

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

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

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

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

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

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

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



Dear Online Applicant,

Thank you for your interest in **Friendly Garden Co-op**. We are anxious to get the paperwork and approvals completed so we can welcome you to our co-op community.

Here's the information needed for your application; it includes:

1. Application*
2. "Document Package for Applicant's/Tenants Consent to Release of Information"
(Please print an extra copy for your personal use.)
3. Income Eligibility Fact Sheet
4. Citizen Declaration Form
5. Packet of forms required for the certification of your income with an instruction sheet explaining what you need to do

***If this is for co-applicants, two applications and two packets of certification forms need to be downloaded; each person must complete their own.**

Please complete the application and release forms and then return them to:

CSI Support & Development Services
Attn: Certification Department
110 Florence Street, Suite 204
Malden, MA 02148

There's a lot of paperwork, but please don't be discouraged! If you have any questions about the materials, assistance is just a phone call away. Please call **781-324-6600** **TDD: (800) 348-7011** or stop by the CSI Support and Development Services' office where a staff member will be happy to assist you in completing the paperwork.

Your eligibility for this building will require you to meet the income limits and provide social security information. In addition to eligibility requirements, our screening includes an interview, landlord and/or credit and background checks.

After your application is completed you will be placed on the waitlist as of the date and time it is received. When your name comes up towards the top of the waitlist a financial packet will be mailed out to you. This financial packet will need to be completed in a timely manner in order for the application process to proceed.

If you would like to set up an appointment to tour the building, please call in the Leasing office at **781-289-0225**.

We are hoping that you join our cooperative community of
People Working Together to Help Each Other.



**FOR OFFICE USE ONLY****Online Applicant****Processed By:****Date & Time Received:**

Application

Friendly Garden Co-op Apartment Community

Note: This facility is committed to serving all eligible and qualified individuals regardless of disability. If you need a reasonable accommodation to reside or continue to reside in this facility and have an equal opportunity to participate in the project, you should bring that fact to the management's attention. The management will try to work with you to reach an accommodation in keeping with the fundamental nature of the project and within the budgetary and administrative limits of the facility.

Answer all questions on this application. Enter "None" or N/A for those questions which do not apply to you. **Applications will not be considered unless they are fully completed.** This application is for **one person**. **A separate application must be completed if a second person will occupy the apartment.**

SECTION I APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	TELEPHONE NUMBER
CURRENT ADDRESS			VOLUNTARY RACE & ETHNIC DATA (Select One) _____ Hispanic or Latino _____ Not Hispanic or Latino
Street Address			VOLUNTARY RACE DATA (Select All That Apply) _____ American Indian or Alaska Native _____ Asian _____ Black _____ Native Hawaiian or Pacific Islander _____ White _____ Other
City	State	Zip	
E-mail address: _____			

How did you hear about this co-op apartment? **through the housingworks.net website**

YES / NO

Do you qualify under the attached extremely low-income limits?

___ ___

SECTION II HOUSING INFORMATION

YES / NO

1. Name of other person who is applying for this apartment: _____

2. Will this unit be your only place of residency?

___ ___

3. This building may have a limited number of units with features specially design for mobility impaired individuals. (e.g., lower kitchen cabinets and counters, wheelchair accessible doorways.)

Do you require such a unit? *If yes, describe what features:* _____

___ ___

4. Would you be interested in a studio apartment if one became available?

___ ___

5. Do you plan to keep a pet in your apartment?

(If yes, we will send you a copy of Rules for Pet Ownership.)

___ ___

6. This building may have a limited number of parking spaces. Do you require a parking space?

___ ___

Please note that building has no health support services or personal assistance or security personnel.

7. Are you able to meet all the obligations of tenancy with or without assistance from outside the building? _____
8. Are you currently homeless due to displacement by natural forces? _____
9. Are you currently homeless due to displacement by public action (Urban Renewal)? _____
10. Are you currently homeless due to displacement action (Sanitary Code Violations)? _____
11. Are you currently homeless due to displacement by domestic violence? _____

If you will use services to enable you to meet obligations of tenancy, please list these services below. Attach an additional sheet if needed.

