

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



← **APPLICANTS: MAIL TO THIS ADDRESS.
DO NOT FAX THIS APPLICATION!**

Dear

Fold on this line —

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

Date Generated:

FOR WAITLIST ADMINISTRATORS ONLY

LANDLORD: Are any of your waitlists CLOSED or NEWLY OPEN?

If so, tear off this top page. Fill out below and fax this one page to us at 617-536-8561.

(Alternately, email it to support@housingworks.net)

The changed status of your waitlists will reach thousands of housing advocates and applicants.

You also boost your Fair Housing and ADA compliance exponentially because our site works for applicants with disabilities and limited English proficiency.

☐ 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*: _____ - _____ - _____ X _____

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

Office Use Only: Date Received: _____ Time Received: _____

WINGATE MANAGEMENT CO., LLC RENTAL APPLICATION

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

DATE OF APPLICATION _____

PROPERTY NAME : Peterborough Apartments

Return Completed Application To:

Wingate Management Co, LLC
ADDRESS 78 Peterborough Street, Suite 11
CITY, STATE Boston, MA 02215
Phone #: 617-236-1978 TDD#: 711
FAX #: 617-236-1120

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Management Office.

Applicant _____ Home/Cell Tel _____

Present Address _____

Street

Apt. #

City

State

Zip

Mailing Address (if different) _____

Street

City

State

Zip

Email Address _____

Present Landlord Name _____

Address

Street

City

State

Zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- ☐ American Indian/Alaskan Native ☐ Asian or Pacific Islander
☐ Black (not of Hispanic origin) ☐ Hispanic ☐ White (not of Hispanic origin)

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.



SIZE OF APARTMENT NEEDED:

0BR 1BR 2BR 3BR 4BR 5BR
☐ ☐ ☐ ☐ ☐ ☐

☐ Market Rate

☐ Affordable Program

UNIT TYPE REQUESTED:

Wheelchair Adapted Unit

☐ Yes ☐ No

Hearing/Visual Adapted Unit

☐ Yes ☐ No

Do you have a portable voucher? _____

If yes, from what housing authority? _____

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? ☐ Yes ☐ No

If yes, please explain. _____

Present housing cost per month \$ _____ Including Utilities? ☐ Yes ☐ No

How long have you lived at your present address? _____ Years

Do you own any pets? _____

Are you or a family member enlisted in or a veteran of the U.S. Military? ☐ Yes ☐ No

What are your reasons for moving? _____

How did you hear about this housing development? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF (Any person not listed will not be allowed to move in.)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	GENDER (optional)	SOCIAL SECURITY NUMBER*	FULL TIME STUDENT
1 _____	Head of Household	_____	_____	_____	Yes or No
Birthdate for Head of Household only: _____					
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	Yes or No
5 _____	_____	_____	_____	_____	Yes or No
6 _____	_____	_____	_____	_____	Yes or No
7 _____	_____	_____	_____	_____	Yes or No
8 _____	_____	_____	_____	_____	Yes or No

Does the Head of Household have full custody of all household members under age 18? Yes or No

If no, please explain _____

(Please be prepared to supply a copy of child support/custody agreement and divorce decree.)

*The Social Security Number requirements do not apply to individuals aged 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, OR individuals who do not contend eligible immigration status.

REFERENCES

Provide the full names and addresses of Landlords at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters). Please include both long-term and temporary residences.

1) Previous Address _____

Dates of Residency _____

Name of **Previous** Landlord _____ Telephone _____

Landlord Address _____

2) Previous Address _____

Dates of Residency _____

Name of **Previous** Landlord _____ Telephone _____

Landlord Address _____

3) Previous Address _____

Dates of Residency _____

Name of **Previous** Landlord _____ Telephone _____

Landlord Address _____

Are you or any member of your household currently receiving federal (HUD) or state housing assistance?

☐ Yes ☐ No If yes, list the household member(s) and type of assistance being received.

Household Member	Type of Housing Assistance	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____ Telephone _____

Address _____

Name of Character Reference _____ Telephone _____

Address _____

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number from Page 2.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____

Current Wages \$ _____ ☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly (#hours/week _____, #weeks/year _____)

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____

Current Wages \$ _____ ☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly (#hours/week _____, #weeks/year _____)

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____

Current Wages \$ _____ ☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly (#hours/week _____, #weeks/year _____)

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____

Current Wages \$ _____ ☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly (#hours/week _____, #weeks/year _____)

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

(week, month, year)

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account _____ Current Balance \$ _____

Interest Rate _____ If Stock, Number of Shares _____ Dividends per Share _____

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account _____ Current Balance \$ _____

Interest Rate _____ If Stock, Number of Shares _____ Dividends per Share _____

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account _____ Current Balance \$ _____

Interest Rate _____ If Stock, Number of Shares _____ Dividends per Share _____

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account _____ Current Balance \$ _____

Interest Rate _____ If Stock, Number of Shares _____ Dividends per Share _____

Additional Required Information

Have you or any member of your household ever been evicted from your home for any reason? If so, please give details:

Have you or any member of your household ever been arrested or convicted of any crime? If so, please give details:

Are you or any member of your household required to register as a sex offender under any state law?

