

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

THIS SECTION FOR APPLICANT:

Date Generated:

← APPLICANT: you must mail this form to the address at left. Do not use the fax number below.

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

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

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

☐ You do not appear to qualify for this property, because:

Name of Waitlist Administrator *optional*

Phone of Waitlist Administrator *optional*: - X

Date Time 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!* ☐ GENDER
☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD's DATE OF BIRTH Male, Female, etc.

- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino
- ☐ RACE: Asian , Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ 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

☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student
- ☐ ANY VETERANS in HH? ☐ Yes ☐ No

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any

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

If yes, name the agency providing the voucher:

- ☐ 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 Number of Pets: Describe:
- ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?

- ☐ HOUSEHOLD SIZE AND COMPOSITION

_____ ← # 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) check this box if backup address is the same as best mailing address below.

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: _____



Development (Proyecto)

DATE _____
(FECHA)
NO. BEDROOM NEEDED _____
(NO. DE DORMITORIOS QUE NECESITA)

Please return to:

PLEASE FILL OUT COMPLETELY. PLEASE PRINT CLEARLY.
FAVOR DE LLENAR TODOS LOS ESPACIOS. ESCRIBA EN FORMA IMPRESA.

1.

NAME _____
(NOMBRE)

DATE & PLACE OF BIRTH _____
(LUGAR Y RECHA DE NACIMIENTO)

ADDRESS _____
(DIRECCION)

CITY _____
(CIUDAD)

STATE & ZIP _____
(ESTADO Y ZONA POST)

HOME PHONE _____
(TELEFONO CASA)

WORK PHONE _____
(TELEFONO TRABAJO)

2.

PRESENT APARTMENT SIZE _____BEDROOM _____
(TAMANO DEL ARRENDATARIO DONDE VIVE)

NUMBER OF OCCUPANTS _____
(NUMERO DE OCUPANTES)

PRESENT LANDLORD _____
(NOMBRE DEL ARRENDATARIO)

PHONE NUMBER _____
(TELEFONO)

ADDRESS _____
(DIRECCION)

CITY _____
(CIUDAD)

STATE & ZIP _____
(ESTADO Y ZONA POST)

LENGTH OF RESIDENCY _____
(TIEMPO VIVIENDO AQUI)

RENT \$ _____
(RENTA)

UTILITIES \$ _____
(UTILIDADES)

3.

PREVIOUS ADDRESS _____
(DIRECCION ANTERIOR)
(DIRECCION)

CITY _____
(CIUDAD)

STATE & ZIP _____
(ESTADO Y ZONA POST)

PREVIOUS LANDLORD _____
(ARRENDATARIO ANTERIOR)

PHONE NUMBER _____
(TELEFONO)

LENGTH OF RESIDENCY _____
(TIEMPO VIVIENDO ANTERIOR)

RENT \$ _____
(RENTA)

UTILITIES \$ _____
(UTILIDADES)

4.

MINORITY (INFORMATION WILL BE USED ONLY FOR FAIR HOUSING AS REQUIRED BY FEDERAL AND STATE LAWS.)
MINORIAS (ESTA INFORMACION SERA USADA PARA VIVIENDA JUSTA (FAIR HOUSING) SOLAMENTE COMO LO REQUIRE LA LEY FEDERAL Y ESTATAL)

() WHITE
BLANCO

() BLACK
NEGRO

() ASIAN
ASIATICO

() AMERICAN INDIAN
INDIO AMERICANO

5.

ETHNICITY (GRUPO ETNICO
() HISPANIC (HISPANO)

() NON-HISPANIC (NO HISPANO)

6.

INFORMATION ABOUT EVERYONE WHO WILL OCCUPY APARTMENT.
(INFORMACION ACERCA DE CUALQUIERA QUE VA HA OCCUPAR EL APARTAMENTO.)

NAME

SEX

DATE OF BIRTH & PLACE OF BIRTH

S.S.#

RELATION

1.

2.

3.

4.

5.

6.

7. FAMILY INCOME - PLEASE LIST ALL INCOME FOR EACH FAMILY MEMBER. (EX. SOCIAL SECURITY)
(ENTRADA FAMILIAR MENCIONE TODAS LAS ENTRADAS DE CADA MIEMBRO DE SU FAMILIA. (EJEMPLO: SEGURO SOCIAL)

NAME (NOMBRE)	INCOME SOURCE (MEDIO DE ENTRADA)	GROSS AMOUNT (CANTIDAD BRUTA)	ADDRESS OF OFFICE (DIRECCION)

8. IF ANYONE EMPLOYED, NAME AND ADDRESS OF EMPLOYER.
(SI ALGUNO ESTA EMPLEADO, NOMBRE Y CIRECCION DEL TRABAJO Y TELEFONO).

_____ PHONE _____

9. DO YOU OWN ANY PROPERTY? _____ ADDRESS _____
POSEE ALGUNA PROPIEDAD ?) (DIRECCIÓN)

ASSETS (ENTRADAS)	NAME & ADDRESS (NOMBRE Y DIRECCION)	ACCOUNT # (CUENTA)	VALUE/DIVIDEND (VALOR/DIVIDENO)
SAVINGS (AHORROS)			
CHECKING (CHEQUES)			
STOCKS/BONDS (BONOS/INVERSIONES)			

CREDIT (CREDITOS)	NAME(NOMBRE)	ADDRESS (DIRECCION)	ACCOUNT # (CUENTAS)

MEDICAL INSURANCE (SEGURO MEDICO)	NAME OF COMPANY & ADDRESS (NOMBRE DE LA COMPA NIA Y DIRECCION)	PREMIUM (PRIMA)