Name or agency: _____ Phone: _____

Address: _____
street city state zip

Type of assistance: _____

Name or agency: _____ Phone: _____

Address: _____
street city state zip

Type of assistance: _____

SECTION III BACKGROUND INFORMATION

12. If you are now renting, who is your landlord? How long have you lived there? _____ to present

Name: _____ Phone: (____) _____

Address _____

If you are not renting, please explain your current living arrangements: _____

13. We require information on where you have lived for the past five years. Give the name, address, and phone number of your previous landlords and the date you lived there. (Use an additional sheet if you need more space.)

Address of last location	Name and Address of Landlord	Telephone	From (MM/YY)	To (MM/YY)

YES / NO

14. Have you ever been evicted or otherwise involuntarily removed from rental housing?

If yes, please explain: _____

___ ___

15. Have you ever used a different name (or names) from the name given in this application?

If yes, please provide name: _____

___ ___

16. Are you currently charged with, or ever been charged with, or ever been convicted of, a crime of violence, fraud, or theft?

If yes, what state? _____ And what year? _____

___ ___

17. Are you currently using illegal drugs or have you ever been convicted of illegal drug use, possession, manufacturing or distribution of illegal drugs?

If yes, what state? _____ And what year? _____

___ ___

18. Are you a registered sex offender in any state?

If yes, what state? _____ And what year? _____

___ ___

For compliance with HUD 24 CFR Part 5 you must list an address for each state where you have resided:

Address #1

Number Street Apt. City State Zip

Address #2

Number Street Apt. City State Zip

Address #3

Number Street Apt. City State Zip

If you have resided in more than three (3) states, please attach a separate sheet listing an address for each state.

SECTION IV EMERGENCY CONTACTS

1. Relationship: _____

Name: _____

Address: _____
street city state zip

Home phone: _____ Business phone: _____

2. Relationship: _____

Name: _____

Address: _____
street city state zip

Home phone: _____ Business phone: _____

Applicant Signature and Certification

I understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. I understand that any false information may make me ineligible for a unit.

I certify that all information given in this application and in the attachments: application's information and the citizenship declaration are true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, management may decline my application or, if move-in has occurred, terminate my Lease Agreement.

I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency and the third party reporting agency, so that I may obtain a complete disclosure of the nature and scope of the investigation.

This authorization is limited to use regarding this facility.

I understand that it is a criminal offense, punishable by a \$10,000 fine or 10 years imprisonment or both, to make willful statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

SIGNATURE

DATE

**PLEASE RETURN THIS APPLICATION TO: CSI Support & Development Services
Attn: Certification Department
110 Florence Street, Suite 204
Malden, MA 02148**

"CSI Support & Development Services does not discriminate on the basis of race, color, religion, sex, national origin, familial status or disability or any other applicable state or local prohibitions against discriminatory practices against otherwise qualified individuals in admission or access to, or treatment or employment in, its programs and activities. If you feel you have been discriminated against, you may file a written complaint with the President of the Board of Directors of CSI Support & Development Services at the following address: President, Board of Directors, 8425 E. Twelve Mile Road Suite 100, Warren, MI 48093"



TDD Phone Number: 1-(800) 348-7011
www.csi.coop



AUTHORIZATION TO RELEASE INFORMATION

I am applying for an apartment at Friendly Garden. My signature below authorizes credit reporting agencies and/or landlord references and law enforcement agencies to release all pertinent information requested.

Applicant's Name (please print) _____

Applicant's Signature _____

Date of Birth _____

Applicant's Social Security Number _____

All Social Security Numbers You Have Used _____

Date _____

Revised 10.07

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

This Package contains the following documents:

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

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

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

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information

Supplied by Individuals Who Apply for Housing Assistance

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

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

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

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.

