

Full Name:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto:support@housingworks.net)  
HousingWorks  
P.O. Box 231104  
Boston, MA 02123  
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because:

Name of Waitlist Administrator *optional*

Phone of Waitlist Administrator *optional*

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE A SINGLE QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ)

☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If “Yes” you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER
- ☐ HEAD OF HOUSEHOLD's DATE OF BIRTH
- ☐ GENDER

- ☐ ETHNICITY
- ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:

☐ Fully Accessible Wheelchair Unit

☐ Blind Accessible Unit

☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)

☐ Deaf Accessible Unit

☐ Domestic Violence Victim

☐ First-Floor unit only

☐ Unit for Environmental Allergies

☐ Personal Care Attendant

- ☐ HoH's CAREER STAGE

☐ ANY VETERANS in HH?

☐ Yes

☐ No
- ☐ Employed

☐ Unemployed

☐ Retired

☐ FT Student

☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any

☐ I do not have mobile rental assistance

☐ Mobile Section 8 voucher

☐ MRVP

☐ AHVP

☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER

Head of Household:

Any Felony/Conviction?

☐ Yes

☐ No

Any Misdemeanor Conviction?

☐ Yes

☐ No

Other Members:

Any Felony Convictions?

☐ Yes

☐ No

Any Misdemeanor Conviction?

☐ Yes

☐ No

Is anyone

in HH subject to a lifetime sex offender registration

in any state?

☐ Yes

☐ No

- ☐ ANY PETS?

☐ Yes

☐ No

Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION

☐ ANNUAL INCOME

☐ DOCUMENTED DISABILITY?
- ← # Adults

← # Children

←Total # in Household

☐ Yes

☐ No

- ☐ CURRENT HOUSING STATUS

☐ Homeless

☐ Housing Loss in 14 days

☐ Homeless under other federal status

☐ Homeless because Fleeing domestic violence

☐ At risk of homelessness

☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE

☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE (OR BACKUP MAILING ADDRESS)

Address Line 1

Apt # or "care of" name:

City

State

Zip

- ☐ PREFERRED MAILING ADDRESS

Address Line 1

Apt # or "care of" name:

City

State

Zip

- ☐ # BEDROOMS NEEDED?

☐ SPECIAL CIRCUMSTANCES? (some programs may grant you priority status)

☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Vet.☐ Fleeing Dom. Viol.

☐ Rent-burdened 40%☐ Rent-burdened 50%☐ HUD VAWA Certification☐ Victim of Hate Crime.

Displaced by:

☐ Urban Renewal☐ Sanitary Code☐ Natural Forces☐ Other:

**PRELIMINARY APPLICATION FOR OCCUPANCY**

Highland House  
250 Oak Grove Avenue  
Springfield, MA 01109

- Attachments to the Preliminary Application for Occupancy:
- Attachment 1: Things You Should Know (Form HUD P-88-2)
  - Attachment 2: Tenant Income/Asset Worksheet
  - Attachment 3: Owner's Notice No. 1 - For an Applicant Family
  - Attachment 4: Fact Sheet for Project-Based Assistance Programs

**PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION AND MUST BE COMPLETED FULLY. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE POTENTIAL APPLICANT. THIS APPLICATION GIVES NO LEASE OR RENT RIGHTS. ADDITIONAL INFORMATION WILL BE REQUIRED AT A LATER DATE TO COMPLETE THE PROCESSING OF YOUR APPLICATION.**

☐ **IF THIS BOX IS CHECKED, THIS PRELIMINARY APPLICATION AND/OR AN ATTACHMENT IS INCOMPLETE. PLEASE READ AND COMPLETE ALL INFORMATION THOROUGHLY:**

- ☐ **PRELIMINARY APPLICATION FOR OCCUPANCY**
- ☐ **Attachment 2: Tenant Income/Asset Worksheet**
- ☐ **Attachment 3: Owner's Notice No. 1 - For an Applicant Family**

All information will be verified. Applicants certify that this preliminary application has been completed of their own free will and that all information is true and correct to the best of their knowledge. Applicants are hereby notified that false information is punishable by law and could be grounds for rejecting this preliminary application or may be grounds for termination of tenancy, if accepted for occupancy.

