

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

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: 617-536-8561



Head of Household's FIRST NAME

Head of Household's MIDDLE NAME

Head of Household's LAST NAME

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

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

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!

REQUESTED ACCOMMODATIONS ○ = ● Do you need a:

☐ 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 designed for Environmental Allergies

HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

MOBILE RENTAL ASSISTANCE

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

Head of Household -Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ NoOther Members: Any Felony Convictions?☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

# BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: \_\_\_\_\_☐ Rent-burdened☐ Other

LOUIS BARRETT RESIDENCE  
147 WASHINGTON STREET  
LYNN, MASSACHUSETTS 01902  
(781) 598-3526

**Application for Rental Housing**

- I. Please print all sections in ink. Do not leave any sections blank, even those that do not apply to you. For instance, if a section asks for driver's license and you do not have a driver's license, you may enter none or "N/A" ( not applicable). If you need to make corrections, draw a line through the incorrect information, then print the correct information above and initial the change.
- II. As the head of household, you will complete this application form. Each additional adult who will live in the apartment must sign this application.
- III. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be rejected.
- IV. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income situation, or family size changes.
- V. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to eligible for housing, your application will be placed on a waiting list, but this does not guarantee that your household will be offered as apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures, which are summarized In the resident plan posted in the management office.

---

Warning: Section 1001 of Title 18 of the U.S Code makes it a criminal offense to make willfully false statement or misrepresentation of any material fact involving the use of or obtaining federal funds.

---

**Head of household and spouse or co-applicant:**

01. Head of household - Full Legal Name	02. Current Address
03. Home Phone	
04. Work Phone	
	05. How long at this address
06. Social Security Number:	
07. How did you hear about The Louis Barrett Residence?	
08. Why do you wish to move?	
Check One:	Studio                      1 Bedroom

09. Have you, your spouse or your co-applicant ever used different names from the names shown above?  
Yes No

If yes, please list names used and dales when such names were in use:

10. Have you, spouse or co-applicant ever been evicted or otherwise removed from rental housing?  
Yes No

If yes, please provide landlord name, address and dales:

11. Has any place where you, spouse or co-applicant were living been destroyed or damaged by fire?  
Yes No

If yes, please provide details:

## 12. Household Composition: Please Print

List all persons, including yourself who will reside in the apartment. Note: the number in the left-hand column is the household member number and is the number requested in the remaining sections of this application.

Full Name	Relationship	Sex	Age	Birthdate	Occupation (if student, name of school)	Soc. Sec. #	Driver's License #
1.							
2.							
3.							

13. Will any of the above household members live anywhere except the apartment? Yes No  
Are there any other persons who will live in the apartment on a less than full-time basis? Yes No  
If either question is answered yes, please explain:

## Applicants under the Age of 62 Applying to Elderly Complexes

Answers to the (allowing questions are optional. If you decline to answer, we may be unable to determine your eligibility (or the housing program offered at this property. [Reference: HV & DV]<sup>1</sup>

14. Are you handicapped? Yes No

15 Are you disabled? Yes No

16. Are you displaced? Yes No

### 17. Income from Employment

List all full-time, part-time and/or seasonal employment for head, spouse/co-applicant and other household members age 18 or older, including the self-employed:

HH Mem. #	Type of Employment	Employer Name and Address	Employer Phone	Supervisor	Est. Tot. Earnings for coming year

### 18. Income from Other Sources

List non-employment income for all household members. This includes interest, dividends, income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, alimony, child support, workers compensation, disability compensation, the portion of educational grants and scholarships allotted (or subsistence and all other income.

HH Mem. #	Type of Income and Who Pays It	Address of Source of Income	Contact Person Name and Telephone	Est. Tot. \$ for coming year

### 19. Assets:

List assets of all household members, including bank accounts, stocks, bonds, credit union shares, land, real estate:

HH Mem. #	Description of Asset	Est Current Value	Est Annual Income from Assets

### Race and Ethnicity of Head of Household

HUD requires us to report the race and ethnicity of the Head of Household for all applicants. We request your cooperation in completing the following questions. This response is optional and your entry will have no bearing on your eligibility for housing:

20. Race of Household Head. Please check one:  
Native American/Alaskan/Hawaiian

White  
Asian/Pacific Islander

Black

21. Ethnicity of Household Head. Please check one:

Hispanic

Non-Hispanic.

