

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

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to "Custom Scale - 100%".  
Then, both addresses will appear in the windows of a #10 double-window envelope, saving you time.

← **Mail this application to the address at left.**

**Do not fax!**

Date Generated:

Fold on this line \_\_\_\_\_

**Dear**  
I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

**SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:**

**LANDLORD: IF REJECTING THIS APPLICATION**, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

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

[support@housingworks.net](mailto:support@housingworks.net)

**HousingWorks  
P.O. Box 231104  
Boston, MA 02123  
617-536-8561 fax**

**This waitlist is closed. The only waitlists open at present are:**

\_\_\_\_\_

**This is not the right application. We have enclosed the correct application.**

**You do not appear to qualify for this property, because:** \_\_\_\_\_

Name of Waitlist Administrator optional \_\_\_\_\_

Phone of Waitlist Administrator optional: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

← *Date Time Stamp – for Office Use Only*

**2022 Income Limits for Section 8**

Eligibility Requirements of the Section 8 Program require admission to those applicants whose income is below the following annually established federal income limits

**Fall River, MA**

<b>Number of Persons in Household</b>	<b>Very Low Income Level (50%)</b>	<b>Extremely Low Income (30%)</b>
1	33,850	20,300
2	38,700	23,200
3	43,550	26,100
4	48,350	29,000

**Worcester, MA**

<b>Number of Persons in Household</b>	<b>Very Low Income Level (50%)</b>	<b>Extremely Low Income (30%)</b>
1	38,700	23,250
2	44,200	26,550
3	49,750	29,850
4	55,250	33,150

**New Bedford MA**

<b>Number of Persons in Household</b>	<b>Very Low Income Level</b>	<b>Extremely Low Income</b>
1	32,950	19,800
2	37,650	22,600
3	42,350	25,450
4	47,050	28,250

Additional Eligibility for Elderly/Disabled Projects

-Head of Household must be at least 62 years old  
or

-Head of Household must be able to verify that they meet the Social Security Administration's threshold for being defined as disabled. Please note that not all persons that meet the threshold definition of disability are receiving SSI Benefits and these applicants will have to have a qualified Medical Person verify this. For applicants currently receiving SSI benefits, no further verification of disability is required.

RETURN ALL APPLICATIONS AND REQUIRED DOCUMENTATION TO:



NEBEL PROPERTY MANAGEMENT  
INC.

Site Management Office  
145 Old Second Street  
Fall River, MA 02721  
Telephone: 508-679-8353  
Fax: 508-679-8345  
TTY: 800-439-0183

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

RE: Housing Application - Please see attached Income Limits

**\*As of August 1, 2016 all of our properties will be smoke free\***

In order to process your application, please fill out and date all the attached forms. Incomplete forms will be returned and delay the process. Applicants needing assistance with this process may call the office at 508-679-8353 to make an appointment. Nebel Property Management staff will be happy to assist you. **In order to start the application process, the following documents are also needed:**

- ° Picture ID - State License or State ID Card or Passport
- ° Copy of social security card
- ° Copy of letter stating social security benefits
- ° Any other income
- ° Birth Certificate
- ° Bank statements
- ° If elderly or disabled, medical expenses
- ° Medicare Card
- ° Check buildings you are applying for
  - Located in Fall River:
    - Hudner (elderly or disabled)
    - St. Mathieu's (elderly or disabled)
  - 
  - Number of bedrooms needed:
    - 1 bedroom
    - 2 bedrooms



Nebel Property Management Inc.-Site Management Office  
145 Old Second Street  
Fall River, MA 02721

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

APPLICATION INSTRUCTIONS

INCOMPLETE APPLICATIONS WILL AUTOMATICALLY BE REJECTED

1. All information requested must be accurately filled out. All family members must be listed on application. **We must have a housing history of at least five (5) years or your last two landlords if you have lived at your present address for more than five (5) years.**
2. The following verifications must accompany this application:
  - A. Verification of income. Must be current-within 120 Days of the Date of the Application. All family members who receive any type of income must be presented.
  - B. Verification of Citizenship or Legal Immigration Status for all family members.
  - C. Verification of Disability (If Applicable).
  - D. Verification of Social Security Number for all family members.
  - E. Verification of Priority Placement (if Applicable)
3. Once you have completed this application and have all of the necessary documentation attached, please mail it to the Management Office. If you have any questions, please contact the Management Office. The telephone number is 508-679-8353 ( Fall River & New Bedford) or 508-363-3940 (Worcester).
4. Please note that there is NO FEE for this application.

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

Revised August 2016

*For Office Use Only*

*Date and Time Application Received:* \_\_\_\_\_

*Date and Time Application Complete:* \_\_\_\_\_

Nebel Property Management Inc. does not discriminate on the basis of race, color, national origin, religion, sex, family status or disability.



## CONSENT TO THE RELEASE OF INFORMATION

I/We hereby consent to and authorize any representative of Nebel Property Management Inc. to obtain, verify, and exchange information on any reports concerning me as are maintained by, but not limited to: City, County, State, Federal Law Enforcement Agencies, Present/Past Landlords, employers and all income sources. I/We understand that any information obtained may be considered by Nebel Property Management Inc. in their sole discretion, as a factor in the decision they make, with respect to the apartment, which I/We are applying for. I/We understand that Nebel Property Management Inc. will be obtaining criminal offense records information from the Commonwealth of Massachusetts CORI Board.

I/We hereby release and hold harmless: Agents, Owners and Affiliates of, but not limited to: Their Officers, Directors, Employees, Law Enforcement Agencies, Credit Reporting Agencies, Present/Past Employers, and Landlords that shall provide information to Nebel Property Management Inc.

I/We hereby authorize and request all credit reporting agencies, employers, credit, past and present landlords and personal references to release all pertinent information about me/us. A photocopy of this shall be as valid as the original.

