


Mail this application to:

The name of the waitlist I'm applying for is: \_\_\_\_\_

 <http://www.housingworks.net> thinks this waitlist is open. If this list is **CLOSED**, fax this cover page to 617-536-8561. We will close the list, reducing unwanted applications 

Respond to questions that are not applicable by writing "N/A". Incomplete applications may be returned or discarded.

Name of HoH: \_\_\_\_\_

Long-Term Mailing Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_  
(this address should ideally work for the next 3-5 years): \_\_\_\_\_

Phone(s): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

The **SSN** for the head of household is: \_\_\_\_\_

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? \_\_\_\_\_ What is your **gender**? \_\_\_\_\_

**Race** (white, black, asian, etc)? \_\_\_\_\_

What was your **mother's last name** when she was born? *Protects your privacy*) \_\_\_\_\_

**How many people** will be living in the unit? \_\_\_\_\_ people. What **unit size** are you seeking? \_\_\_\_\_ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) \_\_\_\_\_

What is your family's **ANNUAL** income? \$ \_\_\_\_\_ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Will you bring a **mobile rental voucher** or **other form of regular rental assistance**? \_\_\_\_\_

**Specify:** ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Other (specify) \_\_\_\_\_

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? \_\_\_\_\_

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

Write like this: J O H N      Don't write like this: J o h n or JO

Head of Household's FIRST Name - write the same as it is written on your birth certificate																								
Head of Household's MIDDLE Name – full middle name, not just the initial																								
Head of Household's LAST Name																								

Answer:   ° Yes   ° No    **Does the Head of Household have a Social Security Number?**   *If "Yes" you must provide the full SSN!*

Head of Household's SOCIAL SECURITY NUMBER										GENDER					Head of Household's Date of Birth									
															Month			Day			Year			

ETHNICITY										RACE: "Asian " "Black" "White" "Native American" "Pacific Islander" etc.														
<input type="radio"/> Hispanic <input type="radio"/> non-Hispanic										Do <u>not</u> write "Spanish" or "Latino" AND do <u>not</u> put your Country as your race!														

MOTHER'S MAIDEN NAME:																								
-----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

HOME TELEPHONE															SECOND TELEPHONE														
EMAIL ADDRESS																													

<b><u>LONG-TERM</u> CONTACT ADDRESS – if we try to reach you 1 year from now, where should we mail the letter?</b>																													
Street # or write "P.O."										Street Name or Post Office Box #															Apartment #				
City, State, and Zip Code																													

HOUSEHOLD SIZE (including yourself)										# of Bedrooms needed										How much money does your family receive in a <u>year</u> ?									
Persons (include yourself)										bedrooms										\$									

<b>INCOME SOURCES - fill in the circles next to any incomesource that your household currently receives   ° = ●</b>																													
<input type="radio"/> Job <input type="radio"/> Pension <input type="radio"/> Unemployment <input type="radio"/> SSI/SSDI/SS Retirement <input type="radio"/> Veteran's Payments <input type="radio"/> Other																													
<input type="radio"/> GA/TANF/TAFDC/Welfare <input type="radio"/> Disability <input type="radio"/> Worker's Comp <input type="radio"/> Child Support/Alimony <input type="radio"/> Food Stamps																													
<b>MOBILE RENTAL ASSISTANCE – DO YOU <u>CURRENTLY</u> HAVE RENTAL ASSISTANCE THAT YOU CAN USE TO PAY RENT IF YOU MOVE HERE.</b>																													
<input type="radio"/> Section 8 <input type="radio"/> MRVP <input type="radio"/> AHVP <input type="radio"/> Temporary Rental Assistance – <u>describe</u> _____																													

<b>CRIMINAL RECORD INFORMATION</b>																													
<input type="radio"/> Ever convicted of a crime? Explain: _____ <input type="radio"/> Sex Offender Conviction?																													
<b>ACCOMMODATIONS based on disability and/or language barrier)</b>																													
<input type="radio"/> Wheelchair Access <input type="radio"/> First Floor Unit <input type="radio"/> No-Steps Unit <input type="radio"/> Reasonable Accommodation																													



# Peabody Properties, Inc.

536 Granite Street, Braintree, MA 02184  
Tel: 781-794-1000 Fax: 781.794.1001

## MANAGEMENT USE ONLY

Date: \_\_\_\_\_  
Take By: \_\_\_\_\_  
Unit Size: \_\_\_\_\_ BR  
AA Status: \_\_\_\_\_  
Priority/Conc: \_\_\_\_\_  
Income: \_\_\_\_\_  
Adapted Unit: \_\_\_\_\_