### Questions for All Applicants

The following questions pertain to you and all household members. Answer yes or no in response to each question and use the space provided to explain any "yes" answers.

22. ☐ Yes ☐ No Does any member of your household receive regular cash contributions from agencies or from individuals not living with you?
23. ☐ Yes ☐ No Does any member of your household receive income from assets, including interest, dividends, stocks or bonds?
24. ☐ Yes ☐ No Does any member of your household receive money from school aid, scholarship, or educational grant?
25. ☐ Yes ☐ No Have you sold or given away any real property or other assets In the past two years?
26. ☐ Yes ☐ No Does any adult member of your household attend school full-time?
27. ☐ Yes ☐ No Do you, or any other member of your household currently use any Illegal drug or other illegal controlled substance? If yes, describe. [Forms DC, PR]
28. ☐ Yes ☐ No Have you or any member of your household ever engaged in drug-related criminal activity, such as use, possession, distribution, trafficking, or manufacture of an illegal drug? If yes, explain circumstances, outcome and present status. [Forms DC, PR]
29. ☐ Yes ☐ No Have you or any member of your household been involved in criminal activity that poses a threat to the health, safety or welfare of others? If yes, when and where? [Forms DC, PR]
30. ☐ Yes ☐ No Have you, your spouse, or your co-applicant ever applied (or a government subsidized apartment before? If yes, when and where?

If you need to explain any of the above, please do so here:

### Waiting List Priorities

If you answer yes to questions 31-34, you must provide the documentation described below:

31. ☐ Yes ☐ No Is your household involuntarily displaced through no fault of anyone in the household?
32. ☐ Yes ☐ No Does your household pay more than 50% of monthly Income for rent and utilities?
33. ☐ Yes ☐ No Is your household currently living in substandard housing?
34. ☐ Yes ☐ No Is your household homeless?

### 35. Rental History

Please enter the information requested (or your current address and the two most recent prior addresses. Include places where you were not listed on the lease and places where you lived under a different name. [Forms Reference: LV, HV]

Applicant Street Address:	City, State and Zip:	Monthly Rent:	Telephone:

Address of Landlord or Person in Charge	City, State and Zip:	Applicant-Paid Utilities	LL Phone:

Names of Household Members

Move-In Date:	Security Deposit:

Do you have an executed lease agreement at the above address? [If applicant answers 'no' the Forms Reference Is VAW, ATC.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Previous Street Address:	City, State and Zip:	Monthly Rent:	Telephone:

Address of Landlord or Person in Charge	City, State and Zip:	Applicant-Paid Utilities	LL Phone:

Names of Household Members	Security Dept \$ _____	Move-In Date: _____
	Full refund? <input type="checkbox"/> Yes <input type="checkbox"/> No	Move-Out Date: _____

Did you fulfill lease term?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:

Previous Street Address:	City, State and Zip:	Monthly Rent:	Telephone:

Address of Landlord or Person in Charge	City, State and Zip:	Applicant-Paid Utilities	LL Phone:

Names of Household Members	Security Dept \$ _____	Move-In Date: _____
	Full refund? <input type="checkbox"/> Yes <input type="checkbox"/> No	Move-Out Date: _____

Did you fulfill lease term?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:

### 36. Utility Payment History

List the names of all utility companies with which you now have, or have had, accounts at the two most recent previous addresses. [Forms Reference: UV (or all utility suppliers.)]