Print Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date





# 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 Question.....

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](mailto:Hotline@hudoig.gov). You can write the Hotline at:

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

December 2005





## **¿ESTÁ SOLICITANDO ASISTENCIA DE HUD PARA SU VIVIENDA? PIENSE EN ESTO...**

### **¿VALE LA PENA COMETER FRAUDE?**

---

#### **Se da usted cuenta...**

De que si comete fraude para obtener asistencia para su vivienda por HUD, podrían:

- Desahuciarle de su apartamento o casa.
- Exigirle que reembolse toda la asistencia que le pagaron de más para su alquiler.
- Multarle hasta \$10,000.
- Enviarle a prisión hasta por cinco años
- Prohibirle recibir más asistencia en el futuro.
- Imponerle sanciones del gobierno estatal local.

---

#### **¿Sabe usted...**

Que está cometiendo un fraude si firma una planilla a sabiendas de que está dando información falsa o engañosa? La información que usted proporciona en las planillas de solicitud y re-certificación de asistencia con la vivienda será verificada. La agencia de vivienda local, HUD o la Oficina del Inspector General, verificarán la información sobre ingresos y bienes que usted proporcione, con otros organismos del gobierno federal, estatal local, así como con agencias rivadas. Es un fraude certificar información falsa.

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#### **¡De modo que tenga cuidado!**

Cuando usted llena su solicitud y re-certificación anual para recibir asistencia para su vivienda por HUD, asegúrese que sus respuestas a las preguntas sean exactas y honestas. Usted tiene que incluir: Todas las fuentes de ingresos y cambios en los ingresos recibidos por usted o cualquier miembro de su familia, tales como sueldos, pagos de Bienestar Social, seguro social y beneficios de veteranos, pensiones, jubilación, etc. Todo el dinero que usted reciba en nombre de sus hijos, como el destinado al mantenimiento de hijos, pagos de AFDC, seguro social para niños, etc. Cualquier aumento en el ingreso, como sueldos de un nuevo trabajo o un aumento de sueldo o bonificación esperados. Todos los bienes, como cuentas bancarias, bonos de ahorro, certificados de depósito, acciones, propiedades inmobiliarias, etc., de usted o de cualquier miembro de su familia. Todo ingreso procedente de bienes, como intereses de cuentas de ahorros y cuentas corrientes, dividendos de acciones, etc. Cualquier negocio o bienes (como su casa) que haya vendido en los dos últimos años a un precio inferior a su valor total. Los nombres de todas las personas, adultas o niños, parientes o no parientes, que estén viviendo con usted y que componen su familia. (Aviso importante para los evacuados como resultado de los huracanes Katrina y Rita: Los requisitos de HUD en cuanto a la notificación pueden ignorarse o suspenderse temporalmente debido a sus circunstancias. Contacte la agencia local de vivienda antes de llenar la solicitud de asistencia para vivienda .

---

#### **Haga preguntas**

Si no entiende algo en la solicitud o planilla de recertificación, pregunte siempre. Es mejor estar seguro que lamentarse. ¡Cuidese de las trampas con la asistencia para vivienda! • No le pague dinero a nadie por llenarle sus planillas de solicitud de asistencia y recertificación para vivienda. • No pague dinero para que le avancen su lugar en una lista de espera. • No pague por nada que no esté incluido en su contrato de arriendo. • Pida un recibo por cualquier dinero que pague. • Pida una explicación por escrito si le exigen a arrendar o que no sea el alquiler caros de mantenimiento o de servicios públicos .

---

#### **Denuncie el fraude**

Si usted sabe de alguien que haya proporcionado información falsa en una solicitud de asistencia o re-certificación para vivienda de HUD, o si alguien le dice que le dé información falsa, denuncie a esa persona a la línea directa de la Oficina del Inspector General de HUD. Usted puede llamar a la línea directa de lunes a viernes, entre 10:00 a.m. y 4:30 p.m., hora del Este, al 1-800-347-3735. También puede enviar la información por fax al (202) 708-4829 o usted puede escribir a la línea directa por correo electrónico a: [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov) .



NEBEL PROPERTY MANAGEMENT INC.  
 145 Old Second Street Fall River, MA 02721  
 Phone (508) 679-8353 Fax (508) 679-8345  
 MA Relay 800-439-0183

**OFFICE USE ONLY**

Date Received \_\_\_\_\_ Time Received \_\_\_\_\_  
 BR/Priority \_\_\_\_\_  
 Update Status \_\_\_\_\_

**APPLICANT**

Name \_\_\_\_\_  
 Present Address \_\_\_\_\_  
 \_\_\_\_\_ Zip Code \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

Former Address \_\_\_\_\_  
 \_\_\_\_\_ Zip Code \_\_\_\_\_

Marital status: S \_ M \_ D \_ W \_ or Separated \_

How did you hear about us \_\_\_\_\_

**PRESENT LANDLORD**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Length of Tenancy \_\_\_\_\_

Monthly Rent \_\_\_\_\_ Utilities \_\_\_\_\_

**PREVIOUS LANDLORD**

Name \_\_\_\_\_  
 Address \_\_\_\_\_

Phone \_\_\_\_\_ Length of Tenancy \_\_\_\_\_

Monthly Rent \_\_\_\_\_ Utilities \_\_\_\_\_

**PLEASE LIST APPLICANTS THAT WILL MAKE UP YOUR HOUSEHOLD**

RELATIONSHIP F. TIME I IDENTIFY MY

NAME	SOC. SEC. #	DATE OF BIRTH	TO HEAD	STUDENT	GENDER AS	
						<input type="checkbox"/> Prefer not to disclose
						<input type="checkbox"/> Prefer not to disclose
						<input type="checkbox"/> Prefer not to disclose
						<input type="checkbox"/> Prefer not to disclose

- Are you (or your spouse) age 62 or older?  Yes  No  
 If not, do you (or your spouse) have a disability?\*  Yes  No
- Does any member of your household need a wheelchair accessible unit?\*  Yes  No
- Do you need information in a language other than English?  Yes  No  
 Please specify language \_\_\_\_\_