☐ Yes ☐ No If yes, list the name of the person and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

Please list all states where the applicant and/or members of the applicant's household have resided.

Wingate Management Co., LLC, acting as management agent for _____ (the "Development") does not discriminate on the basis of race, color, religion, sex, national origin, disability, familial status, gender, gender identity, sexual orientation, ancestry, genetic information, marital status, veteran or active military status, age, source of income or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.

NOTE: Failure to respond fully to these questions may result in rejection or denial of this application

I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report and a criminal background check may also be requested. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

I / We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodation for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date

Co-Applicant

Date

Co-Applicant

Date

To: Wingate Management Co., LLC

Re: **Release to Obtain Credit/Criminal Background Information**

In consideration for being permitted to apply for this apartment at _____, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant authorize any person or credit/criminal background checking agency having any information on me, to release any and all such information to the owner/manager/employee/agent or credit checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

All applicants over 18 must sign

Applicant _____
Print Name Social Security # Date

Signature

Applicant _____
Print Name Social Security # Date

Signature

Applicant _____
Print Name Social Security # Date

Signature

Applicant _____
Print Name Social Security # Date

Signature

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer timeframe. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

Wingate Management Co., LLC
ATTN: Section 504 Coordinator
100 Wells Avenue
Newton, MA 02459
(781) 707-9100

"I Speak..." Card

- ☐ Unë flas **shqip** (Albanian)
 - ☐ አማርኛ እናገራለሁ (Amharic)
 - ☐ انا اتكلم اللغة العربية. (Arabic)
 - ☐ Ես խոսում եմ **հայերեն** (Armenian)
 - ☐ আমি বাংলা ভাষী। (Bengali)
 - ☐ Ja govorim **bosanski jezik** (Bosnian)
 - ☐ ကျွန်တော်ပြန်ဟောတာပြောသည်။ (Burmese)
 - ☐ 我说中文 (Chinese Simplified)
 - ☐ 我說中文 (Chinese Traditional)
 - ☐ Ja govorim **hrvatski**. (Croatian)
 - ☐ اینجانب به زبان فارسی صحبت می کنم (Farsi)
 - ☐ Je parle **français**. (French)
 - ☐ Je parle le **Français haïtien**(French Creole)
 - ☐ Μιλώ **ελληνικά**. (Greek)
 - ☐ હું ગુજરાતી બોલું છું (Gujarati)
 - ☐ Mwen pale **Kreyòl**. (Haitian Creole)
 - ☐ मैं **हिंदी** बोलता हूँ (Hindi)
 - ☐ Kuv hais **lus hmoob**. (Hmong)
 - ☐ Ana m a sụ **Igbo** (Igbo)
 - ☐ Parlo **Italiano** (Italian)
 - ☐ 私は日本語を話します (Japanese)
 - ☐ Mi chat **Jamiekan langwjjj** (Jamaican Creole)
 - ☐ ខ្ញុំនិយាយភាសាខ្មែរ (Khmer)
 - ☐ 본인의 모국어는 **한국어**입니다 (Korean)
 - ☐ نه ز زمانی **کوردی** ده ناخفم. (Kurdish)
 - ☐ N' a po **Klào** Win. (Kru)
 - ☐ ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao)
 - ☐ Yie gorngv **Mienh** waac. (Mien)
 - ☐ म **नेपाली** बोल्छु (Nepali)
 - ☐ Mówię **po polsku**. (Polish)
 - ☐ Eu falo **Português**. (Portuguese)
 - ☐ ਇ ਸੁਪਆਕ ਪੰਜਾਬੀ (Punjabi)
 - ☐ Cunosc limba **Română**. (Romanian)
 - ☐ Я говорю **по-русски**. (Russian)
 - ☐ Ou te tautala **faaSamoa**. (Samoan)
 - ☐ Govorim **srpski**. (Serbian)
 - ☐ Waxaan ku hadlaa **Somali**. (Somali)
 - ☐ Yo hablo **español**. (Spanish)
 - ☐ أتحدث **السودانية** (لغوي سوداني) (Sudanese)
 - ☐ Marunong po akong magsalita ng **Tagalog**. (Tagalog)
 - ☐ ข้าพเจ้าพูด ภาษาไทย (Thai)
 - ☐ አነ ትግርኛ ይዛረብ እየ. (Tigrinya)
 - ☐ Я розмовляю **українською**. (Ukrainian)
 - ☐ میں اردو بولتا/ بولتی ہوں . (Urdu)
 - ☐ Tôi nói tiếng **Việt**. (Vietnamese)
 - ☐ איך רעד **יידיש** (Yiddish)
 - ☐ Mo gbọ **Yoruba** (Yoruba)