Applicants must meet "project eligibility" to determine eligibility to reside to this specific housing development, as well as, "program eligibility" to determine eligibility for assistance. Applicants are subject to the criteria listed in the HUD Handbook 4350.3, as well as the on-site Tenant Selection and Management Plans. The applicant screening process will also include, but not be limited to, reports to be obtained regarding credit history, landlord history, and arrest(s)/conviction(s) history. In addition, housing court(s) records will be searched for applicant history, an interview will be conducted with the applicant. and income eligibility will be determined, Applicants authorize the release of any and all information on and/or materials deemed necessary in determining eligibility and to substantiate and/or verify any such information. Applicants are also advised that an interview will be conducted with any prospective line-in aide(s). Screening for live-in aide(s) will include reports to be obtained regarding credit history (for the purposes of verifying residency history), landlord history and references, and arrest(s)/conviction(s) history. Information obtained in the screening process will be used to determine project eligibility for an applicant, the applicant's household, and/or live-in aide(s).

Applicants are required to notify this office of any changes effecting their application, including but not limited to, change of address, change of telephone number, or changes in household composition. Failure to notify the office of any change could result in your name being withdrawn from the waiting list. Waiting Lists will be updated annually, at that time you will receive a Waiting List Update Form and material, which you will be required to complete and return to this office within a specified time period. Failure to respond as noted on the form will result in your name being withdrawn from the Waiting List. It is the policy and practice of the Owner's and the Management Company to make housing available to qualified individuals on an open occupancy basis. We encourage, support and practice an affirmative advertising and marketing program, in which there are no barriers to obtaining housing because of race, color, national origin, religion, sex, familial status, age, handicap, or source of income in the rental and management of this development.

If you require assistance in completing this Preliminary Application you may contact the rental office. An incomplete or unsigned application or failure to supply all reasonably requested documents: verifications or release of information forms required to determine eligibility which the applicant refuses to remedy will be cause for rejection. Completed applications may be mailed or delivered to the on-site rental office.

**SPECIAL NOTICE TO APPLICANTS AND TENANTS WHO HAVE PHYSICAL OR MENTAL DISABILITIES.** Please be advised that applicants for housing or tenants in this development who are/have disabilities may be entitled to reasonable accommodation in connection with their application for housing, as well as being provided access to housing units which have been adapted to the needs of people with disabilities. If you believe you are disabled and you desire reasonable accommodations made in connection with your application for housing and/or placement in a specially adapted housing unit for people with disabilities you are invited to supply additional confidential information which may be used in the determination of your application status. Disclosure is strictly voluntary and all

information will be kept confidential. At your request, a Certification of Disability Form will be provided for this purpose. Reasonable accommodation must be specific as to your needs. Reasonable accommodation will not require lowering or waiving essential requirements. Accommodations are not considered reasonable if they require fundamental alterations in the nature of the housing program or impose undue financial and/or administrative burdens on the Owner and/or Management Agent. Likewise, we are not required to make specific accommodations or physical modifications if equally effective alternatives permit full participation.

**The development to which you are applying is housing for the elderly / disabled.**

An elderly person for purposes of program eligibility is a household composed of one or more persons, at least one of whom is 62 years of age.

A person with disabilities for purposes of program eligibility

(1) Means a person who:

- (i) Has a disability, as defined in 42 U.S.C 423;
- (iii) Is determined, pursuant To HUD regulations, to have a physical, mental, or emotional impairment that:
  - (A) Is expected to be of long-continued and indefinite duration,
  - (B) Substantially impedes his/her ability to live independently, and
  - (C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or
- (iii) Has a development disability as defined in 42 U.S.C. 6001.