13. WHO DO WE CONTACT IN CASE OF AN EMERGENCY? (A QUIEN NOS COMUNICAMOS EN DE EMERGENCIA)

14. ANSWER YES OR NO: ARE YOU OR YOUR FAMILY:
(CONTESTE SI NO NO: ESTA USTED O ALGUNO DE SU FAMILIA:

DISPLACED BY NATURAL DISASTER SUCH AS FIRE/FLOOD/ETC.?
(DESALOJADO POR CAUSA DE UN DESASTRE NATURAL COMO FUEGO, INUNDACION?) _____

DISPLACED BY PUBLIC ACTION, URBAN RENEWAL OR CONDEMNED HOUSING?
(DESALOJADO POR ACCION PUBLICA,RENOVACION URBANA O VIVIENDA CONDEN) _____

LIVING IN SUBSTANDARD HOUSING?
(VIVENDO BAJO LO NORMAL?) _____

LIVING IN OVERCROWDED HOUSING?
(VIVIENDO EN CONDICIONES SUPER POBLADA?) _____

PAYING HOUSING COSTS IN EXCESS OF 50% OF YOUR INCOME?
(PAGANDO VIVIENDA SOBRE EL 50% DE SU ENTRADA?) _____

LIVING IN A HOUSEHOLD WHERE ACTUAL OR THREATENED VIOLENCE OCCURS? _____

15. PLEASE LIST ANY HOBBIES YOU MIGHT WANT TO SHARE WITH OTHER RESIDENTS.
(FAVOR MENCIONAR SUS PASATIEMPOS QUE USTED LE GUSTARIA COM PARTIR CON LOS DEMAS INQUILINOS.)

16.

ARE YOU CURRENTLY USING ILLEGAL DRUGS?
(ESTA USTED USANDO DROGRAS ILEGALES EU EL PRESENTE?)
17.

HAVE YOU EVER BEEN CONVICTED OF THE ILLEGAL MANUFACTURE OR DISTRIBUTION OR USE OF ILLEGAL DRUGS?
(EUTER A SIDO CONDENADO EU ALGUNA OCASION POR USOR, FABRICAR O DISTRIBUIR DROGRAS ILEGALES?)
18.

PLEASE ADD ANY INFORMATION THAT MAY HELP US TO UNDERSTAND YOUR PRESENT SITUATION.
(POR FAVOR ANADA CUALQUIER INFORMACION QUE NOS AYUDE A ENTENDE MEJOR SU CONDICION ACTUAL.)

19.

PLEASE NOTE THAT WE DO NOT INSURE PERSONAL PROPERTY NOR DO WE ALLOW PETS.
(POR FAVOR NOTE QUE NOSOTROS NO ASEGURAMOS PROPIEDADES PERSONALES Y NO ACEPTAMOS ANIMALES.)
20.

PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION AND GIVES NO LEASE OR RENT RIGHTS. ADDITIONAL INFORMATION MAY BE REQUIRED AT A LATER DATE TO COMPLETE THE PROCESSING OF YOUR RENTAL APPLICATION. YOUR SIGNATURE BELOW GIVES CONSENT TO THE MANAGEMENT TO VERIFY INFORMATION CONTAINED IN THIS APPLICATION. IT IS A CRIMINAL OFFENSE TO MAKE A FALSE STATEMENT OR MISREPRESENTATION ON THIS RENTAL APPLICATION.

(FAVOR NOTAR QUE ESTA ES UNA APLICACION PRELIMINAR Y NO OFRECE CONTRATO O DERECHOS DE RENTA. INFORMACION ADICIONAL TAL VEZ SEA NECESARIA PARA EL PROCESO DE SU APLICACION DE RENTA. SU FIRMA MAS ABAJO NOS DA EL CONSENTIMIENTO PARA VERIFICAR LA INFORMACION ANTES CONTENIDA. ES UNA OFENSA CRIMINAL DAR INFORMACION FALSA O MALA INTERPRETACION EN ESTA APLICACION PARA RENTA.)
21.

WE PERFORM CREDIT CHECKS.

SIGNATURE (FIRMA)

DATE (FECHA)

EQUAL HOUSING OPPORTUNITY
IGUALDAD DE OPORTUNIDADES VIVIENDA

Attachments:

- “Things You Should Know”
- Notice to Wait List Applicants Regarding the Requirements of Federal Preferences
- Notice of Right to Reasonable Accommodations
- Document Package for Applicant's Consent to the Release of Information

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:

Income

- 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 _____

Assets	<ul style="list-style-type: none"> • 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 . • Any business or asset you sold in the last 2 years for less than Its full value. such as your home to your children.
Family/Household Members	<ul style="list-style-type: none"> • 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.
Signing the Application	<ul style="list-style-type: none"> • Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. • 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. • 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.
Recertifications	<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"> • 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. • Any family I household member who has moved in or out. • 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.
Beware of Fraud	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> • Do not pay any money to file an application. • Do not pay any money to move up an the waiting list. • Do not pay for anything not covered by your lease. • Got a receipt for any money you pay. • Get a written explanation it you are required to pay any money other than rent (such as maintenance charges).
Reporting Abuse	<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

Agencies To Provide Information

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

1099-R Statement for Recipients of Retirement Plans

W2-G Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

Verification by Owners of Information

Supplied by Individuals Who Apply for Housing Assistance

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

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

Section 236

HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

to obtain the proper signature as soon as possible.

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor’s website in each town (or by calling the Tax Assessor’s phone number in most towns: To determine if there is an online Tax Assessor page for a town search the web like this: “Tax Assessor, Boston MA” or “Property Assessment, Dallas TX”.

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord’s Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord’s Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord’s Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord’s Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A