**INCOME SOURCES**

INCOME		ASSETS	
SOURCE	AMOUNT (Annually)	SOURCE	AMOUNT
Social Security		Savings Account	
SSI		NOW/Checking Account	
SSD		Stocks	
AFDC		Bonds	
Veteran's Assist.		Cert. of Deposit	
Pension		Real Estate	
Other		Other	

\*inquiry concerning handicapped members of household is being asked to determine if applicant is qualified for tenancy in some buildings. Criteria for tenancy is the head of household or co-head must be handicapped, disabled, or elderly. Information is also used to determine eligibility for deductions



Preference Questions

1. Are you homeless due to displacement by natural forces (fire, hurricane)? Yes\_\_\_ No
2. Are you homeless due to displacement by Public Action (Urban Renewal)? Yes\_\_\_ No
3. Are you homeless due to displacement by Public Action (sanitary code violations)? Yes\_\_\_ No
4. Are your involuntary displacement due to domestic violence, rape, dating violence, sexual assault or stalking? Yes\_\_\_ No



# Housing History

Applicant Name: \_\_\_\_\_

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

We must have a housing history of **at least five (5) years and your last two landlords**. If a housing reference is a relative, you must state that information. Please give complete address information, including zip code and phone number. Please print clearly. All prior landlords will be contacted.

\*\*\*\*\*

Current Address:

Tenancy Date: From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord's Name:

Landlord's Address:

Landlord's Telephone #-please include area code:

May we contact this landlord?

Are you related to this landlord?

Reason for Moving: \_\_\_\_\_

\*\*\*\*\*

Previous Address:

Tenancy Date: From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord's Name:

Landlord's Address:

Landlord's Telephone #-please include area code:

May we contact this landlord?

Are you related to this landlord?

Reason for Moving: \_\_\_\_\_

\*\*\*\*\*

Previous Address:

Tenancy Date: From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord's Name:

Landlord's Address:

Landlord's Telephone #-please include area code:

May we contact this landlord?

Are you related to this landlord?

Reason for Moving: \_\_\_\_\_





**EMPLOYMENT (see below, fill out for every member employed)**

Occupation \_\_\_\_\_ Annual Salary \_\_\_\_\_ Length of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
 Employers Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Annual Salary \_\_\_\_\_ Length of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
 Employers Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Annual Salary \_\_\_\_\_ Length of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
 Employers Name \_\_\_\_\_ Address \_\_\_\_\_

**REFERENCES  
BANKS**

<u>NAME</u>	<u>ADDRESS</u>	<u>ACCOUNT #</u>	<u>TYPE OF ACCOUNT</u>

**CREDIT**

<u>NAME</u>	<u>ADDRESS</u>	<u>ACCOUNT #</u>	<u>PHONE #</u>

**OPTIONAL RACE INFORMATION**

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

- American Indian       Asian       Black  
 Hispanic               White       Other

Are you now or have you ever lived in subsidized/Government Assisted Housing?  Yes       No  
 If yes, please give the address \_\_\_\_\_

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

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



**CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THEN FAIR MARKET VALUE**

We have [ ] have not [ ] disposed of any asset (s) for less than fair market value in the preceding 24 months. If assets(s) are disposed of for less then fair market value, describe below.

<u>Assets Disposed Of</u>	<u>Date of Disposition</u>	<u>Fair Market Value</u>	<u>Amount Received</u>

\_\_\_\_\_  
Signature of Applicant(s)

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

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

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

*Professionally Managed by Nebel Property Management Inc.*



**FAMILY SUMMARY SHEET**

<b>MBR NO</b>	<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>RELATIONSHIP TO HOH</b>	<b>SEX</b>	<b>D.O.B.</b>
HEAD			<b>H.O.H.</b>		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

### Citizenship Declaration

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

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ 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 owner if and when received)

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

#### DECLARATION

I, \_\_\_\_\_ hereby declare,

under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_



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

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

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

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



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

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

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

Check here if adult signed for a child: \_\_\_\_\_

<b>REQUEST FOR EXTENSION</b>	
I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.	
_____	
Signature _____	Date _____
Check if adult signed for a child: _____	

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

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

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

\_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_



# *Nebel Property Management Inc.*

## **Verification of Disability or Handicap**

Applicant Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
\_\_\_\_\_

The individual named above is applicant for housing assistance which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for a family to be eligible, we must verify information related to eligibility for disabled housing. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the individual's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact our office at 508-679-8353. Thank you for your time and cooperation in this matter.

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
\_\_\_\_\_ to release the information below verifying  
whether or not I have a disability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **To be completed by evaluator/diagnostician**

**Handicap Certification:** HUD's definition of handicap requires that an individual have a physical or mental handicap which: will be of long and indefinite duration; impedes the ability to live independently; and is of such a nature that the person's ability to live independently could be improved by more suitable housing. All of the above conditions must be true to qualify as handicapped.

Based on the above definition, it is my opinion that the individual indicated above: \_\_\_\_\_ is handicapped  
or \_\_\_\_\_ is NOT handicapped.

**Disability Certification:** HUD considers a person disabled if Social Security's definition is met in paragraph (a), or the individual has a developmental disability as described in paragraph (b).



# *Nebel Property Management Inc.*

- (a) Section 223 of the Social Security Act defines disability as an inability to engage in any substantial gainful activity because of physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or, for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
- (b) A developmental disability is a severe, chronic disability which:
- 1) Is attributed to a mental and/or physical impairment;
  - 2) Was manifested before the age of 22
  - 3) Is likely to continue indefinitely
  - 4) Result in substantial functional limitations in three or more of the following areas: capacity for independent living; self-care; receptive and expressive language; learning; mobility; self-direction; and economic self-sufficiency; AND
  - 5) Requires special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

Based on the above definition, it is my opinion that the individual indicated above:

\_\_\_\_\_ Is Disabled or \_\_\_\_\_ Is NOT Disabled

Additional Comments: (e.g., any special situations, etc.)

