

- Don't staple the pages of the application together!
- 1. Providers need to easily access their own application first page.
  - 2. Removing staples from 1000 applications a week adds too much work.
  - 3. Some providers *scan* the application, and can't do this if you staple.
  - 4. If you include a letter, don't staple that either!

Use #10 double-window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

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

**Housing Authority or Management Office Only**

**Is this waitlist closed? Any other questions or concerns?** *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

- ☐ **This particular waitlist is closed: The only open waitlists we have at present are:**  
\_\_\_\_\_
- ☐ **This is not the correct application. The correct application is available by/from:**  
\_\_\_\_\_
- ☐ **Any other info you wish to tell HousingWorks?**  
\_\_\_\_\_

**Your position or title at this housing program:** \_\_\_\_\_

**Your signature:** \_\_\_\_\_

**HousingWorks Fax: 617-536-8516**



<div><div></div><div></div><div></div><div></div></div>	Head of Household’s FIRST Name
	Head of Household’s MIDDLE Name
	Head of Household’s LAST Name

HoH’s SOCIAL SECURITY NUMBER		GENDER	HoH’s DATE OF BIRTH
<div></div>	<div></div>	<div></div>	<div></div>

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b><u>NOT</u></b> write Spanish, Hispanic, Latino here – and do <b><u>NOT</u></b> write your country!
<div></div>	<div></div>

<div></div> YOUR MOTHER’S MAIDEN NAME
---------------------------------------

YOUR HOME TELEPHONE	SECOND TELEPHONE
<div></div>	
YOUR EMAIL ADDRESS	
<div></div>	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
<div></div>
<div></div>

SECOND CONTACT ADDRESS
This is:
<div></div>
<div></div>

TOTAL HOUSEHOLD SIZE	# BEDROOMS		How much money does your family receive in a year?
<div></div>	<div></div>	<div></div>	<div></div> <b>.00</b>

INCOME SOURCES
<div></div>

MOBILE RENTAL ASSISTANCE, if any
<div></div>

REQUESTED ACCOMMODATIONS
<div></div>

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
<div></div>

**QUAKER MEADOWS APARTMENTS**  
65 MEMORIAL PARK AVENUE  
90 GREEN STREET  
LYNN, MA 01902  
TDD/TEL (781) 599-7295      FAX (781)-599-6613

**OFFICE USE ONLY**  
Date Received \_\_\_\_\_  
BR/Priority \_\_\_\_\_  
Update Status \_\_\_\_\_

**PRESENT LANDLORD**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Length of tenancy: \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_

**PREVIOUS LANDLORD**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Length of tenancy: \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_

**APPLICANT**

Name: \_\_\_\_\_  
Present Address \_\_\_\_\_  
\_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone \_\_\_\_\_  
Former Address \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

PLEASE LIST ALL APPLICANTS THAT WILL MAKE UP  
YOUR HOUSEHOLD:

Name	Soc. Sec. #	Date of Birth	Sex	Relationship to Head	FT Student

1.

Are you (or your spouse) age 62 or older?  
If not, do you (or your spouse) have a disability?

[

]

Yes

[

]

No
2.

Does any member of your household need a wheelchair accessible unit?

[

]

Yes

[

]

No

**INCOME SOURCES**

INCOME		ASSETS	
SOURCE	AMOUNT (annually)	SOURCE	AMOUNT
Social Security		Savings Accounts	
SSI		NOW/Checking Accounts	
SSDI		Stocks	
AFDC		Bonds	
Veteran's Assistance		Cert. of Deposit	
Pensions		Real Estate	
Other		Other	

**EMPLOYMENT** (Fill out below for every member employed)

Occupation \_\_\_\_\_

Annual Salary \_\_\_\_\_

Length of Employment \_\_\_\_\_

Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Salary \_\_\_\_\_

Length of Employment \_\_\_\_\_

Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Salary \_\_\_\_\_

Length of Employment \_\_\_\_\_

Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

REFERENCES - BANKS

Name	Account #	Address

CREDIT - BANKS

Name	Account #	Address

OPTIONAL RACE INFORMATION

Please note that completing this section is optional. This information will only be for our fair housing reports.

☐ American Indian

☐ Asian

☐ Black

☐ Hispanic

☐ White

☐ Other

Are you now or have you ever lived in subsidized/Government assisted housing? ☐ Yes ☐ No

If yes, please give the address \_\_\_\_\_

Have you ever been evicted? ☐ Yes ☐ No Reason \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

I/We \_\_\_\_\_ have ☐ have not ☐ disposed of any asset(s) for less than fair market value in the last 24 months. If asset(s) were disposed of for less than fair market value, describe below.

