	CURRENT BALANCE	6 MONTH AVERAGE BAL.	INTEREST EARNED YTD	ANNUAL INTEREST RATE

VERIFIED BY

Name	
Phone Number	
Date	
Signature	

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BANK/PAY CARD VERIFICATION

From	
Phone	
Fax	
Email	

To	Pay Card	Date	
	No need to 3rd party verify	Unit	
	& attach current cash balance receipt/statement provided by household	SSN	***
	Include ending cash balance as savings	Checking #	
	acct on cert docs	Savings #	

The above referenced individual is an applicant or resident at our community. This property is operated under a program which requires that we obtain written confirmation of the assets of all household members.

This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party.

Sincerely,

Management, Visionary Property Management

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

PRINT NAME

SIGNATURE

DATE

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Attach copy of current cash balance receipt in this box and highlight ending balance in yellow*





WHOLE LIFE / UNIVERSAL LIFE INSURANCE ASSET VERIFICATION

From	
Phone	
Fax	
Email	

To		Date	
		Unit	
		HH	
Phone			
Fax/Email		SSN	

Dear Account Representative:

The person named below has applied to live at our apartment community. Because this property receives benefits from the US Government, we are required to verify certain information from the third-party source of any income or assets that the applicant holds.

Please note that the applicant is permitting you to release this information to us by their signature below. Without this information, we cannot rent an apartment home to this applicant. We are required to inform each third party that intentionally falsifying information relative to this applicant can result in penalties for fraud. We appreciate your prompt attention to this request and welcome any questions you may have. Please return completed form in the enclosed self-addressed envelope or by fax.

The US Government requires the following:

- All questions must be answered YES / NO or, If it does not apply, put N/A
- If uncertain, sue best available information
- Use of "white-out" is prohibited
- If information must be changed, strike through and initial change
- Signature and date of person completing this form is required.

Sincerely,

Management, Visionary Property Management

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 which 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. See Attached Authorization to Release Information.

PRINT NAME

SIGNATURE

DATE

THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.

TYPE (circle one)	POLICY #	DEATH BENEFIT/ FACE VALUE (a)	SURRENDER/ CASH VALUE (b)	INTEREST RATE (%) (c)	3 YR AVERAGE YIELD (d)
Whole Life/Universal					
Whole Life/Universal					
Whole Life/Universal					
Whole Life/Universal					

VERIFIED BY

Name	
Phone Number	
Date	
Signature	

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INSTRUCTIONS FOR CALCULATING INCOME USING THE WHOLE LIFE/UNIVERSAL LIFE INSURANCE ASSET VERIFICATION

(For Office Use Only)

- I. Please use the information on the reverse side of this verification to perform the calculations below, only after all blanks have been clarified with the third party and the third party has signed and dated the verification.

- II. The same
third

(b) Cash Value	
\$	
\$	
\$	
\$	

letters and line numbers in the formulas below refer to the letters and number sequences on the reverse side of this completed verification form. Simply enter the corresponding amounts that have been provided by the party to complete the calculations below.

- III. List

the cash value as follows:

Formula: (b) = Cash Value

- Line 1.
2.
3.
4.

- IV. Enter the Cash Value for each asset type onto the Tenant Income Certification exactly as it appears in each box.

- V. Calculate the annual income as follows:

Formula: (a) x (c) = Annual Income

If (c) is blank, use (d). (If both are blank, contact third party)

	(a) Market Value	X	(c) Interest Rate	Or	(d) 3 Yr. Avg. Yield	= Annual Income
Line 1.						\$
2.						\$
3.						\$
4.						\$

- VI. Enter the Annual Income onto the Tenant Income Certification exactly as it appears in each box.

- VII. If the tape totals are used, please attach tapes to the front of this form where indicated.