**"EQUAL HOUSING OPPORTUNITY"**

FOR OFFICE USE ONLY
Date Received:
Unit Size / Description:
Income Level: Eli / VLI / LI / Market I Qualified / Other (Specify)

How did you learn of this development? \_\_\_\_\_

Are you elderly (age 62 or older): Yes / No  
Are you disabled (as defined above): Yes No

1. NAME (Last) (First) (MI) \_\_\_\_\_  
PRESENT STREET ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_  
REASON FOR WISHING TO RELOCATE: \_\_\_\_\_  
RESIDENCY DATES: (From) \_\_\_\_\_ (To) \_\_\_\_\_

2. LIST EVERYONE who will reside in the apartment **INCLUDING YOURSELF**

Name	Social Security Number	Date of Birth	Place of Birth	Relationship to Head of House

**Please attach a copy of the signed social security card for each household member, INCLUDING YOURSELF and/or live-in aide(s). Applicants without documentation of their SSN cannot become residents. In addition, live-in aides are required to submit SSN verification.**

3. DO YOU CURRENTLY RENT? Yes / No **IF YES**, Amount of Rent Paid? \$ \_\_\_\_\_  
Do you currently receive rental assistance? Yes / No  
**IF YES**, please indicate source: \_\_\_\_\_

DO YOU OWN A HOME? Yes/No **IF YES**, Appraised Market Value \$ \_\_\_\_\_  
Mortgage Balance? \_\_\_\_\_ Monthly Mortgage Payments \$ \_\_\_\_\_

4. **NAME OF PRESENT LANDLORD**

Please check applicable line: Is the person named the \_\_\_\_\_ property owner / \_\_\_\_\_ property agent /  
\_\_\_\_\_ friend / \_\_\_\_\_ family member / \_\_\_\_\_ other (please specify) \_\_\_\_\_

**LANDLORD'S STREET ADDRESS** \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

5. **NAME OF PREVIOUS LANDLORD**

Please check applicable line: Is the person named the \_\_\_\_\_ property owner / \_\_\_\_\_ property agent /  
\_\_\_\_\_ friend / \_\_\_\_\_ family member / \_\_\_\_\_ other (please specify) \_\_\_\_\_

**PREVIOUS LANDLORD'S STREET ADDRESS** \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

**YOUR PREVIOUS STREET ADDRESS** \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
REASON FOR WISHING TO RELOCATE: \_\_\_\_\_  
RESIDENCY DATES: (From) \_\_\_\_\_ (To) \_\_\_\_\_

6. APARTMENT SIZE REQUIRED (Must be consistent with family size). The purpose of this question is to assist applicants in need of an accessible unit or a larger unit as a result of a disability in obtaining housing. Such information will be used solely for this purpose, is voluntary and will be kept confidential.

Please check:  Efficiency /  1 Bdrm /  2 Bdrm

Do you require an accessible (wheelchair) apartment? Yes / No

7. ETHNICITY AND RACIAL DATA (Head-of-Household and Co-Head of Household mandatory)

Ethnicity, please select one:  Hispanic /  Non-Hispanic

Race, please select all which apply:  American Indian or Alaska Native /  Asian /  Black or African American /  Native Hawaiian or Other Pacific Islander /  White

8. SOURCE(S) OF INCOME AND MONTHLY GROSS AMOUNT(S)

Source of Income	MONTHLY GROSS Amount	Source of Income	MONTHLY GROSS Amount
Social Security/SSI		VA Benefits	
Wages		Welfare	
Pensions/Retirement		Other (Specify)	
Annuities		Other (Specify)	

9. ASSET INFORMATION:

Type of Asset	Name of Bank/Institution	Account Number	Current Balance or Number of Shares
Checking			
Savngs			
CD / IRA / Keough			
Other (Specify)			
Other (Specify)			
Other (Specify)			

10. Do you have a Life Insurance Policy or Burial Account that you can withdraw money from? Yes / No

11. PLEASE LIST MEDICAL EXPENSES ANTICIPATED FOR THE UPCOMING 12 MONTHS AND NOT PAID BY INSURANCE (This information will be used to determine potential allowances).

Type	Amount	Type	Amount

12. MEDICAL INSURANCE [Health only, NOT Life Insurance]:

Carrier Name	Account Number	Monthly Premium Amount
Medicare		
Other (Specify)		
Other (Specify)		

13. CHARACTER REFERENCES (Name, Complete Address and Telephone Number)

Name	Complete Street Address	Telephone Number	Relationship

14. DO YOU OWN A PET (Assistive animals are not pets. Assistance animals are animals that provide assistance, perform tasks, or provide support that alleviate one or more identified symptoms)? Yes or No