CSI Support & Development Services
Section 202 Income Eligibility Fact Sheet

Friendly Garden Co-op

Each resident (or couple) will pay 30% of his/her monthly income for rent. "Income" includes social security, pension, S.S.I., wages, interest, dividends, etc. This means that everyone's rent will be somewhat different. Each member's charges will be computed individually. There will be a choice of a security deposit equal to one month's rent or a membership fee in Cooperative Services of \$100.

Eligibility:

Qualified applicants are eligible to live in this housing program subject to the following income limits:

Eligibility income limits as of	<u>2/13/08</u>	Date
	<u>Boston</u>	Area
1 Person	<u>30,050 (18,500)</u>	Annually
2 Persons	<u>34,300 (20,600)</u>	Annually

Amounts in parenthesis indicate extremely low-income limits. 40% of the move-ins over the course of each year must fall into this category.

Applicants must also qualify for at least \$1.00 of subsidy in order to qualify financially. This means that 30% of your income must be at least \$1.00 less than the current market rent for your apartment.

Market rent for Friendly Garden Co-op Apts. is \$788.00 (studio); \$960.00 (one bedroom).

You Must Declare The Following Assets:

Checking, savings, stocks, bonds, mutual funds, value of equity in real estate property, and other capital investments, anything owned wholly or in part by you.

If total assets are less than \$5,000, we calculate the projected income earned based on the current rate of interest.

If total assets exceed \$5,000, we base the earnings on a percentage of the total assets, or actual income earned -whichever is higher.

Do Not Declare the Following Assets:

Value of necessary personal property, such as furniture, automobiles, etc.

Reminder:

HUD requires that all property and assets be accounted for at market value for a period of two years from date of disposition.

Rev. 02/13/08

Word\Web Site\FG-\4-202 income limits



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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



If you are applying for an apartment with special design features for the mobility impaired, the following characteristics may apply to this type of unit:

- Wheelchair turn-around space in the kitchen and bathroom
- Kitchen and bathroom counters and cabinets are two inches lower
Areas beneath the kitchen and bathroom sinks are open (cabinet free)
- Two peep holes installed at the apartment entry door-one at wheelchair height
- Lower switch plates and intercom controls
- Door openings wide enough to accommodate wheelchairs
- Front control stoves
- Refrigerators with at least 50% freezer space accessible at wheelchair height
- Lower shelves and hanger bars in closets for better wheelchair accessibility

Medical verification of mobility impairment will be required by a doctor in order to occupy an accessible unit. This verification form will be reviewed and distributed at the building interview/orientation.





These downloadable forms are for your use in providing the necessary information regarding your income and assets. This is a requirement of the Department of Housing & Urban Development and must be completed before you can move into any of our co-op buildings.

HUD requires this information for two reasons - first to determine your eligibility to live in subsidized housing and secondly, to determine the amount of rent you will pay. We are required to re-certify your income and assets annually after you have moved in.

SOCIAL SECURITY VERIFICATION – We need a current **benefit verification letter** from Social Security. The quickest way to provide this is to visit your local Social Security office where they can provide this to you upon your request. Or you can call them direct at **1-800-772-1213** to request this verification letter and they will mail it to you; *however, this generally takes much longer.* Upon receipt of letter send it to CSI Support & Development Services. Please do not wait for this verification before returning entire packet.

To expedite this application process we need the following items returned to the main office within 10 days with your completed original application:

- **PROOF OF AGE** - We must have a copy of your birth certificate or some legal document showing your birth date, as well as a copy of your Social Security card.
- **CHECK LIST**- Fill out this form completely, checking yes or no to EACH statement. Sign your name and phone number, date and return to CSI Support and Development Services.
- **BANK VERIFICATION** - Completely fill out the top portion including your name and address, complete bank name, address and account numbers. All accounts held at one bank can be listed on one form. Sign the form allowing the bank to respond, and return the letter to CSI Support and Development Services. Two bank forms are provided. If you have accounts with more than two banks, contact our office for additional bank forms. Return the completed form(s) to CSI Support and Development Services.
- **MEDICAL VERIFICATION** - Completely fill out the top portion and make sure the name and address of your doctor or pharmacy is written. Sign and return the completed form(s) to CSI Support and Development Services. Three forms are enclosed.

