

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

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many 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*

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE A SINGLE QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ)

☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If “Yes” you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER
- ☐ HEAD OF HOUSEHOLD's DATE OF BIRTH
- ☐ GENDER

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

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:

☐ Fully Accessible Wheelchair Unit

☐ Blind Accessible Unit

☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)

☐ Deaf Accessible Unit

☐ Domestic Violence Victim

☐ First-Floor unit only

☐ Unit for Environmental Allergies

☐ Personal Care Attendant

- ☐ HoH's CAREER STAGE

☐ ANY VETERANS in HH?

☐ Yes

☐ No
- ☐ Employed

☐ Unemployed

☐ Retired

☐ FT Student

☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any

☐ I do not have mobile rental assistance

☐ Mobile Section 8 voucher

☐ MRVP

☐ AHVP

☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER

Head of Household:

Any Felony/Conviction?

☐ Yes

☐ No

Any Misdemeanor Conviction?

☐ Yes

☐ No

Other Members:

Any Felony Convictions?

☐ Yes

☐ No

Any Misdemeanor Conviction?

☐ Yes

☐ No

Is anyone

in HH subject to a lifetime sex offender registration in any state?

☐ Yes

☐ No

- ☐ ANY PETS?

☐ Yes

☐ No

Describe: \_\_\_\_\_

- ☐ HOUSEHOLD SIZE AND COMPOSITION

☐ ANNUAL INCOME

☐ DOCUMENTED DISABILITY?
- \_\_\_\_\_ ← # Adults

\_\_\_\_\_ ← # Children

\_\_\_\_\_ ←Total # in Household

☐ Yes

☐ No
- ☐ CURRENT HOUSING STATUS

☐ Homeless

☐ Housing Loss in 14 days

☐ Homeless under other federal status

☐ Homeless because Fleeing domestic violence

☐ At risk of homelessness

☐ Stably Housed
- ☐ BEST TELEPHONE NUMBER TO USE

☐ SECOND TELEPHONE
- ☐ EMAIL ADDRESS
- ☐ WHERE YOU LIVE (OR BACKUP MAILING ADDRESS)
- Address Line 1

Apt # or "care of" name:

City

State

Zip
- ☐ PREFERRED MAILING ADDRESS
- Address Line 1

Apt # or "care of" name:

City

State

Zip
- ☐ # BEDROOMS NEEDED?

☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Vet.☐ Fleeing Dom. Viol.

☐ Rent-burdened 40%☐ Rent-burdened 50%☐ HUD VAWA Certification☐ Victim of Hate Crime.

Displaced by:

☐ Urban Renewal☐ Sanitary Code☐ Natural Forces☐ Other: \_\_\_\_\_

# Housing Application

MANAGEMENT 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.

SITE NAME

PRELIMINARY RENTAL APPLICATION  
EQUAL HOUSING OPPORTUNITY

ADDRESS:

CITY, STATE:

PHONE #:

FAX #:

S

H

P

OFFICE OR MAILING ADDRESS:

SHP MANAGEMENT CORP.

DATE

## APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office at

Applicant: Home Telephone #

Present Address street city state zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

SIZE OF APARTMENT NEEDED:

DO YOU REQUIRE AN ADAPTED UNIT FOR:

0BR 1BR 2BR

Wheelchair [ ] Yes [ ] No

[ ] [ ] [ ]

Hearing/Visual [ ] Yes [ ] No

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain:

Present Housing Cost Per Month \$ Including Utilities? [ ] Yes [ ] No

How Long Have You Lived at Present Address? Years.

Do You Own Any Pets?

What are the reasons for moving?

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1	Head of Household				Yes No
2					Yes No
3					Yes No
4					Yes No

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters. If you have had more than two landlords within the past five (5) years, please list them on the reverse side.

Name of Present Landlord/Official Telephone Date:

Address

Name of Previous Landlord/Official Telephone Date:

Address

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference Telephone

Address

Name of Character Reference Telephone

Address

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly

Member # \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly

Member # \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS:

1. Have you been displaced from your home? If so, please explain.  
\_\_\_\_\_
2. Does your present apartment contain health code violations? If so, please describe:  
\_\_\_\_\_
3. Is your present apartment too small for your family? Yes\_\_\_\_\_ No \_\_\_\_\_
4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes\_\_\_\_\_ No \_\_\_\_\_  
If so, please describe: \_\_\_\_\_
5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details. \_\_\_\_\_  
\_\_\_\_\_

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested.**  
I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant \_\_\_\_\_ Date \_\_\_\_\_

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

The SHP MANAGEMENT CORP does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.



**SHP MANAGEMENT CORP.**

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**Consent for Release of Information**  
(For use with State Subsidized Programs)

SHP MANAGEMENT CORP Mangement Agent

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

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

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

\_\_\_\_\_

I, the above named individual, have authorized the SHP MANAGEMENT CORP, Management Agent to verify the accuracy of the information which I have provided, from the following sources (specify):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby give you my permission to release this information to the SHP MANAGEMENT CORP, 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 SHP MANAGEMENT CORP, the Management Agent, 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.**



## SHP MANAGEMENT CORP.

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### 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 US Saving 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 non-revocable 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, and when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

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 properties).
- 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 investment.
- Surrender value of whole life insurance policies.
- Amounts greater than \$1,000 divested to a non-revocable 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 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 Office.