Verification Asset
Stocks Bonds-Treasury Bills- Mutual Funds

From	
Phone	
Fax	
Email	

To		Date	
		Unit	
		Regarding	
Phone		SSN	
Fax			

The above referenced individual is an applicant or resident at our community. This property is operated under a program which requires that we obtain written confirmation of the assets of all household members.

To comply with this requirement, we ask that you complete and return this form to our office within 10 working days, via mail **and** fax or email scan. This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party. Your prompt return of this information is appreciated.

Sincerely,
Management, Visionary Property Management

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

PRINT NAME _____ SIGNATURE _____ DATE _____

THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.

Area to be completed by Financial Organization

(Please answer all questions. Answer N/A if the question doesn't apply.)

Dividends paid in the last quarter or Stocks account # _____ Current Market Value _____
Cash Value* _____ interest rate: _____

***Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)**

Dividends paid in the last quarter or Stocks account # _____ Current Market Value _____
Cash Value* _____ interest rate: _____

***Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)**

Dividends paid in the last quarter or Bonds account # _____ Current Market Value _____
Cash Value* _____ interest rate: _____

***Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)**

Dividends paid in the last quarter or Treasury Bill account # _____ Current Market Value _____
Cash Value* _____ interest rate: _____

***Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)**

Dividends paid in the last quarter or Mutual Funds account # _____ Current Market Value _____
Cash Value* _____ interest rate: _____

***Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)**

VERIFIED BY

Name and Title of person Supplying the Information		Firm/Organization Name	
Phone Number			
Date & Signature			

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Receipt of Acknowledgment

Project Name:

Unit:

Copies of the following forms were provided at Move-in/Annual Recertification:
(check all that applies):

Resident Rights and Responsibilities

HOH Initials

Applying for HUD Housing Assistance

HOH Initials

EIV Brochure

HOH Initials

Fact Sheet Program: ☐ HUD Section 8 ☐ 236 ☐ BMIR

HOH Initials

9887 & 9887/A Fact Sheet

HOH Initials

Signatures:

Head of Household

Date

Spouse

Date

Other Family Member 18 and over

Date

Other Family Member 18 and over

Date

Other Family Member 18 and over

Date

Other Family Member 18 and over

Date

Management Signature:

Community Manager, Agent for Owner

Date



Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

HUD-9887/A Fact Sheet

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.

Attachment to forms **HUD-9887 & 9887-A** (02/2007)

Notice and Consent for the Release of Information

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)

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

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.):
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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.



RESIDENT RIGHTS & RESPONSIBILITIES



OFFICE OF MULTIFAMILY HOUSING PROGRAMS

This brochure applies to assisted housing programs administered by the Department of Housing and Urban Development (HUD), Office of Multifamily Housing Programs. This brochure does not apply to the Public Housing Program, the Section 8 Moderate Rehabilitation Program or the Housing Choice Voucher Program.

AS A RESIDENT, YOU HAVE RIGHTS AND RESPONSIBILITIES THAT HELP MAKE YOUR HUD-ASSISTED HOUSING A BETTER HOME FOR YOU AND YOUR FAMILY.

This brochure is being distributed to you because the United States Department of Housing and Urban Development (HUD), which regulates the property in which you live, has provided some form of assistance or subsidy for your apartment. The brochure briefly lists some of the most important rights and responsibilities to help you get the most out of your home.

As part of its dedication to maintaining the best possible living environment for all residents, your local HUD office encourages and supports the following:

- Property management agents and property owners communicating with residents on any relevant issues or concerns
- Property managers and property owners giving prompt consideration to all valid resident complaints and resolving them as quickly as possible
- Your right to file complaints with management, owners, or government agencies without retaliation, harassment or intimidation
- Your right to organize and participate in certain decisions regarding the well-being of the property and your home
- Your right to appeal a decision made by the local HUD office to the Office of Asset Management and Portfolio Oversight at HUD Headquarters

Along with the owner/management agent, you play an important role in making your apartment, the grounds, and other common areas a better place to live.