I certify that the above information is true and correct:

_____ Evaluator/Diagnostician's Name	_____ Title
_____ Signature	_____ Date
_____ Name of Organization	_____ Address
_____ City, State, Zip Code	_____ Telephone Number

***WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.***

Site Management Office ♦ 145 Old Second Street ♦ Fall River, MA 02721  
Telephone: 508-679-8353 ♦ Fax: 508-679-8345



**Notice of Applicant/Tenants Right to Request  
A Reasonable Accommodation**

In order to comply with applicable federal, state and local laws, we do not discriminate against applicants and tenants on the basis of their race, color, religion, sex, national origin, familial status, disability, or handicap. We also have specific obligation which relate solely to people with disabilities or handicaps. A disability or handicap is a physical or mental impairment that limits a major life activity, (i.e., working, seeing, hearing, thinking) a lot.

Please be advised that we have a legal obligation to make changes in policies and procedures ("reasonable accommodations") and structural alterations ("physical modifications") if it will enable an otherwise eligible applicant or tenant with a disability an equal opportunity to access and enjoy the housing program. We do not have to make a reasonable accommodation or physical modification if the modification's cost will pose an undue financial and administrative burden to the owner or it requires us to ignore or change a basic component of our housing program (a "fundamental alteration" in the housing program).

Examples of reasonable accommodations and structural modifications include:

- Making alterations to a unit, such as installing grab bars and lowering cabinets, so it could be used by a family member who uses a wheelchair;
- Allowing family members to have service animals that need the animal as a direct result of his/her disability in developments where pets are normally not permitted;
- Making large type documents, placing documents or tape, and making a reader available to an applicant with a vision impairment during the application process, or tenant during the recertification process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview.

Please note that our obligation to provide a reasonable accommodation and physical modification does not require us to waive basic lease requirements for applicants or tenants with disabilities. An applicant or tenant family that has a member with a disability must still be able to meet the essential obligations of tenancy (pay rent, care for their apartment, report required information to the manager, avoid disturbance their neighbors, etc.) with or without a reasonable accommodation or physical medications.

If you or a family member of your family has a disability or handicap and think you might need or want a reasonable accommodation or structural modification, you may request it at any time in the application process or after admission. This is up to you.

Explained by: \_\_\_\_\_

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

Received by: \_\_\_\_\_

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

Applicant/Resident Signature



**Single Residency Criteria Acknowledgement – Move In**

I/We have indicated, on my application, that I/We:

- ⇒ am currently receiving HUD assistance in another unit
- ⇒ am not currently receiving HUD assistance in another unit
- ⇒ am the recipient of a housing voucher
- ⇒ If I am living in a community and receiving HUD project-based assistance, I/We understand that, according to the current HUD lease, I/We must provide 30 days notice to the agent currently managing the property where I/We live.
- ⇒ If I am currently using a housing choice voucher to pay a portion of my rent, I/We understand that HUD prohibits residents from benefiting from Housing Choice Voucher assistance in a unit assisted through project-based Section 8, Rent Supplement, RAP, Section 202 PAC or Section 202 and 811 PRAC.

If I/We fail to move out of my/our current residence before I/We move to

\_\_\_\_\_

I/We understand that no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after I move out of my current unit. I/We will be responsible for paying the market/contract rent of MARKET RENT until I/We qualify to receive HUD assistance on this property.

\*Title 18, Section 1001 of the US 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, and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signed

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

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## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

# STUDENT CERTIFICATION

Applicant/Resident \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Property \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT / RESIDENT**

**Yes No**

Are you student at an institution of higher education?

*\*Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

**If you have answered no, please skip the following questions and sign below.**

**If you answered yes, please complete the following questions:**

**Yes No**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Are you a full-time student?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you disabled?   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, were you receiving Section 8 assistance as of November 30, 2005 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a graduate or professional student?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you at least 24 years of age?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a veteran of the United States military?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you married?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have a dependent child?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have dependents other than a child or spouse?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Were you an orphan or a ward of the court through the age of 18?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Will you be living with your parents?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| If no:   |                          |                          |
| a. Are your parents receiving or eligible to receive Section 8 assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent's tax return?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you receiving any financial assistance to pay for your education?  | <input type="checkbox"/> | <input type="checkbox"/> |

**PENALTIES FOR MISUSING THIS FORM**

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. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 f) and h. Violation of these provisions are cited as violations of 42 U.S.C. 408 f, and h.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_



## ALIMONY/CHILD SUPPORT AFFIDAVIT

TENANT/APPLICANT: \_\_\_\_\_  
 PROPERTY NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPPORT TYPE:  ALIMONY/SPOUSAL     CHILD

Proof of alimony or child support must be attached to this form. Examples include:

- Statement from Courthouse
- Statement from Public Assistance Office
- Copy of Divorce Decree
- Verification from Child Enforcement Agency
- Copy of Martial Separation Agreement
- Copies of most recent check stubs

PLEASE CHECK ALL THAT APPLY:

A  I certify that I **AM** entitled to receive alimony, spousal support, child support or other compensation pursuant to any court order or other agreement. I expect to receive the full amount in the next twelve (12) months: YES \_\_\_\_\_  
 NO: \_\_\_\_\_ If no, explain: \_\_\_\_\_

CHILD	Age	AMOUNT	FREQUENCY	
			<input type="checkbox"/> per mo.	<input type="checkbox"/> per wk.
			<input type="checkbox"/> per mo.	<input type="checkbox"/> per wk.
			<input type="checkbox"/> per mo.	<input type="checkbox"/> per wk.
			<input type="checkbox"/> per mo.	<input type="checkbox"/> per wk.

B  I certify that I am **NOT** entitled to receive any alimony, spousal, child support or other compensation pursuant to any court order or other agreement.

CHILD	Age	AMOUNT	FREQUENCY	
			<input type="checkbox"/> per mo.	<input type="checkbox"/> per wk.
			<input type="checkbox"/> per mo.	<input type="checkbox"/> per wk.
			<input type="checkbox"/> per mo.	<input type="checkbox"/> per wk.
			<input type="checkbox"/> per mo.	<input type="checkbox"/> per wk.