- **DISPOSITION OF ASSETS** - This form must be completed, signed, dated and returned to CSI Support and Development Services with your other paperwork.

- **DECLARATION OF CITIZENSHIP** - Complete this form; indicate your citizenship; sign and return to CSI Support and Development Services.

- **ETHNICITY AND RACIAL DATA**- Please sign and return this form to CSI Support and Development Services.

- **OTHER INFORMATION NEEDED (IF APPLICABLE)**

- ▶ Pension Verification form
 - ▶ Family Independence Agency form if you are receiving assistance
 - ▶ Employment Verification form if you are working (contact us at 1-781-324-6600 for a copy of this form)
 - ▶ Copy or listing of your stocks showing the number of shares you currently own, current value and anticipated dividends
 - ▶ Copy of bonds or a notarized listing of them
 - ▶ Copy of most recent tax bill for your home or other properties you own partially or completely
 - ▶ Copy of land contract or statement showing the current balance and rate of interest
 - ▶ Stub or copy of premium coupon from your last health insurance premium payment (Blue Cross, AARP, Health Care Network, etc)
- COPIES OF CHECKS OR MONEY ORDERS CANNOT BE ACCEPTED**

We must stress the importance of total honesty in reporting all income and assets belonging completely or in part to you. Penalties imposed by the federal government are severe for falsifying information in order to obtain housing. In addition, immediate eviction can result if it is determined the initial documentation was deliberately misleading.

If you have any questions about these forms, please contact us at 781-324-6600 and ask for our Certification Department. We are anxious to get your paperwork processed for you.

We look forward to hearing from you and thank you again for your interest in cooperative living!



Dear Co-op Applicant or Resident:

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 several HUD programs, including Section 8 Housing Assistance Payments and Section 236 of the National Housing Act.

You have applied for or are currently receiving, assistance under one of these programs. Therefore, **each person living in or applying to live in their apartment** is required to fill out the enclosed Declaration Form (one form per person) and return it to us within ten (10) days. If you indicate on the Declaration Form that you are a noncitizen, we will be contacting you requesting additional information. **Failure to provide this information or establish eligible status may result in the termination of, or failure to qualify for, housing rental assistance.**

This Section 214 review will be performed only one time during continuously assisted occupancy for each person living in or applying to live in the apartment under any covered program. If this 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 household are eligible for assistance, your household may be eligible for temporary deferral of termination of assistance, continued assistance or proration of assistance.

If you have any questions regarding the Declaration Form, or need additional forms for members of your household, please contact us at 781-324-6600 and we will be happy to help you.

Sincerely,

Certification Department

DECLARATION FORM

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

LAST NAME _____

FIRST NAME _____

☐ Head of Household

☐ Other: _____ (spouse, co-head etc.)

SEX _____

DATE OF BIRTH _____

SOCIAL SECURITY NO. _____

ALIEN REGISTRATION NO. _____

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

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

SAVE VERIFICATION NO. _____
(to be entered by management company if and when received)

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

DECLARATION

I, _____ hereby declare, under penalty

of perjury, that I am _____

(print or type first name, middle initial, last name):

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

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

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

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

a. Verification Consent Form (Exhibit 3-7).

AND

b. One of the following documents:

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

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

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

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

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

Signature

Date

Check if adult signed for a child: _____

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

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

Signature

Date

Check here if adult signed for a child: _____

Verification Consent Form

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

CONSENT

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

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

NOTIFICATION TO FAMILY:

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

Signature

Date

Check here if adult signed for a child: _____

CHECK LIST

Please complete a separate form for each household member.