Asset Disposed of	Date of Disposition	Fair Market Value	Amount Received

\_\_\_\_\_  
Signature of Applicant

\*\*\*\*\*

I understand that this is a preliminary application. I also understand that additional information may be requested at a later date to complete the processing of applicants. My/Our signature(s) below gives consent to management to verify the information contained in this application. I understand that this in no way guarantees me an apartment and that falsifying any information will be grounds for rejection of my application.

Signature of Applicant

Co-Applicant

Date



PROFESSIONALLY MANAGED BY CMJ MANAGEMENT COMPANY  
Financed by the Massachusetts Housing Finance Agency  
and the U.S. Department of Housing and Urban Development



*Quaker Meadows Apartments Company*  
*65 Memorial Park Avenue*  
*Lynn, MA 01902*  
*Tel.TDD: (617) 599-7295 \* FAX.- (617) 599-6613*

**ATTACHMENT TO APPLICATION**

The following are priorities set by the Massachusetts Housing Finance Agency.

In order to help us process your application more efficiently, please check any of the circumstances below that presently apply to you.

1. I have been displaced due to a natural disaster (fire or flood) within the past two years and I am presently without replacement housing.

I have been displaced within the last two years without replacement housing due to:

- a. Public action (urban condemnation renewal).
  - b. Conversion to non-rental or non-residential, closure of unit (property sale, owner taking unit for personal use).
  - c. I am temporarily housed in a shelter or was referred by a shelter for battered women or homeless. I am a nursing home resident ready for independent living.
2. I am currently living in substantially substandard housing with evidence of serious code violations in heating, plumbing, and /or wiring systems, or other serious violations of the state sanitary code.
3. I am currently paying more than 50% of adjusted monthly income for rent and utilities excluding telephone expenses. Adjusted monthly income is defined under state and federal guidelines.
4. I am currently living in over- crowded conditions, defined as more than two people per bedroom or in circumstances violating the state or local codes pertaining to overcrowded conditions.
5. None of the above apply to me.

The above statements are made under the penalties of perjury and must be verified upon reaching the top of the wait list.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

## APPLICANT/RESIDENT CERTIFICATION

### Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058 or 50059, which ever applies to me, and certify that the information shown is true and correct.

### Reporting Changes In Income or Household Composition

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

### Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

### No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Management Office/ Housing Authority immediately in writing. I will not sublease my assisted residence.

### Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, determination of assistance, or eviction.

### Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

### Household Adults Signature and Date of Signature

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

**This Package contains the following documents:**

- 1. HUD 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)**

Each household must receive a copy of the Fact Sheet, form HUD-9887, and form HUD-9887-A.

## HUD 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 18 and over must provide the Housing Owner 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 and a Public Housing Agency (PHA) may verify the information you provide by checking with the records kept by certain public agencies (IRS, Social Security Administration, and the State agency that keeps wage and unemployment compensation claim information).

You give your consent to the release of this information by signing form HUD-9887.

Only HUD and the PHA can receive information authorized by this form.

2. The Owner 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-A and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the Owner can receive about you.

**Example:** The amount of income you receive helps to determine the amount of rent you will pay. The owner will verify all of the sources of income that you report.

**Example:** There are certain allowances that reduce the income used in determining tenant rents. 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 owner 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 owner 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 PHA or the Owner is subject to State privacy laws. Employees of HUD, the PHA, and the Owner are subject to penalties for using these consent forms improperly.

You do not have to sign the form HUD-9887 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 Owner 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 Owner 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 Owner 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 Owner must tell you, or a third party which you choose, of the findings made as a result of the Owner verifications authorized by your consent. The Owner must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3. However, for information received under the form HUD-9887, HUD, the PHA, or the Owner may inform you of these findings.

Owners must keep tenant files in a location that ensures confidentiality.

Any employee of the Owner 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 requires the Owner 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 Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. The 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 Owner 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 Owner must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the Owner. See paragraph 17 of your Lease.

### 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



# Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD)  
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)

PHA requesting release of information; (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.)

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

**Authority:** Section 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 to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named PHA to request income information from the government agencies listed on the form. HUD and the PHA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD and the PHA to seek wage and income 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 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 and the PHA may inform the owner that your eligibility for or level of assistance is uncertain and needs to be verified and nothing else.

HUD 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. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form 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. If a tenant is denied assistance for this reason, the owner must follow the procedures set out in the lease.

**Consent:** I consent to allow HUD or the PHA to request and obtain income information from the public 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 Member 18 and over

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

Other Family Member 18 and over

Date

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## 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.)

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 or the PHA (whichever is applicable) and the owner (as required by HUD or the PHA), 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 PHA or the owner 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.

If an adult member of the household, due to extenuating circumstances, is unable to sign the form on time, the owner 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.