C  I **AM ACTIVELY** in the process of seeking monies for alimony, spousal, or child support through legal channels or otherwise; as noted in court decrees. I am pursuing support for the following child/children:  
 \_\_\_\_\_

D  I am **NOT ACTIVELY** in the process of seeking any monies for alimony/child support through legal channels or otherwise, nor am I under any obligation to seek such monies.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT/TENANT

\_\_\_\_\_  
 DATE

**WARNING:** Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.



# Nebel Property Management Inc.

Household Name / nombre: \_\_\_\_\_

## CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE CERTIFICADO DE ALGUNA PROPIEDAD VENDIDA POR MENOS DEL VALOR REAL DEL MERCADO

This is to certify that over the past 24 months I or any family members have disposed of the following assets for less than fair market value as described below:

Esta forma es para verificar que en los pasados 24 meses yo o algun miembro de la familia a vendido las siguientes propiedades por menos del valor real del Mercado.

Asset Disposed of PROPIEDAD VENDIDA	Date of Disposition FECHA DE LA VENTA	Fair Market Value VALOR REAL DEL MERCADO	Amount Received MONTO RECIBIDO
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By checking this box I certify that neither I or any of my family members have disposed of any assets over the past 24 months for less than fair market value.

CHEQUEANDO EN ESTE ESPACIO YO CERTIFICO QUE NI YO O ALGUN MIEMBRO DE MI FAMILIA HA VENDIDO NINGUNA PROPIEDAD EN LOS PASADOS 24 MESES POR MENOS DEL VALOR REAL DEL MERCADO.

\_\_\_\_\_  
Head of Household Signature  
FIRMA DE LA CABEZA DE CASA

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

\_\_\_\_\_  
Spouse or Other Adult Signature  
FIRMA DE LA ESPOSA

\_\_\_\_\_  
Date  
FECHA

\_\_\_\_\_  
Other Adult Household Member Signature  
FIRMA DE OTRO ADULTO MIEMBRO DE LA FAMILIA

\_\_\_\_\_  
Date  
FECHA

\_\_\_\_\_  
Other Adult Household Member Signature  
FIRMA DE OTRO ADULTO MIEMBRO DE LA FAMILIA

\_\_\_\_\_  
Date  
FECHA

**False Claim Statement.** Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damage for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid. Read this before you complete and sign this form HUD-50059.

Advertencia por falsa Declaración de reclamación.: El Código de los EE.UU., Título 31, Sección 3729, de Reclamados Falsos, establece una sanción civil de no menos de \$ 5.000 y no más de \$ 10.000, más 3 veces la cantidad de daño a cualquier persona que a sabiendas, presente, o por causas que se presentará, una reclamación falsa o fraudulenta, o que a sabiendas hace o hizo que se utiliza, un registro o una declaración falsa, o conspire para defraudar al Gobierno por conseguir una afirmación falsa o fraudulenta permitido o pagados.

**Lea esto antes de completar y firmar este formulario de HUD-50059.**

Site Management Office ♦ 145 Old Second Street ♦ Fall River, MA 02721  
Telephone: 508-679-8353 ♦ Fax: 508-679-8345



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

## Questionnaire

Complete the following information for your household and bring this questionnaire to your recertification interview.

### A. Household information

1. List all members of the household.

Name (first and last name)	Relationship	Date of birth	Social security number

2. Additional household information

	Yes	No
Are any household members temporarily absent? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are any household members permanently absent? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Foster Children or Foster Adults who are part of the household? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Live-In Care attendants who are part of the household? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are any members of your household (other than the head of household or spouse) 18 years of age and a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Has the employment status of any household member(s) changed? If yes, list the member name(s) and the type of change (include the employer's name): _____	<input type="checkbox"/>	<input type="checkbox"/>

### B. Income and Assets Enter the amount received or the asset value for all questions that you answer Yes.

1. Do you receive or expect to receive:

	Yes	No	Amount
<u>Wages, salaries (includes overtime, tips, bonuses, and self-employment)?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Does any member work for someone who pays them cash?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Regular pay as a member of the armed forces?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Welfare or disability benefits?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Child support?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Alimony?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Social Security payments?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Pensions (Railroad, etc.)?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Retirement benefits</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Veteran's Administration benefits?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Death benefits?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Unemployment benefits or severance pay?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Workman's compensation?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Annuities or life insurance dividends?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Insurance policies?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Disability or death benefits?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Retirement funds?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Regular cash contributions or gifts from individuals not living in the unit or organizations such as churches (includes rent, utilities, groceries, etc)?</u>	<input type="checkbox"/>	<input type="checkbox"/>	



2. Have you received or expect to receive any lump sum payments such as:

Yes

No

Amount

	Yes	No	Amount
Inheritances?	<input type="checkbox"/>	<input type="checkbox"/>	
Lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance settlements for health, accident, Workers Compensation, etc?	<input type="checkbox"/>	<input type="checkbox"/>	
Capital gains?	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security benefits, unemployment compensation, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Other? (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	Value

3. Do you have money in:

Yes

No

Value

	Yes	No	Value
Checking accounts? (If yes, enter the balance)	<input type="checkbox"/>	<input type="checkbox"/>	
Savings accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Money market funds?	<input type="checkbox"/>	<input type="checkbox"/>	
Certificates of deposit?	<input type="checkbox"/>	<input type="checkbox"/>	
Stocks?	<input type="checkbox"/>	<input type="checkbox"/>	
Bonds?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities?	<input type="checkbox"/>	<input type="checkbox"/>	
Securities?	<input type="checkbox"/>	<input type="checkbox"/>	
Trusts?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, is the trust(s) irrevocable?	<input type="checkbox"/>	<input type="checkbox"/>	
IRA or Keogh accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Other retirement accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Safety deposit box, at home, etc?	<input type="checkbox"/>	<input type="checkbox"/>	

Do you have any coin collections, antique cars, stamps, jewelry or gems, or any other items held as an investment? (this does not include wedding rings and other personal jewelry)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, are you in the process of selling it?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you receive rental income from a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	