YES **NO**

I receive income from employment. I work Full-Time ____ ; Part-Time ____
 I regularly receive cash contributions or gifts from persons not living with me (includes rent or utility payments)
 I receive periodic payments from Workmen's Compensation
 I receive Veteran's Administration benefits
 I receive G.I. Bill benefits
 I receive disability or death benefits, including Black Lung
 I receive Social Security
 I receive Supplemental Security Income (S.S.I.)
 I receive Public Assistance (excluding Medicaid and Food Stamps)
 I receive unemployment benefits
 I receive alimony
 I receive periodic payments from trust, annuity or inheritance
 I receive periodic payments from insurance policies
 I receive periodic payments from retirement funds or pensions
 I receive periodic payments from lottery winnings
 I receive interest or dividends
 I receive income from rental of real or personal property
 I have real estate, land contracts or mobile homes
 I have checking account(s) How many? ____
 I have savings account(s) How many? ____
 I have time certificate(s) How many? ____
 I have IRA's or Keogh accounts
 I have treasury bills
 I have stocks
 I have bonds
 I have Mutual Fund accounts
 I have personal property held for investment (gems, jewelry, coin and stamp collections, etc.)
 I have disposed of assets within the last two (2) years. (If yes, see attached statement.)
 I pay Medicare premiums.
 I pay medical insurance premiums other than Medicare
 I pay medical, dental or prescription expenses which are not reimbursed by insurance.

I hereby certify that to the best of my knowledge, all statements are true and that when circumstances change I will notify the Certification Department at CSI Support & Development Services for possible recertification.

Signature

Telephone Number

Date

Friendly Garden Co-op Apartments
CERTIFY\CHECK.LST

4/18/91



VERIFICATION OF ASSETS ON DEPOSIT

DATE: _____

TO: _____

**FROM: Friendly Garden Co-op Apartments
c/o CSI Support & Development Services
110 Florence Street, Suite 204
Malden, MA 02148-4028**

RETURN THIS VERIFICATION
TO THE LOCATION ABOVE.

SUBJECT: Verification of Information Supplied by an Applicant/Tenant to receive Housing Assistance

NAME: _____

SS# _____

ADDRESS: _____

Apt# _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the LOCATION at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown on reverse side.

INFORMATION BEING REQUESTED

<u>Type of Account</u>	<u>With- drawal Penalty</u>	<u>Average Balance for the last 6 months</u>	<u>Current Balance</u>	<u>Current Interest Rate</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**NAME AND TITLE OF PERSON
SUPPLYING THE INFORMATION**

INSTITUTION

SIGNATURE/PHONE NUMBER

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 the requested information.

Signature

Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

VERIFICATION OF SOCIAL SECURITY INFORMATION

DATE: _____

TO: Social Security Administration

FROM: Friendly Garden Co-op Apartments
c/o CSI Support & Development Services
110 Florence Street, Suite 204
Malden, MA 02148

RETURN THIS VERIFICATION
TO THE LOCATION ABOVE

SUBJECT: Verification of information Supplied by an Applicant/Tenant to Receive Housing Assistance

NAME: _____

SS# _____

ADDRESS: _____

Apt# _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD) and reports income from the Social Security Administration. HUD requires the housing owner to verify all information that is used in determining this person eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the LOCATION above. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown on reverse side.

INFORMATION REQUESTED

1. Gross Monthly Social Security Benefit \$ _____

2. Check type of Benefits:

Social Security Retirement _____

Disability _____

Widow(er) _____

Child(ren) _____

Supplemental Security Income

Including State Supplement

Old Age _____

Disability _____

Blind _____

3. Recipient's date of birth _____

4. Medical insurance premiums deducted from
recipient's gross monthly benefit _____



**NAME AND TITLE OF PERSON
SUPPLYING THE INFORMATION**

ORGANIZATION

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

I _____ hereby authorize the release of the information listed below to the individual named above. I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representations which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

VERIFICATION OF PENSION AND ANNUITIES DATA

DATE: _____

TO: _____

**FROM: Friendly Garden Co-op Apartments
c/o CSI Support & Development Services
110 Florence Street, Suite 204
Malden, MA 02148-4028**

RETURN THIS VERIFICATION
TO THE LOCATION ABOVE.