SITE \_\_\_\_\_

NAME 1:

_____	_____	_____	_____
FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER

NAME 2:

_____	_____	_____	_____
FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER

_____	_____	_____	_____	_____
STREET	APT#	TOWN OR CITY	STATE	ZIP CODE

_____	_____	_____	_____	_____
STREET	APT#	TOWN OR CITY	STATE	ZIP CODE

Resided Since: \_\_\_\_\_

(1) HOME TEL: \_\_\_\_\_ BUSINESS TEL: \_\_\_\_\_

(2) HOME TEL: \_\_\_\_\_ BUSINESS TEL: \_\_\_\_\_

Reason for applying at this development? \_\_\_\_\_

How did you hear about this development? \_\_\_\_\_

## PRESENT LANDLORD

\_\_\_\_\_ TEL# \_\_\_\_\_  
FAX# \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET APT# TOWN OR CITY STATE ZIP CODE

Is apartment rented to you? YES ☐ NO ☐ If NO, explain: \_\_\_\_\_

Are you presently under lease? YES ☐ NO ☐ If YES, when does lease expire? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_ No. of Occupants: \_\_\_\_\_

Do you usually pay rent in a timely manner? \_\_\_\_\_

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: \_\_\_\_\_

## PREVIOUS LANDLORD

\_\_\_\_\_ TEL# \_\_\_\_\_  
FAX# \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_  
STREET APT# TOWN OR CITY STATE ZIP CODE

APPLICANT'S ADDRESS: \_\_\_\_\_  
STREET APT# TOWN OR CITY STATE ZIP CODE

Was apartment rented to you? YES ☐ NO ☐ If NO, explain: \_\_\_\_\_

Length of Tenancy: from \_\_\_\_\_ to \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Were you then under a lease? YES ☐ NO ☐ If YES, did you remain for its term? YES ☐ NO ☐

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: \_\_\_\_\_

The reason for your leaving: \_\_\_\_\_

Add Landlord Address if you lived at any of the above for a total of less than five years.

Previous apartment  
address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Address: \_\_\_\_\_

Why did you leave this apartment? \_\_\_\_\_

Did you ever receive any notices of termination of tenancy while at this apartment? YES ☐ NO ☐

If yes, please explain: \_\_\_\_\_

Complete the following information for each member of your family, including yourself, who will be occupying the apartment:

NAME	RELATIONSHIP	DOB	SEX	OCCUPATION	F.T. STUDENT ✓ IF APPLICABLE	SOCIAL SECURITY NUMBER

## EMPLOYMENT (for each household member aged 18 or over):

**INDIVIDUAL EMPLOYED:** \_\_\_\_\_  
**EMPLOYER NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_  
GROSS WAGES / SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_ TEL #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
CONTACT PERSON / SUPERVISOR: \_\_\_\_\_

**INDIVIDUAL EMPLOYED:** \_\_\_\_\_  
**EMPLOYER NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_  
GROSS WAGES / SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_ TEL #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
CONTACT PERSON / SUPERVISOR: \_\_\_\_\_

## OTHER SOURCES OF INCOME (for all Household Members):

	AMOUNT RECEIVED PER MONTH	PERSON RECEIVING SUCH INCOME
SOCIAL SECURITY	\$	
SUPPLEMENTAL SECURITY INCOME (SSI)	\$	
PENSION / ANNUITY / TRUST	\$	
PUBLIC ASSISTANCE (AFDC / GR)	\$	
UNEMPLOYMENT COMPENSATION	\$	
WORKER'S COMPENSATION	\$	
CHILD SUPPORT	\$	
GROSS AMOUNTS RECEIVED FROM NON-REVOCABLE TRUSTS	\$	
OTHER INCOME	\$	

**RELATIVES** (Please list two relatives not living with you)

NAME	RELATIONSHIP	ADDRESS	(AREA CODE) TELEPHONE NUMBER

**ASSETS:** Please list the assets *now owned or disposed of within the last two years* of anyone living in your household (Include Checking, Savings, IRA, and Money Market Accounts, Term Certificates; Real Estate, Stocks, Bonds, and Certificates, Whole Life Insurance Policies, Trusts, Cash held in safety deposit box(es), homes, etc.; and personal property held as an investment).