Have you disposed of any assets for less than Fair Market Value in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, list the asset(s) you disposed of, the date of disposition, the fair market value and the amount received: _____			

Are any of the assets listed above held jointly with another person?	<input type="checkbox"/>	<input type="checkbox"/>	
--	--------------------------	--------------------------	--

If yes, list the assets: _____			
--------------------------------	--	--	--



1. Child and dependent care

Do you pay child care expenses for a child (or children) under age 13 because you (check one box only) <input type="checkbox"/> work <input type="checkbox"/> are actively looking for work <input type="checkbox"/> attend school?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, enter the provider name(s) and address(es): _____			
Is any part of the child care expense paid by another person or agency? If yes, enter the name and address _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you pay for a care attendant or any equipment for a disabled household member necessary to enable that person or someone else in the household to work? If yes, enter the provider's name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Is any part of the care attendant expense paid by another person or agency? If yes, enter the name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	

**C. Other Information** – Enter the amount you pay per year for all questions that you answer Yes.

2. Medical - Complete only if the head of household, spouse or adult co-head is at least 62 years old or disabled. Enter medical expenses for all household members.

Do you have Medicare?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any other kind of medical insurance? If yes, enter the company name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you pay for prescription medication? If yes, enter the pharmacy name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any non-prescription (over the counter) medication that your doctor has asked you to use regularly? (such as aspirin, insulin, etc.) If yes, list the medication: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any outstanding medical bills on which you are paying?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you expect to have an extraordinary medical or dental expense in the next 12 months? If yes, enter the type of expense: _____	<input type="checkbox"/>	<input type="checkbox"/>	

I/We certify that I/we have been asked the above statements and they are true and complete to the best of my/our knowledge. I/We understand that it is my/our responsibility to report to management changes in income, assets, expenses and/or family composition whenever they occur. Submittal of false statements is punishable under Federal law.

\_\_\_\_\_  
Head of household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-head of household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult household Member Signature

\_\_\_\_\_  
Date



## CUESTIONARIO

Nombre del Apicante: \_\_\_\_\_

Dirección \_\_\_\_\_

Complete la siguiente información de su hogar y traer este cuestionario a su entrevista de recertificación.

### A. Información de la familia

1. Agregue todas las personas que viven en su casa.

Nombre y apellido	Relación	Fecha de Nacimiento	Numero de seguro social
	Self		

### 2. Adicional- Información de la familia

Si No

Hay alguien temporalmente fuera del hogar? Si es positivo escriba el nombre _____	<input type="checkbox"/>	<input type="checkbox"/>
Hay alguien permanente fuera del hogar? Si es positivo escriba el nombre _____	<input type="checkbox"/>	<input type="checkbox"/>
¿Hay alguna los hijos adoptivos o adultos que son parte de la familia? Si es positivo escriba el nombre: _____	<input type="checkbox"/>	<input type="checkbox"/>
¿Hay algún asistente que cuida alguien de la familiar que forma parte del hogar? Si es positivo escriba el nombre: _____	<input type="checkbox"/>	<input type="checkbox"/>
Hay algun miembros de su familia (que no sea la cabeza de familia o cónyuge) 18 años de edad y estudiante de tiempo completo?	<input type="checkbox"/>	<input type="checkbox"/>
¿Ha cambiado la situación laboral de los miembros del hogar? Si sí, indique el nombre del miembro y el tipo de cambio laboral (Incluir nombre del empleador): _____	<input type="checkbox"/>	<input type="checkbox"/>

**B. Income and Assets** Enter the amount received or the asset value for all questions that you answer Yes.

1. Usted ¿Recibir o esperar recibir pagos de las siguientes categoria:	Si	No	Cantidad
Los salarios, sueldos (incluye las horas extras, bonos, efectivo, empleo por cuenta propia)?	<input type="checkbox"/>	<input type="checkbox"/>	
¿Algún miembro trabajar para alguien que les paga en efectivo?	<input type="checkbox"/>	<input type="checkbox"/>	
Sueldo ordinario como un miembro de las fuerzas armadas?	<input type="checkbox"/>	<input type="checkbox"/>	
Bienestar social o prestaciones por discapacidad?	<input type="checkbox"/>	<input type="checkbox"/>	
Manutención de menores?	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Pensión por compensación matrimonial?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
Pagos de seguro social?	<input type="checkbox"/>	<input type="checkbox"/>	



1. Usted ¿Recibir o esperar recibir pagos de las siguientes categoria:	Si	No	Cantidad
<u>Pensions (Railroad, etc.)?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Beneficio de Retiro</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Beneficio de Veteranos?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Beneficio por muerte?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
Beneficios de desempleo o cesantía?	<input type="checkbox"/>	<input type="checkbox"/>	
La compensación del trabajador?	<input type="checkbox"/>	<input type="checkbox"/>	
Las rentas vitalicias seguros de vida o dividendos?	<input type="checkbox"/>	<input type="checkbox"/>	
Pólizas de seguros?	<input type="checkbox"/>	<input type="checkbox"/>	
Beneficios por discapacidad o muerte?	<input type="checkbox"/>	<input type="checkbox"/>	
Fondos de jubilación?	<input type="checkbox"/>	<input type="checkbox"/>	
¿Las contribuciones en efectivo regulares o los regalos de individuos que no viven en la unidad u organizaciones, como iglesias (incluye alquiler, utilidades, comestibles, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	

2. Si han recibido o esperar recibir cualquier pago de una suma global como:	Yes	No	Amount
<b>Herencia, la posesión de los bienes heredados.?</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Ganancias de lotería?	<input type="checkbox"/>	<input type="checkbox"/>	
Prestaciones de seguro de salud, accidente, compensación de trabajadores, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Ganancias de capital?	<input type="checkbox"/>	<input type="checkbox"/>	
Beneficios de seguro social, compensación por desempleo, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Otros? (especificar)	<input type="checkbox"/>	<input type="checkbox"/>	