SUBJECT: Verification of Information Supplied by an Applicant /Tenant to receive Housing Assistance

NAME:_____

SS#_____

ADDRESS:_____

Apt#_____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the LOCATION at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown on reverse side.

INFORMATION BEING REQUESTED

Current monthly gross amount of pension or annuity \$_____

Deductions from gross for medical insurance premiums \$_____

Date of initial award _____

Effective date of current amount _____

**NAME AND TITLE OF PERSON
SUPPLYING THE INFORMATION**

FIRM/ORGANIZATION

SIGNATURE/PHONE NUMBER

DATE

**DO NOT SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE
ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**



RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

VERIFICATION OF VETERANS ADMINISTRATION BENEFITS

DATE: _____

TO: Veteran's Administration
J. F. Kennedy Federal Building
Government Center
Boston, MA 02203

FROM: Friendly Garden Co-op Apartments
c/o CSI Support & Development Services
110 Florence Street, Suite 204
Malden, MA 02148-4028

RETURN THIS VERIFICATION
TO THE LOCATION ABOVE.

SUBJECT: Verification of Information Supplied by an Applicant/Tenant to receive Housing Assistance

NAME: _____ SS# _____

ADDRESS: _____ Apt# _____

CLAIM NUMBER _____ SERIAL NUMBER _____

INS. POL NO. _____ PAYMENT DUE DATE _____

DATE OF BIRTH _____ WWI | WW2 | KOREA | VIETNAM | OTHER

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the LOCATION at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown on reverse side.

INFORMATION BEING REQUESTED

1. Date of Initial Benefit _____
2. Periods of Active Duty: From _____ to _____ From _____ to _____
3. Allowance for Education or Training

School (); One the Job ()

Monthly Amount \$ _____

Effective Date of Current Award: _____

Ending Date: _____

Name of Training Institution _____

Name and Address of Employer _____



4. Compensation (service connected):

Disability () Death () Dependency and Indemnity ()

Pension (non-service connected): Disability () Death ()

Effective Date of Current Award:_____ Monthly Amount \$_____

5. Other Payments (Mo. Insurance, etc.):_____ Monthly Amount \$_____

6. Changes: If any change is contemplated, check here () and explain on reverse side.

**NAME AND TITLE OF PERSON
SUPPLYING THE INFORMATION**

FIRM/ORGANIZATION

SIGNATURE/PHONE NUMBER

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 the requested information. Information obtained under this consent is limited to information that is no older then 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

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VERIFICATION OF MEDICAL EXPENSES

DATE: _____

TO: _____

**FROM: Friendly Garden Co-op Apartments
c/o CSI Support & Development Services
110 Florence Street, Suite 204
Malden, MA 02148-4028**

RETURN THIS VERIFICATION
TO THE LOCATION ABOVE.

SUBJECT: Verification of Information Supplied by an Applicant/Tenant to receive Housing Assistance

NAME: _____

D.O.B.: _____

ADDRESS: _____

Apt.# _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

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INFORMATION BEING REQUESTED

INSTRUCTION TO OWNER: ENTER THE 12 MONTH PERIODS REFERENCED IN EACH STATEMENT BASED ON THE CERTIFICATION/RECERTIFICATION DATE. READ THE RULES ON MEDICAL EXPENSES IN HANDBOOK 4350.3.