ASSET DESCRIPTION	SOURCE/BANK NAME	AMOUNT OR VALUE	ACCOUNT NUMBER
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**CREDIT HISTORY:** (Include payments, loans, credit cards, etc.)

OWED TO	ACCOUNT NUMBER	CURRENT BALANCE	MONTHLY PAYMENT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Do you currently pay for utilities? YES ☐ NO ☐ If yes, \$ \_\_\_\_\_ per month.  
 Do you pay child support? YES ☐ NO ☐ If yes, \$ \_\_\_\_\_ per month.  
 Do you pay alimony? YES ☐ NO ☐ If yes, \$ \_\_\_\_\_ per month.  
 Do you pay child care? YES ☐ NO ☐ If yes, \$ \_\_\_\_\_ per month.

**ADDITIONAL INFORMATION:**

Do you have a **Water Bed**? YES ☐ NO ☐; a **Washing Machine**? YES ☐ NO ☐ a **Dryer**? YES ☐ NO ☐

Do you currently have a Household Pet? YES ☐ NO ☐ if YES, what type?

How many cars will be parked at the premises? \_\_\_\_\_ (copies of registration must be provided)

Year \_\_\_\_\_ Registration # \_\_\_\_\_ Make/Model \_\_\_\_\_

Year \_\_\_\_\_ Registration # \_\_\_\_\_ Make/Model \_\_\_\_\_

PLEASE NOTE THAT COMMERCIAL/RECREATIONAL VEHICLES ARE NOT ALLOWED ON THE PREMISES UNLESS WRITTEN PERMISSION IS GRANTED BY THE LESSOR.

Do you or any household members currently reside in Federally Assisted Housing or have you or any household members ever resided in Federally Assisted Housing? YES ☐ NO ☐

Have you or any household member ever committed any fraud in connection with any Federal Housing Assistance program? YES ☐ NO ☐; if YES, *please explain*:

Have you or any household members on Federal Assistance ever been terminated for fraud?  
YES ☐ NO ☐. If YES, *please explain*

# EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

## RACE OR NATIONAL ORIGIN

- ☐ White / Non-Minority      ☐ American Indian      ☐ Black  
☐ Spanish American      ☐ Asian      ☐ Other  
☐ I do not wish to furnish the above information.

I hereby certify that the above information is true and complete to the best of my knowledge. I understand that this application constitutes my request for consideration as a tenant in the above development. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me. I understand that additional information may be requested to complete processing of my application.

I understand and grant permission for all of the above information to be verified by the owner / agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report. whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I understand that a false statement or misrepresentation of any information on this application will affect approval for residence; and, in the event that I take occupancy, it shall be considered material noncompliance with the lease and a basis for termination of tenancy.

Finally, I understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency and / or others inquiring about my tenancy with the apartment complex during and after my tenancy period.

**IN COMPLIANCE WITH FEDERAL AND STATE FAIR HOUSING AND EQUAL OPPORTUNITY LAWS, ELIGIBLE INDIVIDUALS ARE CONSIDERED FOR HOUSING WITHOUT REGARD TO RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, AGE, CHILDREN, ANCESTRY, MARITAL STATUS, VETERAN HISTORY, PUBLIC ASSISTANCE RECIPIENCY OR HANDICAP (MENTAL OR PHYSICAL).**

**IF YOU ARE A PERSON WITH DISABILITIES, AND YOU FEEL THAT A REASONABLE ACCOMMODATION BY US WOULD ALLOW YOU TO BECOME QUALIFIED, PLEASE CONTACT US AND WE WILL MEET WITH YOU TO DISCUSS YOUR APPLICATION.**

**IF YOU OR ANY MEMBER OF YOUR HOUSEHOLD NEED OR PREFER A UNIT WITH SPECIAL DESIGN FEATURES, PLEASE CHECK APPROPRIATE BOX: MOBILITY ☐ VISION ☐ HEARING ☐ OTHER ☐**

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

*Signatures and proof of identification will be required of all those who sign lease.*

## FOR MARKET USE ONLY

A deposit (one month's rent) is required with this application. It will be based as follows:

1. Applied to your first month's rent if application is approved;
2. Returned to the Applicant if application is not accepted with explanation of denial.
3. Retained as liquidated damages if application is approved and Applicant cancels his or her application.