IF YES, Type

15. Do you currently reside in assisted, subsidized and/or public housing? Yes / No

16. Have you resided in assisted, subsidized and/or public housing in the last 5 years? Yes / No
17. Have you or any household members had rental assistance or tenancy in a subsidized housing program terminated for fraud, non-payment of rent or failure to cooperate/comply with recertification procedures and/or requirements? Yes or No  
IF YES, please explain \_\_\_\_\_
18. Have you or any household member been involved in any drug related criminal activity. been involved in any been in any violent or criminal activity, or been involved in any other activity that would endanger the health, safety, or right to peaceful enjoyment of the premises by any other tenants or the owners or their agents? Yes / No  
IF YES, please explain \_\_\_\_\_
19. Are you and all household members able and willing to comply with all necessary rules and program requirements of the U.S. Department of Housing and Urban Development, the Owners, the Agent, and to comply with the Lease Agreement and all health, safety, building, and housing code? Yes or No  
IF NO, please explain \_\_\_\_\_

**All household members will be required to verify and declare citizenship or immigration status during the Initial Interview for Occupancy.**

**ATTENTION: WE DO NOT INSURE PERSONAL PROPERTY!**  
\*\*\* No Waterbeds \*\*\*

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation, a lease agreement in the usual form and on the terms and conditions therein stated, which lease or agreement may be terminated by the lessor if any statement herein is not true.

**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. Violation of this section will result in immediate rejection of this application or may be grounds for termination of tenancy, if accepted for occupancy.**

CERTIFICATION: The undersigned hereby certify that the information given is complete and true and if accepted for occupancy the apartment occupied will be their permanent residence; that they will not maintain a separate residence in a different location.

_____ Head of Household's Signature	_____ Date
_____ Co-Applicant's Signature	_____ Date

Telephone: (413) 736-8720  
Telecommunications Relay for the Hearing Impaired: (800) 545-1833, Ext.142

**"EQUAL HOUSING OPPORTUNITY"**

OWNER'S NOTICE NO. 1 FOR AN APPLICANT FAMILY

Dear Applicant:

Section 214 of the Housing and Urban Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible noncitizens in the following HUD programs.

- a. Public and Indian Housing Programs 2. Section 8 Housing Assistance Payments Programs /  
c. Section 235 of the National Housing Act / d. Section 236 of the National Housing Act /  
e. Section 101/Rent Supplement Program

You have applied, or are applying for, assistance under one of these programs, therefore, you are required to declare U. S. Citizenship or submit evidence of eligible immigration status for each household member seeking housing assistance. To do this you should:

1. Complete the Family Summary Sheet, (below), please list all household members (INCLUDE YOURSELF) applying for housing:

FAMILY SUMMARY SHEET

Name of Family Member	Nationality	Social Security Number	Alien Registration Number	Relationship to Head of Household	Sex	Date of Birth
				Head of Household		

2. Complete a Declaration Format (during your Initial Interview) for each family household member (including yourself) who is listed on the Family Summary sheet (i.e. If there are 10 people listed on the Family Summary sheet you should have 10 completed copies of the Declaration Format.) The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Declaration Formats and any other forms and/or evidence to the name and address listed below during the processing of your Preliminary Application to determine eligibility.

HIGHLAND HOUSE  
250 OAK GROVE AVENUE  
SPRINGFIELD, MA 01109

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats, or determining the type of documentation required, please contact the development listed above.

Also, if you are unable to provide the required documentation, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. If the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for prorated assistance. This means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

"EQUAL HOUSING OPPORTUNITY"

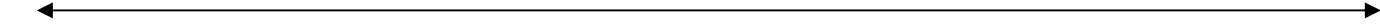


CARR PROPERTY MANAGEMENT, INC.  
CPMI

TENANT INCOME/ASSET WORKSHEET  
HIGHLAND HOUSE

Name ( First, MI, Last)	Your Social Security Number	Your Social Security Claim Number

Each tenant/applicant must complete a separate form. All information must be verified on approved "3rd party verification forms".