3. Usted Tiene dinero en:	Yes	No	Value
Cuenta Corriente? (Si es positivo escriba el balance)	<input type="checkbox"/>	<input type="checkbox"/>	
Cuenta de ahorro?	<input type="checkbox"/>	<input type="checkbox"/>	
Fondos del mercado monetario?	<input type="checkbox"/>	<input type="checkbox"/>	
Certificados de depósito?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Valores públicos, acciones. (stocks)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Bonos?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Anualidad, renta vitalicia.?</b>	<input type="checkbox"/>	<input type="checkbox"/>	
cargo vitalicio (Scurities)	<input type="checkbox"/>	<input type="checkbox"/>	
Fondo en fideicomiso (Trusts)?	<input type="checkbox"/>	<input type="checkbox"/>	
Si es positive, es irrevocable?	<input type="checkbox"/>	<input type="checkbox"/>	
Cuentas de Fondo de retiro (IRA or Keogh accounts)?	<input type="checkbox"/>	<input type="checkbox"/>	
Otra cuenta de retiro?	<input type="checkbox"/>	<input type="checkbox"/>	
Caja de seguridad (banco o en casa)	<input type="checkbox"/>	<input type="checkbox"/>	



¿Tiene usted alguna colección de moneda, coches antiguos, sellos, joyería o gemas, o algún otro artículo sostenido como una inversión? (esto no incluye anillos de boda y otra joyería personal)	<input type="checkbox"/>	<input type="checkbox"/>	
¿Es dueño de una casa u otros bienes inmuebles?	<input type="checkbox"/>	<input type="checkbox"/>	
Si es positivo, Está usted en el proceso de venta?	<input type="checkbox"/>	<input type="checkbox"/>	
Recibe ingreso por alquiler de una casa u otros bienes inmuebles?	<input type="checkbox"/>	<input type="checkbox"/>	
Usted vendió o se deshizo de cualquier activo por menos del valor de mercado en los últimos dos años?	<input type="checkbox"/>	<input type="checkbox"/>	
Si es positivo, escriba una lista de los activos que usted vendió o de hizo, la fecha cuando lo hizo, el valor justo de mercado y la cantidad recibida: _____			
Son cualquiera de los activos mencionados anteriormente en su nombre y conjuntamente con otra persona?	<input type="checkbox"/>	<input type="checkbox"/>	
Si es positivo, escriba una lista de los activos: _____ _____			

**C. Otra Información** – Entre en la cantidad que usted paga por año por todas las preguntas que usted contesta

SI.

1. Niño y cuidado de las personas dependientes

Si No Cantidad

Tiene que pagar los gastos de cuidado infantil de un niño (o niños) de menos de 13 años de edad porque usted (chequea un espacio) <input type="checkbox"/> Trabaja <input type="checkbox"/> Esta activamente buscando trabajo? <input type="checkbox"/> Atiende a la escuela?	<input type="checkbox"/>	<input type="checkbox"/>	
Si es positivo, escriba nombre del proveedor (es) y dirección(es): _____			
Es una parte del cuidado infantil pagado por otra persona o agencia? Si es positivo, escriba nombre del proveedor (es) y dirección(es): _____	<input type="checkbox"/>	<input type="checkbox"/>	
Lo que paga por un asistente de cuidados o cualquier equipo para un miembro discapacitado en el hogar es necesario para que esa persona o alguien más en el hogar para trabajar? Si es positivo, escriba nombre del proveedor (es) y dirección(es): _____	<input type="checkbox"/>	<input type="checkbox"/>	
¿Es alguna parte del gasto de asistente de cuidado pagado por otra persona o agencia? Si es positivo, escriba nombre del proveedor (es) y dirección(es): _____	<input type="checkbox"/>	<input type="checkbox"/>	

2. Medical - Completa sólo si el jefe de hogar, así como de su cónyuge o de un adulto de la cabeza es por lo menos 62 años de edad o discapacitados. Introducir los gastos médicos para todos los miembros de la familia.

Usted tiene Medicare?	<input type="checkbox"/>	<input type="checkbox"/>	
Usted tiene otro tipo de seguro médico? Si es positivo, escriba nombre de la compañía (s) y dirección(es): _____	<input type="checkbox"/>	<input type="checkbox"/>	
¿Paga por los medicamentos recetados?	<input type="checkbox"/>	<input type="checkbox"/>	



Si es positivo, escriba nombre de la farmacia (s) y dirección(es):			
¿Tienes algún medicamento sin receta (over the counter) que su médico le ha pedido que utilice regularmente como aspirina, insulina, etc.? Si es positivo, liste los medicamentos:	<input type="checkbox"/>	<input type="checkbox"/>	
¿Tienes cualquier facturas médicas pendientes que te están pagando?	<input type="checkbox"/>	<input type="checkbox"/>	
¿Espera usted tener un gasto médico o dental extraordinario en los próximos 12 meses? Si es positivo, escriba el tipo de gasto	<input type="checkbox"/>	<input type="checkbox"/>	

Yo/nosotros certificamos que nos ha solicitado las declaraciones anteriores y son verdaderas y completas a nuestro mejor de mi conocimiento. Yo/nosotros entendemos que es mi/nuestra responsabilidad de informar a la gerencia los cambios en los ingresos, activos, gastos y/o composición de la familia cada vez que se produzcan. Presentación de declaraciones falsas es castigada por la ley federal.

\_\_\_\_\_  
FIRMA DE LA CABEZA DE CASA

\_\_\_\_\_  
FECHA:

\_\_\_\_\_  
FIRMA DE LA ESPOSA

\_\_\_\_\_  
FECHA

\_\_\_\_\_  
FIRMA DE OTRO ADULTO MIEMBRO DE LA FAMILIA

\_\_\_\_\_  
FECHA

\_\_\_\_\_  
FIRMA DE OTRO ADULTO MIEMBRO DE LA FAMILIA

\_\_\_\_\_  
FECHA



# *Nebel Property Management Inc.*

## **DECLARATION OF NO BANK ACCOUNT/NO ASSETS DECLARACIÓN DE NO TIENE CUENTA DE BANCO/NO ACTIVOS**

I, \_\_\_\_\_, hereby declare and certify that I do not have any type of bank account. I further declare and certify that I have no interest income at this time. I understand that if in the future I open-up any type of bank account I will notify Management within thirty (30) days of opening this account.