AMOUNT OF DEPOSIT \$ \_\_\_\_\_

CHECK ☐ CASH ☐

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

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



## **FRAUD LETTER**

Dear Applicant/Resident:

Government regulations require that upon application and annually thereafter, we verify your income, assets, and some expenses in order to determine your eligibility for rent subsidy. Information provided is kept confidential.

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

ALL sources of income **MUST** be reported. Income includes but is not limited to:

- Wages/salaries including overtime, seasonal employment, baby-sitting, AND earnings of household members 18 or over;
- Pensions, Social Security, Supplemental Security, welfare payments, interest/dividends from savings, checking, IRAs, Keoghs, 401Ks, Money Market funds, Certificates of Deposit, stocks, bonds and U.S. Savings Bonds;
- Net payments received from rental property or other real estate holdings;
- Child support or alimony payments received by the household;
- Cash gifts received on a regular basis;
- Gross amounts distributed from nonrevocable trusts;

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

**ALL** assets **MUST** be reported **INCLUDING** those **DISPOSED OF** during the two years preceding this certification. Assets include but are not limited to:

- Equity in real estate (houses, land, trailers, condos, cooperatives, vacation homes or time sharing property);
- Stocks, bonds, savings bonds, securities, IRAs, Keoghs, 401Ks, Certificates of Deposit, or pension funds available in lump sums;
- All bank accounts including checking;
- Cash kept in safe deposit boxes or non-interest bearing accounts or kept at home or other locations;
- Principal value of revocable trust funds, lottery earnings, and jewelry, antiques, coins, stamps, or collectibles held as investments;

- Surrender value of whole life insurance policies;
- Amounts greater than \$ 1,000 divested to anonrevocable trust within the last two years;
- Reporting on Prior Housing Assistance: I certify that I have disclosed where I received my previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

*No Duplicate Residence or Assistance:* I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will, not live anywhere else without notifying the Management Office immediately in writing. I will not sublease my assisted residence.

*Criminal and Administrative Actions for False Information:* I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

FEDERAL LAW ESTABLISHES PENALTIES FOR PROVISION OF FALSE INFORMATION. THE PENALTIES INCLUDE FINES OF UP TO \$5,000 AND IMPRISONMENT FOR TWO YEARS.

If you have any questions, please contact the Management Staff.

Very truly yours,

PEABODY PROPERTIES, INC.

**I HAVE READ AND UNDERSTAND THIS NOTICE.**

**THIS NOTICE HAS BEEN EXPLAINED TO ME AND I UNDERSTAND ITS CONTENTS.**

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_



TO: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Return to: \_\_\_\_\_  
\_\_\_\_\_

Re: **LANDLORD VERIFICATION REQUEST**

Applicant : \_\_\_\_\_  
Address \_\_\_\_\_  
SSN: \_\_\_\_\_

To Whom It May Concern:

The above named applicant has recently applied for an apartment at our property and your name has been given as a landlord reference. We would appreciate your courtesy in providing us with the information requested below.

Sincerely,

PEABODY PROPERTIES, INC.

RELEASE: I am applying for housing and authorize the release of the information requested below. I understand that the information is to be used only for purposes of housing and will be kept in a confidential file.

Signature for (applicant): X \_\_\_\_\_

Are you a relative or friend of the applicant? If so please describe relationship: \_\_\_\_ Yes \_\_\_\_ No

Are you: Current Landlord \_\_\_\_ Previous Landlord \_\_\_\_ Other \_\_\_\_\_

For what period did applicant live at this address?

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

Does the applicant have a lease? \_\_\_\_ Yes \_\_\_\_ No

What was the household composition per your records? \_\_\_\_\_

### **RENT PAYMENT**

What was the applicant's monthly rent? \_\_\_\_\_

Page 1 of 2

Has the applicant ever paid late? ☐ Yes ☐ No

If so how late? \_\_\_\_\_

how often? \_\_\_\_\_

Is there any money owed? ☐ Yes ☐ No

Have you ever begun or completed an eviction proceeding for this applicant? ☐ Yes ☐ No

Explain:

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### **CARING FOR THE UNIT**

Does (did) the applicant keep the unit clean, safe and sanitary? ☐ Yes ☐ No

Did the applicant or guest(s) interfere with the rights of other person's comfort, safety, privacy, security, or peaceful enjoyment? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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### **GENERAL**