INSTRUCTION TO THIRD PARTY VERIFYING THE INFORMATION:

Complete the statement that provides the most accurate information in each category:

- (1) The person whose signature appears on this form paid \$ _____ for medical expenses for the previous 12 months from _____ to _____. **EXCLUDE ONE-TIME EXPENSES THAT ARE NOT EXPECTED TO REOCCUR OR**
- (2) The person whose signature appears on this form is expected to pay approximately \$ _____ in medical expenses for the following 12 months from _____ to _____.

EXAMPLES OF MEDICAL EXPENSES INCLUDE (Please check expenses included in this estimate)

_____ Services of physicians and other health care professionals

_____ Services of health care facilities

_____ Prescription/non-prescription medicines



_____ dental expenses

_____ eyeglasses, hearing aids, batteries, wheelchair, walker and other supplies and equipment

_____ Attendant care or periodic medical care

_____ Other (specify general category)

**NAME AND TITLE OF PERSON
SUPPLYING THE INFORMATION**

FIRM/ORGANIZATION

SIGNATURE/PHONE NUMBER

DATE

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Signature

Date

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VERIFICATION OF EMPLOYMENT

DATE: _____

TO: _____

**FROM: Friendly Garden Co-op Apartments
c/o CSI Support & Development Services
110 Florence Street, Suite 204
Malden, MA 02148-4028**

RETURN THIS VERIFICATION
TO THE LOCATION ABOVE.

SUBJECT: Verification of Information Supplied by an Applicant/Tenant to receive Housing Assistance

NAME: _____

SS# _____

ADDRESS: _____

Apt.# _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

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INFORMATION BEING REQUESTED

1. Employed since _____ Occupation _____ Salary: \$ _____

2. **BASE PAY RATE**

Per Hour _____ OR per Week _____ OR per Month _____

Date present rate effective _____

Average Hours per Week at Base Pay Rate:

Weeks _____ or Months _____ worked per year.

3. **OVERTIME PAY RATE**

Per Hour _____

Expected average number of hours to be worked per week during next 12 months: _____

4. **OTHER COMPENSATION NOT INCLUDED ABOVE** (Specify for commissions, bonuses, tips, etc.)

FOR _____ \$ _____ Per _____

5. Total Base Pay Earnings Past 12 months: \$ _____
Total Overtime Earnings Past 12 months: \$ _____

**NAME AND TITLE OF PERSON
SUPPLYING THE INFORMATION**

FIRM/ORGANIZATION

SIGNATURE/PHONE NUMBER

DATE

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Dear Applicant/Member:

Due to changes in HUD regulations as the result of a Congressional act entitled "Housing and Urban Rural Recovery Act of 1983," we are now required to have on file the enclosed form.

Please read the enclosed form - *Certification Regarding Disposition of Assets* - check the box that applies, sign and date the form and return it to our office for inclusion with your other paperwork.

If you have sold or given away any asset valued at \$1,000 or more (for example: home, money, stocks, bonds, mutual funds, etc.) for less than market value during the past two years, you must indicate the type of asset; date the transaction took place; amount you received; and the value of the asset at the date of transaction.

If you have sold or given away an asset within the past two years for less than what it was worth, we must consider it as part of your assets and use the imputed interest rate of 2.0% added to your other income for two years from the date of disposition.

If you have not disposed of any assets during the past two years, you would only check the top box and sign and date the form so that we have it in your file.

Sincerely,

Certification Department

Enclosure

CERTIFY\ASSETS
3/2/90



CERTIFICATION REGARDING DISPOSITION OF ASSETS

☐

I certify that I have not disposed of any assets valued at \$1,000 or more for less than market value during the two years preceding this certification.

☐

I certify that I have disposed of the following assets for less than market value during the two years preceding this certification.

<u>Type of Asset</u>	<u>Date Sold Or Disposed Of</u>	<u>Amount Received</u>	<u>Market Value of Asset At Time of Disposition</u>
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Applicant/Head of Household

Date

Spouse

Friendly Garden Co-op Apartments