Sincerely,  
Dianne M. Raineri Property Manager.

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

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

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

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

### CERTIFICATION OF ASSET DISPOSITION

This is to certify that I?We have not disposed of an asset, i.e. a home, Certificate(s) of Deposit, savings, stock, bonds, etc., at less than market value within TWO YEARS of this certification/recertification. I did receive an earned Income Tax Credit for the year of

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_



**SHP MANAGEMENT CORP.**

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### Landlord Verification

To: \_\_\_\_\_ **Please return to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_  
Re: \_\_\_\_\_

(List all persons who will be on lease)

**To Applicant:** In order to be accepted, an applicant must have a good tenancy record for paying rent, maintaining the apartment, not interfering with neighbors, no housing related criminal activities, including current illegal drug abuse, and cooperation in supplying income and other information necessary to establish for the housing lease. An applicant with a past tenancy problem related to a disability may provide information regarding "mitigating circumstances" (an explanation of what happened and reasons why it is not likely to happen again) or may ask for a "reasonable accommodation" (something a landlord can do to enable you to meet lease requirements). You can choose to explain any problem and ask for a reasonable accommodation on this form, or you may do it later if the history is leading to or does result in a rejection.

**To Reference Source:** 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 in a confidential file.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

1) Please check type of housing in which the above applicant lived.

Apartment \_\_\_\_\_ House \_\_\_\_\_ Rooming House \_\_\_\_\_  
Long-term Care Facility \_\_\_\_\_ Shelter \_\_\_\_\_ Other \_\_\_\_\_

2) For what period within the past (5) five years did applicant live at this address:

From: \_\_\_\_\_ To: \_\_\_\_\_  
If under a written lease, has it expired? \_\_\_\_\_

3) What previous address did applicant give when they applied for housing with you?



**Yes or No**

- 4) While living in your facility, did the applicant or guests abide by house rules and regulations? If not, please explain: \_\_\_\_\_

☐ ☐

**Optional Question:** If no, do you have any reason to believe that the above behavior is not likely to reoccur? Please explain: \_\_\_\_\_

- 5) Did the applicant or pests interfere with the rights of other persons' comfort, safety, privacy, security or peaceful enjoyment within the last (5) five years (threaten, assault, exhibit public sexual behavior, or behave in an unduly loud and disruptive manner, etc.)?

☐ ☐

If not, please explain: \_\_\_\_\_

**Optional Question:** If no, do you have any reason to believe that the above behavior is not likely to reoccur? Please explain: \_\_\_\_\_

☐ ☐

- 6) Has the applicant demonstrated that he/she would be willing and able to pay rent and meet other financial obligations in a timely manner? If not, please explain: \_\_\_\_\_

- 7) What did applicant pay for rent? \$ \_\_\_\_\_ per week \$ \_\_\_\_\_ per month. Is any money still owed? \_\_\_\_\_

☐ ☐

**Optional Question:** If no, do you have any reason to believe that the above behavior is not likely to reoccur? Please explain: \_\_\_\_\_

8. Did the applicant or guest damage any property? If yes, please explain: \_\_\_\_\_

☐ ☐

**Optional Question:** If no, do you have any reason to believe that the above behavior is not likely to reoccur? Please explain: \_\_\_\_\_

9. Did applicant take proper care of space/property assigned to him/her? If no, please explain. (If prior tenant, was unit vacated in acceptable condition)? Please explain: \_\_\_\_\_

☐ ☐

10. To your knowledge, have the applicant or guests engaged in any housing-related illegal activities, including any illegal drug or paraphernalia possession or distribution? If yes, please explain, including the source of your knowledge. \_\_\_\_\_

☐ ☐

**Optional Question:** If yes, do you have any reason to believe that the above behavior is likely to reoccur? Please explain: \_\_\_\_\_

11. To your knowledge, have the applicant or guests engaged in careless smoking cooking or other behavior which could endanger him/her or others? If yes, please explain: \_\_\_\_\_

☐☐

**Optional Question:** If yes, do you have any reason to believe that the above behavior is likely to reoccur? Please explain: \_\_\_\_\_

**NOTE:** Title 18, Section 1001 of Title 18 13 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**SIGNED:**

\_\_\_\_\_

Title: \_\_\_\_\_

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

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of Title 18 13 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false statements or misrepresentations to any Department of the United States Government., HUD, the PHA, or any owners (or any employee of HUD< the PHA, or the owner\_ may be subject to penalties for unauthorized disclosure or improper use of information collected based on the Consent Form. Use of the information collected based on these verification forms is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning any applicant or participant may be subject to a misdemeanor fine of not more than \$5000. 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 of employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

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.

Signature \_\_\_\_\_

<b>Assets</b>	<ul style="list-style-type: none"> <li>• All bank accounts, savings bonds, certificates of deposit, Stocks. Real estate. etc., that 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 the 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 that 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. If 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 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: \_\_\_\_\_