Is applicant listed on the lease for the unit? ☐ Yes ☐ No

Does the applicant permit persons other than those on the lease to live in the unit on a regular basis? ☐ Yes ☐ No

Has the applicant or guest(s) damaged the unit or common areas? ☐ Yes ☐ No

Has the applicant, family or guest(s) acted in a physically violent manner and/or verbally abusive manner towards neighbors, landlord or staff? ☐ Yes ☐ No

Have the applicant, family members or guest(s) engaged in any criminal activity, including drug-related criminal activity, in the unit or common areas? ☐ Yes ☐ No

Would you rent to this household again? ☐ Yes ☐ No

If no, please explain:

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**INFORMATION PROVIDED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

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

# FAMILY SUMMARY SHEET

ATTACHMENT 5

[illegible]

Algonquin Heights does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, basis of handicapped status, Familial status or physical or mental disabilities. Algonquin Heights Associates does not discriminate on the basis of the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named bellow has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1938.) James H. Jillett, Property Manager. 1 Algonquin Terrace. Plymouth. Mass. 02360 (508) 7464133.

# INCOME QUESTIONNAIRE

Name and Address of head of household: \_\_\_\_\_

We need to know about the "income" that every member of your household earns. The following is a list of items the government counts as income in determining eligibility for federal housing assistance. Check "yes" for a particular type of income if any household member gets it. We'll get the details from you later. Check "no" only if no member of your household gets the particular type of income.

**Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful or false statements, or misrepresentations, of any material fact involving the use or obtaining of federal funds.

## 1. Adult's employment income

(This doesn't include employment income of children younger than 18 or live-in aides.)

Wages	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Salaries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overtime pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commissions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bonuses	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any other amounts adult household members earn from working for other people or from their own business ☐ Yes ☐ No

## 2. Benefit payments

(This includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments received under settlements with insurance companies or lump-sum payments of Social Security or Supplemental Security Income)

Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplemental Security Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Worker's compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability pay or benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Severance pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance policy payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retirement fund benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Death benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 3. Welfare assistance

(This includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disabled person.) ☐ Yes ☐ No

## 4. Alimony and/or child support

☐ Yes ☐ No

## 5. Interest, dividends, and other income from household assets

Interest from bank accounts/bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dividends from stocks or mutual funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income distributed from trust funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Money from renting household assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other interest, dividends or rent	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 6. Lottery Winnings paid in periodic payments

☐ Yes ☐ No

## 7. Money regularly given by persons not living in the unit

(This includes rent or utility payments regularly paid by someone on behalf of the household; but doesn't include annual rent credits or rebates paid to senior citizens or payments received for the care of foster children)

☐ Yes ☐ No

## 8. Any other source of income?

☐ Yes ☐ No

. If yes, please specify:

I hereby certify that all of the above information is true and correct to the best of my knowledge.

Signature of head of household: \_\_\_\_\_ Date: \_\_\_\_\_

## **ASSET DISPOSITION**

I do hereby certify under pains and penalties of perjury that I have not disposed of any asset or assets with a total value of One Thousand Dollars (\$1,000) or more within the past two years.

I understand that disposition includes gifts to children, grandchildren, friends, relatives charitable institutions; establishment of bank accounts in names of children, grandchildren, friends, or relatives; transfer of real estate or other property (real or personal); and includes establishment of living wills or irrevocable trusts.

I am aware that incomplete or false information can result in fines of up to Ten Thousand Dollars (\$10,000) or imprisonment up to five (5) years and/or loss of subsidy.

SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

\*\*\*\*\*

I have disposed of an asset(s) with the value of \$ \_\_\_\_\_

I disposed of this/these asset(s) on: \_\_\_\_\_  
(Date)

This asset was     ☐     A Gift

☐     Personal Use

**Note: Receipts must be provided to document assets spent for personal use.**

SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

U.S. Department of Housing and Urban Development  
Office of Inspector General



May 1988  
P-88-2

## Things You Should Know

(Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give (also information).

**Penalties for Committing Fraud** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- imprisoned (or up to 5 years; and/or
- Prohibited from receiving future assistance

Your state and local governments may have other laws and penalties as well.

**Asking Questions** When you sit down with the person who fills out your application, you should what is expected of you. if you do not understand something, say so. That person can answer your question or find out what the answer is.

**Completing the Application** When you give your answers to application questions, you must Include the following information:

- All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union or certificate of deposit; dividends from stocks, etc.);
- Earnings from second Job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive.