YOUR RIGHTS

As a resident of a HUD-assisted multifamily housing property, you should be aware of your rights.

Rights: *Involving Your Apartment*

- The right to live in decent, safe, and sanitary housing that is free from deteriorating paint and environmental hazards, including lead-based paint hazards.
- The right to receive a lead disclosure form disclosing the landlord's knowledge of any lead-based paint or lead-based paint hazards, available records and reports, and a lead hazard information pamphlet before you are obligated under your lease.
- The right to have repairs performed in a timely manner, upon request.
- The right to be given reasonable notice, in writing, of any non-emergency inspection or other entry into your apartment.
- The right to protection from eviction except for specific causes stated in your lease.
- The right to request that your rent be recalculated if your income decreases.
- The right to access your tenant file.

Rights: *Involving Resident Organizations*

- The right to organize as residents without obstruction, harassment, or retaliation from property owners or management.
- The right to provide leaflets and post materials in common areas informing other residents of their rights and opportunities to involve themselves in their property.
- The right to be recognized by property owners/management company as having a voice in residential community affairs.
- The right to use appropriate common space or meeting facilities to organize (this may be subject to a reasonable, HUD-approved fee).
- The right to meet without representatives or employees of the owner/management company present.



Rights: *Involving Nondiscrimination*

The right, under the Fair Housing Act of 1968 and other civil rights laws, to equal and fair treatment and use of your building's services and facilities, without regard to race, color, religion, sex, disability, familial status (having children under 18) or national origin (ethnicity or language). Residents with disabilities are also reserved the right to reasonable accommodations. In some cases, the prohibition against age discrimination under the Age Discrimination Act of 1975 may also apply.

In addition, residents have the right, under HUD's Equal Access Rule, to equal access to HUD programs without regard to a person's actual or perceived sexual orientation, gender identity, or marital status.

YOUR RESPONSIBILITIES

As a resident of a HUD-assisted multifamily housing property, you also have certain responsibilities to ensure that your building remains a suitable home for you and your neighbors. By signing your lease, you, the owner, and the management company have entered into a legal, enforceable contract. You are responsible for complying with your lease, house rules, and local laws governing your property. If you have any questions about your lease or do not have a copy of it, contact your property management company or the local HUD office. You should be aware of the following responsibilities:

Responsibilities: *To Your Property Owner or Management Company*

- Complying with the rules and guidelines that govern your lease.
- Paying the correct amount of rent on time each month.
- Providing accurate information to the owner/management agent's company at the certification or recertification interview to determine your total tenant payment, and consenting to the release of information by a third party to allow for verification.
- Reporting changes in the family's income or composition to the owner/management company in a timely manner.

Responsibilities: *To the Property and Your Fellow Residents*

- Complying with rules and guidelines that govern your lease.
- Conducting yourself in a manner that will not disturb your neighbors.



- Not engaging in criminal activity in your apartment, common areas or grounds.
- Keeping your apartment reasonably clean, with exits and entrances free of debris, clutter or fire hazards and not littering the grounds or common areas.
- Disposing of garbage and waste in the proper manner.
- Maintaining your apartment and common areas in the same general physical condition as when you moved in.
- Reporting any apparent environmental hazards to the management company (such as peeling paint (which is a hazard if it is a lead-based paint) and any defects in building systems, fixtures, appliances, or other parts of the apartment, the grounds, or related facilities.