---

I, \_\_\_\_\_, declaro y certifico que no tengo ningún tipo de cuenta bancaria. Puedo declarar y certifico que no tengo ingresos por concepto de intereses en este momento. Yo entiendo que si en el futuro puedo abrir cualquier tipo de cuenta bancaria le notificaria a la gerencia de propiedad dentro de los treinta (30) días posteriores a la apertura de esta cuenta.

Signed under the pains and penalties of perjury this/ **Firmado bajo las penas y castigos de perjurio** \_\_\_\_\_ day/dia

of the month/del mes \_\_\_\_\_, 20\_\_ .

---

**Signature of Resident/Firma del residente**

---

**Printed Name of Resident/ Nombre impreso del residente**

Site Management Office ♦ 145 Old Second Street ♦ Fall River, MA 02721  
Telephone: 508-679-8353 ♦ Fax: 508-679-8345



**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR  
EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING  
PURPOSES

**Nebel Property Management Inc.** is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Nebel Property Management Inc.** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Nebel Property Management Inc.** with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Nebel Property Management Inc. esta registrada bajo las provisiones de M.G.L. c. 6, § 172 a recibir CORI con el propósito de la selección actual y calificada de otro modo de los empleados potenciales, los subcontratistas, los voluntarios, los solicitantes de licencias, los titulares actuales, así como a los solicitantes por el alquiler o arrendamiento de viviendas.

Como una de las posibles o empleado actual, subcontratista, voluntarios, solicitante de la licencia, actual titular de la licencia, o del solicitante por el alquiler o arrendamiento de viviendas, entiendo que el chequeo del CORI será presentado para obtener mi información personal a la DCJIS. Esta autorización es válida por un año desde la fecha de mi firma. Puedo retirar esta autorización en cualquier momento proporcionando a **Nebel Property Management Inc.** un aviso por escrito de mi intención de retirar el consentimiento a un chequeo de CORI.

Al firmar a continuación, ofrezco mi consentimiento a un chequeo de CORI y confirmar que la información proporcionada en la página 2 de esta forma de mi conocimiento y es verdadera y exacta.

---

SIGNATURE /FIRMA

---

DATE /FECHA

SUBJECT INFORMATION:

\_\_\_\_\_  
Name                                      First Name                                      Middle Name                                      Suffix                                      Last

\_\_\_\_\_  
Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
Date of Birth                                      Place of Birth

Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Maiden Name                                      Father's Full Name

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name                                      City/Town                                      State                                      Zip

\_\_\_\_\_  
Street Number & Name                                      City/Town                                      State                                      Zip

\_\_\_\_\_  
The above information was verified by reviewing the following form(s) of government issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VERIFIED BY: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee



INFORMACIÓN DEL SUJETO:

\_\_\_\_\_

Apellidos	Primer nombre	Segundo nombre	Suffix
-----------	---------------	----------------	--------

\_\_\_\_\_

El Apellido de soltera (u otro nombre (s) por el cual se ha conocido)

\_\_\_\_\_

Fecha de nacimiento

\_\_\_\_\_

Lugar de nacimiento

Últimos seis dígitos de su número de la Seguro Social: \_\_\_\_\_ - \_\_\_\_\_

Sexo: \_\_\_\_\_ Tamaño: \_\_\_\_\_ feet. \_\_\_\_\_ inches. Color de ojos: \_\_\_\_\_ Raza: \_\_\_\_\_

Licencia de conducir o número de identificación: \_\_\_\_\_ Estado de emisión: \_\_\_\_\_

\_\_\_\_\_

Nombre Completo de La madre (Apellidos de soltera) Nombre completo del Padre  
Direcciones actuales y anteriores:

\_\_\_\_\_

Nombre de la calle y numero	Pueblo/Ciudad	Estado	Zip/codigo
-----------------------------	---------------	--------	------------

\_\_\_\_\_

Nombre de la calle y numero	Pueblo/Ciudad	Estado	Zip/codigo
-----------------------------	---------------	--------	------------

\_\_\_\_\_

La información arriba fue verificada mediante la revisión de los siguientes formularios de identificación emitida por el gobierno:

\_\_\_\_\_

\_\_\_\_\_

VERIFIED BY/VERIFICADA POR: \_\_\_\_\_

Name of Verifying Employee (Please Print)

Nombre de verificación del empleado (en letra de imprenta)

\_\_\_\_\_

Signature of Verifying Employee

FIRMA de verificación del empleado

U.S. Department of Housing and Urban Development  
Office of Housing Office of Multifamily Housing Programs

# RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

&

You

What YOU Should know if YOU are Applying for or are Receiving Rental Assistance through the Department of Housing and Urban Development (HUD)

## What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons"

## What income information is in EIV and where does it come from?

### The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

### The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

## What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification. Property owners and managers are able to use the

EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

## Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

## Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

## What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year

## Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

## Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages •Welfare payments •Unemployment benefits •Social Security (SS) or Supplemental Security

Income (SSI) benefits:

- Veteran benefits •Pensions, retirement, etc. •Income from assets
- Monies received on behalf of a child such as: - *Child support - AFDC payments - Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager. When charges occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance. Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

## **What if I disagree with the EIV information?**

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

## **What if I did not report income previously and it is now being reported in EIV?**

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

## **What if the information in EIV is not about me?**

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

## **Who do I contact if my income or rental assistance is not being calculated correctly?**

First, contact your property owner or manager for an explanation. If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.

## **Where can I obtain more information on EIV and the income verification process?**

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information. If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: [www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm](http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm)

## **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)**

## 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.

# 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.

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**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, 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.

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### 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

## 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 HUD-9887/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.

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

## 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.