**Income**

Signature \_\_\_\_\_

<b>Assets</b>	<ul style="list-style-type: none"> <li>• All bank accounts, savings bonds, certificates of deposit, Stocks. Real estate. etc.. Mat are owned by you and any adult member of your family/ household who will be living with you .</li> <li>• Any business or asset you sold in the last 2 years for less than Its full value. such as your home to your children.</li> </ul>
<b>Family/Household Members</b>	<ul style="list-style-type: none"> <li>• The names of all of Me people (adults and children) who will actually to living with you, whether or not they are related to you.</li> </ul>
<b>Signing the Application</b>	<ul style="list-style-type: none"> <li>• Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.</li> <li>• When you sign application and certification forms. you are claiming Mat they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.</li> <li>• Information you give on your application will be verified by your housing agency. In addition. HUD may do computer matches Of the income you report with various Federal. State or private agencies to verity that it is correct.</li> </ul>
<b>Recertifications</b>	<p>You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:</p> <ul style="list-style-type: none"> <li>• All income changes. such as pay increases or benefits, change of job. loss of job. loss, of benefits, etc, for all adult family/household members.</li> <li>• Any family I household member who has moved in or out.</li> <li>• All assets that you or your family/ household members own and any asset Mat was sold in the last 2 years for less than its full value.</li> </ul>
<b>Beware of Fraud</b>	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> <li>• Do not pay any money to file an application.</li> <li>• Do not pay any money to move up an the waiting list.</li> <li>• Do not pay for anything not covered by your lease.</li> <li>• Got a receipt for any money you pay.</li> <li>• Get a written explanation it you are required to pay any money other than rent (such as maintenance charges).</li> </ul>
<b>Reporting Abuse</b>	<p>It you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements. report them to the manager of your project or PHA. It -you cannot report to the manager. call the local HUD office or the HUD Hotline on (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE Room 8254, 451 Seventh Street. S.W. Washington, DC 20410.</p>

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

**This Package contains the following documents:**

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

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



## HUD Fact Sheet

# Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

To receive housing assistance, applicants and tenants who are 18 and over must provide the Housing Owner with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

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

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

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

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

2. The Owner must verify the information that is used to determine your eligibility and the amount of rent you pay.

You give your consent to the release of this information by signing the form HUD-9887-A and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the Owner can receive about you.

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

**Example:** There are certain allowances that reduce the income used in determining tenant rents. Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the owner is required to verify any medical expenses that she reports.

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

### Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the PHA or the Owner is subject to State privacy laws. Employees of HUD, the PHA, and the Owner are subject to penalties for using these consent forms improperly.

You do not have to sign the form HUD-9887 or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The Owner will give you another date when you can return to sign these forms.

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

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

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

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

Any employee of the Owner who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

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

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

### Consequences for Not Signing the Consent Forms

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

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

If you are a tenant and your assistance is terminated for this reason, the Owner must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the Owner. See paragraph 17 of your Lease.

### Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

# Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD)  
and to a Public Housing Agency (PHA)

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

HUD Office requesting release of information: (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division)

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

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

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

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

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD and the PHA may inform the owner that your eligibility for or level of assistance is uncertain and needs to be verified and nothing else.

HUD and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Member 18 and over

Date

Spouse

Date

Other Family Member 18 and over

Date

Other Family Member 18 and over

Date

Other Family Member 18 and over

Date

Other Family Member 18 and over

Date

Other Family Member 18 and over

Date

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## Agencies To Provide Information

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

1099-R Statement for Recipients of Retirement Plans

W2-G Statement of Gambling Winnings

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

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

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

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

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

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

If an adult member of the household, due to extenuating circumstances, is unable to sign the form on time, the owner may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

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

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## Penalties for Misusing this Consent:

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

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

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

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

Verification by Owners of Information

Supplied by Individuals Who Apply for Housing Assistance

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

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (Appendices 5 to 17 of HUD Handbook 4350.3).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the Fact Sheet, form HUD-9887, and form HUD-9887-A (signed by the head of household) after obtaining the applicants/tenants signature. Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

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

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

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

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

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

In addition, HUD regulations (24 CFR 813.109(b), Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

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### Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the Owner must follow the notification procedures in Handbook 4350.3. If a tenant is denied assistance for this reason, the Owner must follow the procedures set out in the lease which require that the tenant pay the higher, HUD-approved market rent for the unit for failure to provide recertification information.