YOUR RIGHT TO BE INVOLVED

In Decisions Affecting Your Home

As a resident in HUD-assisted multifamily housing, you play an important role in decisions that affect your community. Different HUD programs provide for specific resident rights. You have the right to know under which HUD program your building is assisted. To find out if your apartment building is covered under any of the following programs, contact your management company, Section 8 Contract Administrator, or the HUD office nearest you. If your building was funded or currently receives assistance under HUD's Rental Assistance Demonstration (RAD), Section 236 (including the Rental Assistance Program (RAP), Section 221(d) (3)/below market interest rate (BMIR), Section 202 Direct Loan, Rent Supplement, Section 202/811 Capital Advance programs, 811 (Project Rental Assistance), or is assisted under any applicable project-based Section 8 program (except for the Section 8 Moderate Rehabilitation program), you have the right to be notified of or, in some instances, to comment on the following:

- Nonrenewal of a project based Section 8 contract at the end of its term
- An increase in the maximum permissible rent
- Conversion of a project from project-paid utilities to tenant-paid utilities
- A proposed reduction in tenant utility allowance
- Conversion of residential apartments in a multifamily housing property to nonresidential use or to condominiums, or the transfer of the housing property to a cooperative housing mortgagor corporation or association



- Transfer of the project-based Section 8 contract in your property to one or more buildings at other locations
- Partial release of mortgage security
- Capital improvements that represent a substantial addition to the property
- Prepayment of mortgage (if prior HUD approval is required before owner can prepay)
- Other actions identified by the Uniform Relocation Act that could ultimately lead to involuntary, temporary or permanent relocation of residents
- If you live in a building that is owned by HUD and is being sold, you have the right to be notified of and comment on HUD's plans for disposing of the building.

ELIGIBILITY FOR ENHANCED VOUCHERS

If your apartment is assisted under a project-based Section 8 contract that is ending, and if the owner decides not to renew it, the owner is required by law to notify you in writing of that decision at least one year before the contract expires. Under these circumstances, you may be eligible for an Enhanced Voucher (EV), which would give you the right to remain in an apartment at your property, provided that you are in compliance with your lease and the property remains as rental housing. HUD will select a local Public Housing Agency (PHA) to provide an EV for eligible families who decide to remain at the property and to administer this assistance.

If you decide to remain at your property using an EV, a higher payment standard will be used to determine the amount of Section 8 assistance that is paid on your behalf, if the gross rent for the apartment is more than the PHA's payment standard. However, the PHA must determine that the rent the owner charges for your apartment is reasonable, and you must continue paying at least the amount of rent that you were previously paying.

If you are eligible for an EV, you can instead choose to move out of the property and use the voucher to rent an apartment anywhere in the United States where the owner will accept the voucher and the rents are in an allowable range, subject to approval. If you move out, however, the voucher is no longer "enhanced," and the amount of Section 8 assistance that is paid on your behalf will be based on the PHA's normally applicable payment standard.



ADDITIONAL ASSISTANCE

For additional help or information, you may contact:

- Your property owner or the management company
- The Account Executive for your property in HUD's Multifamily Regional Center or Satellite Office. Refer to on-line resources for contact information
- HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 to report maintenance or management concerns
- HUD's Office of Fair Housing and Equal Opportunity at 1-800-669-9777, if you believe you have been discriminated against
- HUD's Office of Inspector General Hot Line at 1-800-347-3735 to report fraud, waste, or mismanagement
- HUD's Housing Counseling Service locator at 1-800-569-4287 for the housing counseling agency in your community
- The HUD-EPA National Lead Information Center 1-800-424-LEAD
- Your local government tenant/landlord affairs office, legal services office, or tenant organizations to obtain information on additional rights under local and state law

If appealing a local HUD Office decision, you may contact the Director of the Office of Asset Management and Portfolio Oversight in Washington, DC at 202-708-3730.

Persons who are deaf or hard of hearing or have speech disabilities may reach the numbers above through the Federal Relay (FedRelay) teletype (TTY) number, 800-877-8339, or by other methods shown at www.gsa.gov/fedrelay.