INCOME: Do you have any income? YES / NO

IF NO, I, \_\_\_\_\_ CERTIFY THAT I HAVE NO INCOME.  
(Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF YES, please fill In MONTHLY GROSS amounts received:

Source	Monthly Gross Income	Source	Monthly Gross Income
Social Security		Annuity	
SSI		Wages	
VA Benefits		Other (Specify)	
Pension/Retirement		Other (Specify)	

Please complete the following for EACH source of income, other than Social Security and/or VA benefits:

Source of Income (i.e. Wages, Annuity, etc.)	Name of Company	Name & Address of Company Disbursing Check	Employee and/or Claim Number	Contract and/or Certificate Number

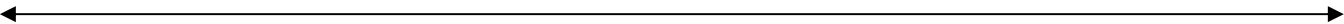
In the past 12 months have you received any deferred lump sum payment? YES / NO  
IF YES, please complete the following

Source	Amount Received	Source	Amount Received
Social Security / SSI		Other (Specify)	
VA Benefits		Other (Specify)	

Do you receive any income from any Annuity? YES / NO

Have you deferred any payments from an Annuity? YES / NO

Do you receive any income from a Trust Fund? YES / NO



IF NO, I, \_\_\_\_\_ CERTIFY THAT I HAVE NO ASSETS.  
(Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF YES, please complete the following:

Type of Asset	Name on Account	Name of Bank	Account Number	Maturity Date (if applicable)
Checking				
Savings				
CD / IRA / Keogh				
Other (Specify)				
Other (Specify)				
Other (Specify)				

Do you own a home and/or property? YES / NO - IF YES, please complete the following:

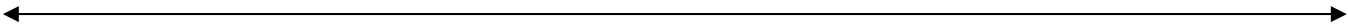
Complete Street Address of Home/Property:	
Appraised Value: \$	Mortgage Balance: \$

Have you disposed of any assets in the last 24 months for less than fair market value? YES / NO  
IF YES, please complete the following:

Type of Asset	Fair Market Value	Amount Received

Do you have a BURIAL ACCOUNT that you can withdraw money from? NO or YES

Do you have a LIFE INSURANCE POLICY that you can withdraw money from? NO or YES



MEDICAUHANDICAP EXPENSES: Do you have any medical or handicap expenses, which are not reimbursable, you wish to claim? YES / NO

IF NO, I, \_\_\_\_\_ CERTIFY THAT I HAVE NO MEDICAL OR  
(Print Name)  
HANDICAP EXPENSES I WISH TO CLAIM.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF YES, please complete the following for non-reimbursable expenses (3rd party verification forms will be sent to the provider and must be completed and returned to this office):

Type of Expense	Name of Provider	Complete Address of Provider	Monthly Amount Paid (NOT reimbursed)
Medicare			
Health Insurance			
Prescriptions			
Prescriptions			
Primary Care Physician			
Other (Specify)			
Other (Specify)			
Other (Specify)			

**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.

The undersigned tenant/applicant warrants and represents that all information is true and correct.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

"EQUAL HOUSING OPPORTUNITY"

# FACT SHEET

## For HUD ASSISTED RESIDENTS

### Project-Based Section 8

## “HOW YOUR RENT IS DETERMINED”

Office of Housing

January 2002

*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
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay
- 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)

### 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
- 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 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**

### **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
- Changes to Admission and Occupancy Requirements in the Public Housing and Section 8 Housing Assistance Programs; Final Rule, 65 FR 16692, March 29, 2000; 24 CFR 880 et al.
- Determining Adjusted Income in HUD Programs Serving Persons with Disabilities; Requiring Mandatory Deductions for Certain Expenses; and Disallowance for Earned Income, 65 FR 4608, August 21, 2000; 24 CFR Parts 5, 92, et al.

### **Handbook:**

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

### **Notices:**

- "Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001
- Notice H 00-18, Admission and Occupancy of the Quality Housing and Work Responsibility Act of 1998 (QHWRA) for Multifamily Housing Programs

### **For More Information:**

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



November 2004

# Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▫ Evicted from your apartment or house:</li><li>▫ Required to repay all overpaid rental assistance you received:</li><li>▫ Fined up to \$ 10,000:</li><li>▫ Imprisoned for up to 5 years; and/or</li><li>▫ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none"><li>▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):</li><li>▫ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▫ Earnings from second job or part time job;</li><li>▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>
Assets	<ul style="list-style-type: none"><li>▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul>

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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#### Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

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#### Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

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#### Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

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#### Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