### Conditions

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

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the Owner does not have another individual verification consent with an original signature and the Owner is required to send out another request for verification (for example, the third party fails to respond). If this happens, the Owner may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the Owner and the individual may agree to sign more than one consent for each type of verification that is needed.

The Owner shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3.

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

If an adult member of the household, due to extenuating circumstances, is unable to sign the required forms on time, the Owner may document the file as to the reason for the delay and the specific plans

to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The Owner may use these individual consent forms during the 90 days preceding the certification period. The Owner may also use these forms during the certification period, but only in cases where the Owner receives information indicating that the information you have provided may be incorrect. Other uses are prohibited. The Owner may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the Owner may obtain information within the last 5 years when you have received assistance.

**I have read this information on the purposes and uses of information that is verified and/or it has been explained to me and consent to the release of information for these purposes and uses.**

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Name of Applicant or Tenant (Print)

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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.**

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Name of Project Owner or his/her representative

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Title

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Signature & Date  
cc:Applicant/Tenant  
Owner file

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### Penalties for Misusing this Consent:

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

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

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

**APPLICANT DECLARATION FORMAT**

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

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

FIRST NAME \_\_\_\_\_ MIDDLE 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 INS 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,

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

under penalty of perjury, that I am:

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

If you checked this block, no further information is required. 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 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 in the category checked below:

- \_\_\_\_ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a)(15) of the INA (8 U.S.C. 1001(a)(20) and 1101(a)(15), respectively). [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);
- \_\_\_\_ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- \_\_\_\_ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- \_\_\_\_ (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status];
- \_\_\_\_ (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or
- \_\_\_\_ (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked this block, you should submit the following documents:

a. Verification Consent Format (Attachment 9)

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:
- (i) "Admitted as Refugee Pursuant to section 207";
  - (ii) "Section 208" or "Asylum"
  - (iii) "Section 243(h)" or "Deportation stayed by Attorney General";
  - (iv) "Paroled Pursuant to Sec. 212(d)(5) of the INA";
- (3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
- (i) A final court decision granting asylum (but only if no appeal is taken);
  - (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
  - (iii) A court decision granting withholding or deportation; or
  - (iv) a letter from an INS asylum officer granting withholding of deportation (if application 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 INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

If this block is checked, sign and date below and submit the documentation required above with 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 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 paragraph b. above are not currently available, complete the request for extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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



REQUEST FOR EXTENSION

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_ 3. 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: \_\_\_\_\_

**APPLICANT  
VERIFICATION CONSENT FORMAT**

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

CONSENT

I, \_\_\_\_\_ hereby consent  
(print or type first name, middle initial, last name)

to the following:

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

**NOTIFICATION TO APPLICANTS:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

## **Restrictions on Assistance to Noncitizen Owner's Notice to an Applicant Family**

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

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payments programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 101/Rent Supplement Program

You have applied or are applying for assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are receiving housing assistance. To do this you should:

1. Complete a Family Summary Sheet using the attached blank format to list all family members residing in the assisted unit.
2. Have a Declaration Format completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains, what, if any other forms and/or evidence, must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the management office by this date: \_\_\_\_\_

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact the management office. Someone will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to Provide this information or establish eligible status may result in your not being considered for housing assistance.

If this section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

### ***Who is eligible/or assistance?***

In addition to routine program and income eligibility criteria, financial assistance under the covered programs is further restricted to:

- (1) Citizens (defined in the Final Rule as "a citizen or national of the United States"), or
- (2) Noncitizens who have eligible immigration status in one of the following categories:
  - (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively) [immigrants]. (This category includes a noncitizen admitted under section 210 or 21 OA of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);
  - (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
  - (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
  - (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergency reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status];
  - (v) A noncitizen who is lawfully present in the United States as a result of the Attorney Generals withholding deportation under section 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom]; or
  - (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A],

### **Family eligibility for assistance.**

A family shall not be eligible for assistance unless every member of the family residing (or in the case of applicant families, expected to reside) in the unit is determined to have eligible status, unless they receive assistance as a "mixed family", which is discussed in the paragraph below. In addition, a family without any eligible members and receiving assistance on June 19 1995 may be eligible for temporary deferral of termination of assistance.