ON-LINE RESOURCES:

- Department of Housing and Urban Development website: www.hud.gov
- The local HUD Field Offices: <http://www.hud.gov/local> *Note: To locate your local field office, select: Contact My Local Office (under the I Want To section)*



U.S. Department of Housing and Urban Development
Office of Multifamily Housing Programs
Washington, DC 20410-0002 Official Business
Penalty for Private Use \$300



This brochure about your rights and responsibilities as a resident of HUD assisted multifamily housing is available in 13 alternate languages in addition to English and Braille. To determine if your language is available, please contact HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 or visit <http://www.hud.gov/offices/fheo/lep.xml>



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



**What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)**

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



What income information is in EIV and where does it come from?

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.

Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - *Child support*
 - *AFDC payments*
 - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.



Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm.



JULY 2009

FACT SHEET

For HUD ASSISTED RESIDENTS

Section 236

“HOW YOUR RENT IS DETERMINED”

Office of Housing

****June 2007****

This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

OAs' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases

- Recalculate rent when resident income increases by \$200 or more per month
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility, but also determines the rent a family will pay. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

Section 236 Rent Formulas:

All Section 236 Projects have a minimum rent (Basic Rent) and a maximum rent (Market Rent).

Section 236 with NO Utility Allowance; the **higher** of:

- 30% of the family's monthly adjusted income
- Basic Rent
- But not more than Market Rent

Section 236 WITH Utility Allowance; the **highest** of:

- 30% of the family's monthly adjusted income less the Utility Allowance
- 25% of the family's monthly adjusted income
- Basic Rent
- But not more than Market Rent

A **Utility Allowance** is approved by HUD when the cost of all or a portion of the utilities (except telephone) is not included in the unit rent and payment for the utilities is the responsibility of the family occupying the unit.

The utility allowance is not meant to pay all actual utility costs, but rather it is an allowance provided to the family to assist them in payment of their utility expenses.

Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA). Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount **except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)**
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay *(except for lump-sum additions to family assets, see Exclusions from Annual Income, below)**
- Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- **For Section 8 programs only, any financial assistance, in excess of amounts received for tuition,

that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income**

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant or are held in an individual's name but:
 - The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
 - that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:

- Foreclosure
- Bankruptcy
- Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- **Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, ** the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that

government by persons who were persecuted during the Nazi era

- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State of local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product liability litigation*

- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time.
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Regulations:

- General HUD Program Requirements; 24 CFR Part 5

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

- "Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>

FACT SHEET

For HUD ASSISTED RESIDENTS

Project-Based Section 8

“HOW YOUR RENT IS DETERMINED”

Office of Housing

September 2010

This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

OAs' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

Project-Based Section 8 Rent Formula:

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
 - 10% of the family's monthly income
 - Welfare rent or welfare payment from agency to assist family in paying housing costs.
- OR
- \$25.00 Minimum Rent

Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except for lump-sum additions to

family assets, see Exclusions from Annual Income, below Welfare assistance

- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant

or are held in an individual's name but:

- The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
- that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
 - Foreclosure
 - Bankruptcy
 - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and

benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)

- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes

- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product* liability litigation
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time.
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Legislation:

- Quality Housing and Work Responsibility Act of 1998, Public Law 105-276, 112 Stat. 2518 which amended the United States Housing Act of 1937, 42 USC 2437, et seq.

Regulations:

- General HUD Program Requirements; 24 CFR Part 5

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

"Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>



"Building Homes, Strengthening Communities"

Roommate Release Form

I/We _____ the undersigned

Name of remaining resident(s)

Resident of, _____ Apartments, residing in Unit # _____ agree

Property Name

To release _____

Name of departing resident

From responsibility for our lease.

I/We will accept full responsibility for the terms and conditions of the lease agreement.

Remaining Resident's Signature

Date

Remaining Resident's Signature

Date

Remaining Resident's Signature

Date

Remaining Resident's Signature

Date

I/ We, _____ am vacating

Unit # _____ as of _____ I/We realize by doing so that I/we will forfeit
(Last day in apartment)

All deposits paid to lessor and any right to occupy the premise.