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**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 or a Public Housing Authority (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.

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## Penalties for Misusing this Consent:

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 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 PHA or the Owner 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 Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (Appendices 5 to 17 of HUD Handbook 4350.3).
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 Fact Sheet, form HUD-9887, and form HUD-9887-A (signed by the head of household) after obtaining the applicants/tenants signature. 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:
  - Ž HUD's requirements concerning the release of information, and
  - Ž Other customer protections.
2. Sign on the last page that:
  - Ž you have read this form, or
  - Ž the Owner or a third party of your choice has explained it to you, and
  - Ž 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 813.109(b), 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 affect 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 level. 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 PHA and the Owner 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 18 years of age or older 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

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### 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 Owner must follow the notification procedures in Handbook 4350.3. If a tenant is denied assistance for this reason, the Owner must follow the procedures set out in the lease which require that the tenant pay the higher, HUD-approved market rent for the unit for failure to provide recertification information.

### 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 owner 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 Owner has verified whether you have 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 Owner does not have another individual verification consent with an original signature and the Owner is required to send out another request for verification (for example, the third party fails to respond). If this happens, the Owner 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 Owner and the individual may agree to sign more than one consent for each type of verification that is needed.

The Owner 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.

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

If an adult member of the household, due to extenuating circumstances, is unable to sign the required forms on time, the Owner 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 Owner may use these individual consent forms during the 90 days preceding the certification period. The Owner may also use these forms during the certification period, but only in cases where the Owner receives information indicating that the information you have provided may be incorrect. Other uses are prohibited. The Owner 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 Owner may obtain information within the last 5 years when you have received assistance.

**I have read this information on the purposes and uses of information that is verified and/or it has been explained to me 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 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 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 PHA or the Owner responsible for the unauthorized disclosure or improper use.

## LANDLORD REFERENCE

Dear Sir/ Madam:

We are writing in reference to a former/present resident of yours who has recently applied for an apartment through our office. We would appreciate your cooperation in completing this form at your earliest convenience. Please use the self-addressed, stamped envelope enclosed.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Title

.....  
Today's Date: \_\_\_\_\_

Resident name \_\_\_\_\_

Address: \_\_\_\_\_

Leased from: (month/year) \_\_\_\_\_ to \_\_\_\_\_

In occupancy since \_\_\_\_\_ Date moved \_\_\_\_\_ Monthly rent \$ \_\_\_\_\_ Utilities included: Yes No

Payment habits:  
\_\_\_\_ Prompt. \_\_\_\_ Fair - No more than 30 days late. \_\_\_\_ Poor. More than 30 days late. If poor, balance owed \$ \_\_\_\_\_

Did resident maintain premises well? \_\_\_\_\_

Were there excessive noise complains about resident? \_\_\_\_\_

Were there complains from other residents? \_\_\_\_\_

Was this resident evicted? \_\_\_\_\_

Did resident complete occupancy agreement and fulfill tems of lease? \_\_\_\_\_

\_\_\_\_\_  
Would you re-rent to this resident? \_\_\_\_\_

\_\_\_\_\_  
Landlords Signature

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATON OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

### 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 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 mproper 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 lion under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not mote than 55.000. Any applicant or participant affected by negligent disclosure of information may bring civil action for dam-ages, 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.

**Management Office**  
**VERIFICATION OF FINANCIAL INFORMATION**

To: \_\_\_\_\_ Re: \_\_\_\_\_  
\_\_\_\_\_  
SSN \_\_\_\_\_  
\_\_\_\_\_  
Acct. # \_\_\_\_\_

To Whom It May Concern:

Federal law requires that the operator of federally subsidized housing obtain income information on residents for purposes of determining eligibility housing and computing rent. If you could return this form, completed, at your earliest convenience in the enclosed stamped envelope, it would be greatly appreciated. Please note the authorization for release of this information below. We may have shown only one account number, however, please list all information regarding accounts this individual has with your Institution.

Sincerely,

\_\_\_\_\_  
Property Administrator

**All Savings Accounts** - Can this individual access all of this income? \_\_\_\_\_

Account _____	Balance of Account _____	Interest Rate _____
Account _____	Balance of Account _____	Interest Rate _____
Account _____	Balance of Account _____	Interest Rate _____

**All Checking Accounts**

Account \_\_\_\_\_ Average Balance, last 6 months \_\_\_\_\_

Present Interest Rate \_\_\_\_\_

Can this individual access all of this income? \_\_\_\_\_

All Stocks \_\_\_\_\_

All Bonds \_\_\_\_\_

**All Certificates of Deposit** - Can this individual access all of this income? \_\_\_\_\_

Account _____	@ _____	Percent, Maturing _____	Balance \$	YTD Interest _____
Account _____	@ _____	Percent, Maturing _____	Balance \$	YTD Interest _____
Account _____	@ _____	Percent, Maturing _____	Balance \$	YTD Interest _____