### **Prohibition of assistance to noncitizen students.**

The provisions discussed in ss 200.187 and 200.188 the Final Rule regarding the preservation of families and continued assistance, prorated assistance or temporary deferral of termination of assistance for certain families, do not apply to any person who is determined to be a noncitizen student.

NOTE: The only exception to this is that the prohibition on providing assistance to a noncitizen student does not extend to the citizen spouse of the noncitizen student and the children of the citizen spouse and noncitizen student. In this situation only, this noncitizen student family can be considered a "mixed family" as discussed in paragraph f. and may be eligible for the benefits available to a mixed family.

A noncitizen student is a noncitizen who:

- (1) has a residence in a foreign country that the person has no intention of abandoning;
- (2) is a bona fide student qualified to pursue a full course of study; and
- (3) is admitted to the United States temporarily and solely for purposes of pursuing such a course of study at an established institution of learning or other recognized place of study in the United States, particularly designated by such person and approved by the Attorney General after consultation with the Department of Education of the United States, which institution or place of study shall have agreed to report to the Attorney General the termination of attendance of each nonimmigrant student (and if any such institution of learning or place of study fails to make such reports promptly the approval shall be withdrawn).

### **Mixed-families**

A mixed family is a family whose members include those with citizenship or eligible immigration status, and those without citizenship or eligible immigration status.

In the House Committee Report in connection with the 1987 Act (H.R. Rep. No. 100-1222, 100th Cong., 1st Sess. 49 (1987)("House Report")), the Congress stated: "The modifications [made by the 1987 Act] are intended to clarify the original intent of Congress that families in which at least one person is eligible are not disqualified...."

Therefore, the Department will provide assistance to mixed families in the following circumstances.

- (1) Tenant mixed families. Mixed families who are already receiving assistance under a covered program may be eligible for one of the three types of assistance: continued assistance, prorated assistance or temporary deferral of termination of assistance.
- (2) Tenant families who have no eligible members may be entitled to temporary deferral of termination of assistance.
- (3) Applicant mixed families. Applicant mixed families are eligible for prorated assistance.

It should be noted that applicant families who have no eligible members are not eligible for assisted housing.

***CONSENT FOR RELEASE OF INFORMATION***

**(For use with State Subsidized Programs)**

**PEABODY PROPERTIES, INC. Managing Agent**

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I, the above named individual, have authorized Peabody Properties, Inc., Managing Agent to verify the accuracy of the information which I have provided, from the following sources (specify):

Previous Landlords, including Public Housing Agencies  
Courts and Post Offices  
Courts and Post Offices  
Schools and Colleges  
Law Enforcement Agencies  
Medical and Child Care Providers  
Retirement Systems  
Utility Companies

Past and present Employers  
Welfare Agencies  
State Unemployment Agencies  
Social Security Administration  
Support and Alimony Providers  
Veterans Administration  
Banks and Other Financial Institutions  
Credit Providers and Credit Bureau

I hereby give you my permission to release this information to the Management Agent, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to Peabody Properties, Inc. within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original. Thank you for your assistance and cooperation in this matter.

***Signed under the pains and penalties of perjury.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS INFORMATION IS VALID FOR A PERIOD OF ONE  
YEAR FROM THE DATE NOTED ABOVE.**

## **MHFA PRIORITY STATUS SHEET**

**PLEASE ANSWER THE FOLLOWING QUESTIONS TO ESTABLISH  
YOUR PRIORITY STATUS:**

1. Do you or any member of your family need a unit adapted for wheelchairs? ☐ Yes ☐ No
2. Are you currently living in temporarily housing because of fire, flood or earthquake which occurred within the last two years? ☐ Yes ☐ No
3. Are you being displaced by government action? (Urban Renewal, Eminent Domain, Slum Clearance, Urban Redevelopment, or Condemnation) ☐ Yes ☐ No
4. Are you temporarily housed in a shelter or by an agency serving battered persons or the homeless? ☐ Yes ☐ No

If yes name the shelter or agency: \_\_\_\_\_

5. Are you being displaced by public action due to serious sanitary code violations? ☐ Yes ☐ No
6. How many people reside in your current apartment/house? \_\_\_\_\_
7. How many bedrooms are in your current apartment/house? \_\_\_\_\_
8. Total (estimate) gross annual income for all people who will occupy the apartment, including interest and dividends, which accumulate or are received? \_\_\_\_\_

X \_\_\_\_\_  
SIGNATURE:

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

Attachment to application  
(for MHFA properties only)