AUTHORIZATION TO ASSIST WITH COMPLETION OF APPLICATION

NOTE: In completing this application, the Applicant has the right to include, as part of the application, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization as contact person to provide assistance to Applicant in connection with the application.

Applications for Federally Assisted Housing must include completed Form HUD-92006 (Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants).

Applicants for Non-Federally Assisted Housing may use Form HUD-92006 or provide supplemental or optional contact information below:

**Name of Additional Contact
Person or Organization:**

Address:

Telephone No:

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact:

Attachments: As Applicable by Program

- **Housing Priorities (Where Applicable)**
 - **Site-Specific Priorities/Preferences: add additional page**
- **Citizenship Declaration Forms**
- **HUD Form #92006 “Optional Contact”**
- **HUD Form #27061-H “Race and Ethnic Data Reporting Form”**
- **EIV & You Brochure**

HOUSING PRIORITIES (WHERE APPLICABLE)

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS / CONSIDERATIONS:

1. Are you homeless due to Displacement by Natural Forces?

☐ Yes ☐ No

If yes, please explain:

2. Are you homeless due to Displacement by Public Action (Urban Renewal)?

☐ Yes ☐ No

If yes, please explain:

3. Are you homeless due to Displacement by Public Action (Sanitary Code Violations)?

☐ Yes ☐ No

If yes, please explain:

4. Have you been Involuntarily Displaced by Domestic Violence, Rape, Dating Violence, Sexual Assault or Stalking?

☐ Yes ☐ No

If yes, please explain:

Citizenship Declaration Forms

Dear _____:

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

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP);
and
- c. 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 of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Exhibit 3-4) to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Declaration (see Exhibit 3-5). If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration. The Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration.
3. Submit the Family Summary Sheet, the Declarations, and any other forms and/or evidence.

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 items or determining the type of documentation required, please contact (insert name and telephone number). He/she will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, 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. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That 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, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Exhibit 3-4: The Family Summary Sheet

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Gender (optional)	Date of Birth
Head			Head of Household		
2					
3					
4					
5					
6					
7					
8					

Exhibit 3-5: Declaration Format

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME: _____

FIRST NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____

GENDER (optional): _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

ALIEN REGISTRATION NO.: _____

ADMISSION NUMBER: _____ (if applicable – this is an 11-digit number found on DHS Form I-94, *Departure Record*)

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

SAVE VERIFICATION NO.: _____
(To be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

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

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside 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 noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (* Exhibit 3-6 *).

AND

b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 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 this evidence.

Signature

Date

Check if adult signed for a child: _____

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

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

Signature

Date

Check here if adult signed for a child: _____

Exhibit 3-6: Verification Consent Form

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive 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 the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

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

Signature

Date

Check here if adult signed for a child: _____

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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: _____ </td> </tr> </table>		<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	<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: _____
<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	<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: _____		
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.

**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.

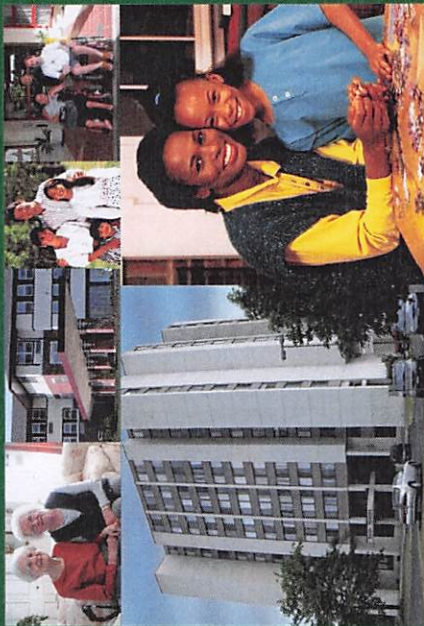
This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for 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 form 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.



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 (HHS) 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

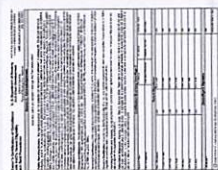
in the *Tenants Rights &*

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