Please explain the penalties for early withdrawal on these accounts: \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and Title of person supplying this information

\_\_\_\_\_  
Firm/Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*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 requested information.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PENALTIES FOR MISUSING THIS CONSENT**

Title 1A Section 1001 1001 of the US Code states that a person is guilty of a felony for knowingly and wittingly making false or fraudulent statements to any department of the United States Government, HUD HA and any owner for any employee of HUD. The PHA or the owner may be subject to penalties for unauthorized disclosures or improper uses of information to 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 a an applicant or participant may be subject to a misdemeanor and fined not more that \$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.

This information is an aid to maintaining Equal Housing Opportunity goals and accomplishments.

Asian or Pacific Islander.                      Black.                      White.                      Hispanic.  
American Indian or Alaskan Native.      Other. (If other, please specify) \_\_\_\_\_

I declare I and each member of my household is (are):

1.) A citizen or national of the U.S.

2.) A noncitizen with eligible immigration status in the category checked below. Noncitizen:

- (i) lawfully admitted for permanent residence.
- (ii) who entered the U.S. before Jan. 1, 1972 or such later date enacted by law, and has continuously maintained residence in U.S. and who is not eligible for citizenship.
- (iii) lawfully present pursuant to refugee status, granting of asylum, or as a result of being granted entry before April 1, 1980, because of fear of persecution on account of race, religion, political opinion or uprooted by national calamity.
- (iv) lawfully present as a result of discretion, by the Attorney General for reasons deemed strictly in the public interest.
- (v) lawfully present as a result of Attorney's General's withholding deportation.
- (vi) lawfully admitted for temporary or permanent residence under Section 245A of the INA.

I understand that this is a preliminary application. I also understand that additional information may be requested at a later date to complete the processing.

In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and accurate and that the owner/manager/employee/agent may rely on this information when investigating and accepting this application. Applicant hereby authorizes the owner/manager/employee/agent to make independent investigations to determine my credit, financial and character standing. Applicant also agrees to declare U.S. citizenship or submit evidence of eligible immigrant status for each family member. Applicant authorizes any person, or credit-checking agency having any information of him/her to release any and all such information to the owner/manager/employee or their agents or credit agencies.

Applicant hereby releases 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 of processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that a credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through the facilities of the Info Center, Inc. Feeding Hills, MA 01030, Consumer Phone 413-562-5650.

The above statements are made under the penalties of perjury and all must be verified. No campers, commercial vehicles, or waterbeds without written consent from Management.

**NO PETS ARE ALLOWED**

Leasing Agent: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

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

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

Management Office  
**EMPLOYMENT INCOME**

VERIFICATION DATE \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: \_\_\_\_\_  
SSN \_\_\_\_\_

**To Whom It May Concern:**

The U.S. Department of HUD and The Farmers Home Administration requires that we verify the Income of all members of a family applying or residing in a federally aided development. To comply with this requirement, we ask your cooperation in supplying the following income information for the person listed above. This information will be held in strict confidence for use only in determining the eligibility status and rent of the family.

Sincerely,

\_\_\_\_\_  
Property Administrator

Occupation: \_\_\_\_\_

Date of Employment \_\_\_\_\_ Employed since: \_\_\_\_\_ Terminated/Still Employed \_\_\_\_\_

Salary: Base Pay Rate Per Hr. or Per Week \$ \_\_\_\_\_ or Per Month \$ \_\_\_\_\_

Average hrs at base pay rate: \_\_\_\_\_ per week; \_\_\_\_\_ per month; or \_\_\_\_\_ per year.

Overtime Pay Rate: Per hr. \$ \_\_\_\_\_

Expected average number of hours overtime worked per week during next 12 months. \_\_\_\_\_

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_.

Is pay received for vacation? Number of days per year \_\_\_\_\_

Gross Wages paid 19\_\_ \$ \_\_\_\_\_ 2000 \$ \_\_\_\_\_  
19\_\_ \$ \_\_\_\_\_ YTD \$ \_\_\_\_\_

\_\_\_\_\_  
Name and Title of person supplying the information Firm/Organization

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

*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 requested information.**

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

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 1A Section 1001 1001 of the US Code states that a person is guilty of a felony for knowingly and wittingly making false or fraudulent statements to any department of the United States Government, HUD HA and any owner for any employee of HUD. The PHA or the owner may be subject to penalties for unauthorized disclosures or improper uses of information to 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 a an applicant or participant may be subject to a misdemeanor and fined not more that \$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.