Name of Utility Company	Type (Electric, Gas. etc.)	Name of Acct. Holder	Property Address

Name of Utility Company	Type (Electric, Gas. etc.)	Name of Acct. Holder	Property Address

### Allowances

37. Dependent Deduction: Enter the names of all household members other than head or spouse who are:

(a) Under age 18: \_\_\_\_\_

(b) 18 or older and full time student: \_\_\_\_\_

(c) 18 or older and disabled or handicapped: \_\_\_\_\_

[Forms Reference: DV, HV]

*Each family member verified above = \$480 deduction from Annual Income for computing rent.*

38. Childcare Expenses:

(a) List amounts you pay for the care of children or foster children in the household under age 13 to permit an adult family member(s) to work or go school: \$ \_\_\_\_\_ \$ \_\_\_\_\_

(b) List names of children for whom care is provided: \_\_\_\_\_

(c) List the name of any adult member of the family able to work or go to school because of the childcare paid in 38(a) above: \$ \_\_\_\_\_

(d) If an adult member can work because of childcare list amount of income earned: \$ \_\_\_\_\_

39. Handicapped Care/Expenses:

- (a) List amounts you pay for care or apparatus on behalf of a handicapped/disabled family member to permit an adult family member to work:
- (b) If such amounts are claimed, list the name of the handicapped/disabled family member on whose behalf they are claimed:
- (c) If an adult member can work because of care or apparatus list amount of income earned: \$ \_\_\_\_\_

40. Elderly Household Allowance:

- (a) An elderly household is one in which the head, spouse or sole member is 62 or older, disabled or handicapped. Such households qualify (or a \$400 deduction in computing rent. **Check to claim this deduction:** ☐  
(Forms Reference: DV, HV)
- (b) Medical Expenses: Elderly households qualify for a medical expense deduction. If your household is an elderly household and you wish to claim this deduction, **check here** ☐ and indicate the medical expenses you anticipate for the coming year: \$ \_\_\_\_\_

---

**Statements by All Adult Household Members**

We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize the Property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources (or credit and verification confirmation which may be released to appropriate Federal, state or local agencies. If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We have read, and understand, the information in this application in particular the information contained in the instructions for Head of Household and we agree to comply with such information. We have been notified that the Resident Selection Plan that summarizes the procedures for processing applications, is posted in the management office.

We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and Security Deposits.

By my signature below, I hereby authorize the Harbor Management Corporation and/or management of the Louis A. Barrett Residence to request and obtain verification of any and all information contained in this application, including, but not limited to income, asset, expense and rental history information. Further I authorize management to obtain my credit and arrest history report. I understand that this verification is necessary to determine my eligibility and any false statements can affect my acceptance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Applicant

**OWNER'S NOTICE NO. 1  
FOR AN APPLICANT FAMILY**

Dear (insert name of head of household):

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 United States citizens, nationals, or certain categories of eligible noncitizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. 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 of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (Attachment 7) completed by each family member (including yourself) who is listed on the Family Summary Sheet. 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 Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below by (insert date - See Section 7.b. in Notice for guidance).

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 (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, 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.

## **NOTICE TO ALL APPLICANTS: OPTIONS FOR APPLICANTS WITH DISABILITIES OR HANDICAPS**

This property is managed by The Harbor Management Corporation. We provide low-rent housing to eligible applicants. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status, disability or handicap. In addition, we have a legal obligation to provide reasonable accommodations to applicants if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include:

- Making alterations to a unit so it could be used by a family member with a wheelchair,
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a seeing eye dog to assist a vision impaired family member in a family development where dogs are not usually permitted;
- Making large type documents or a reader available to a vision impaired applicant during the application process;
- Making a sign language interpreter available to a hearing impaired applicant during the interview;
- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy — they must be able to pay rent, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

Explained by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Property Manager signs here.)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant/Resident signs here.)

## SPECIAL UNIT REQUIREMENTS QUESTIONNAIRE

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

Applicant Name: \_\_\_\_\_ File #: \_\_\_\_\_

Date: \_\_\_\_\_ ☐ I choose not to complete this form.

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

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

☐ A separate bedroom

☐ Unit for Vision-Impaired

☐ A barrier-free apartment

☐ Unit for Hearing-Impaired

☐ One-level unit

☐ BR/Bath on 1st floor

☐ Physical modifications to a typical apartment

2. Can you and all your family members go up and down stairs unassisted ☐ Yes. ☐ No.  
If No, please indicate how we should accommodate your family:

3. Will you or any of your family members require a live-in aide to assist you? If yes, please explain: ☐ Yes. ☐ No

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

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

\_\_\_\_\_

6. Who should be contacted to verify your need for the features you have identified above? [Form: VSU]

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

## **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

---

## 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.

---

**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.

---

## 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

---

### 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.