Departing Resident's Signature

Date

Departing Resident's Signature

Date

Management Approval:

Does the remaining household meet management minimum income requirement?

☐ YES ☐ NO

Is the remaining household now a full-time student household? ☐ YES ☐ NO

If so, do they meet one of the student exceptions? ☐ YES ☐ NO

Does the remaining household include an adult from the original move in of this household?

☐ YES ☐ NO

If not, the remaining household must have an initial certification processed using current income limits and must qualify.

All documentation must be sent to Compliance for review and approval and may only be signed off after Compliance Approval has been received

Community Manager's Approval

Date

Note: Roommate Release Addendum is not considered fully executed and enforceable until all parties have signed addendum and the Community Manager has approved.





"Building Homes, Strengthening Communities"

Roommate Change

It is agreed by all current Lessee(s) that _____
Vacating Resident(s) Name

Will be moving Out of _____ **Unit #** _____
Address

It is agreed, that the vacating resident(s) waive all rights to the security deposit that will be returned when the unit is vacated. Any agreement is regard to the present deposit must be made between the current Lessee(s) themselves. In so doing, the vacating resident(s) also waive any responsibilities for any costs or charges against the unit referenced above at a later date.

_____	_____
Vacating Resident Signature	Date

_____	_____
Vacating Resident Signature	Date

The following will sign on the new Lease Agreement and accept all responsibility.

Resident(s):	Date:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____
Agent for Owner	Date

Owner's Summary of Family

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Date of Birth	Declaration	Date Verified
1.Head							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Family Summary Sheet

Member No.	Last Name of Family Member	First Name of Family Member	Ralationship to Head of Household	Sex	Date of Birth
Head					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					



**Race and Ethnic Data
Reporting Form****U.S. Department of Housing
and Urban Development**
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member****Date** (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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

A. General Instructions:

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

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

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

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

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

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

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

TENANT DECLARATION

LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ SEX: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

ALIEN REGISTRATION NUMBER: _____

NATIONALITY: _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

ADMISSION NUMBER: _____

SAVE VERIFICATION NUMBER: _____

DECLARATION

I, _____ hereby
(print or type first name, middle initial, and last name)

declare, under penalty of perjury, that I am:

_____ **1. A citizen or national of the United States.**

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

_____ **2. A non-citizen with eligible immigration status in the category checked below.**

- (i) A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a)(15) of the INA (8 U.S.C. 1001(a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non-citizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- (ii) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 or the INA (8 U.S.C. 1259).

OR

If you checked this box, you must submit the following documents:

a. Verification Consent Form

AND

b. One of the following documents:

- (1) Form I-55, Alien Registration Receipt Card (for permanent resident aliens)
- (2) Form I-94, Arrival-Departure Record;
- (3) Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210";
- (4) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12 (11)" or "Provision of Law 274a.12"
- (5) 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.

If this box is checked, sign and date below and submit the documentation required above with this form to the name and address specified in the attached notification. If this box is checked on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the form.

If for any reason, the documents shown in paragraph b, above are not currently available, complete the request for extension box below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in box 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence, I further certify that diligent and prompt efforts will be undertaken to obtain the evidence.

Signature

Date

Check here if adult signed for a child: _____

_____ **3. Not contending eligible immigration status
and I understand that I am not eligible for financial
assistance.**

If you checked this box, no further information is required
and the person named above is not eligible for assistance.
Sign and date below and forward this form to the name and
address specified in the attached notification. If this block is
checked on behalf of a child, the adult who resides in the
assisted unit and who is responsible for the child should sign
and date below.

Signature

Date

Check here if adult signed for a child: _____

TENANT VERIFICATION

I, _____ hereby
(print or type first name, middle initial, last name)

consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to continue receiving financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
 - (i) HUD, as required by HUD; and
 - (ii) The INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO TENANTS:

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purposes. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature

Date

Check here if adult signed for a child: _____