



LEMMON HOUSING AND REDEVELOPMENT COMMISSION LOW RENT GUIDE AND CHECKLIST

TO APPLY FOR RENTAL HOUSING, PLEASE COMPLETE THIS APPLICATION PACKET

- COMPLETE THE ENCLOSED APPLICATION IN FULL
- SIGN THE AUTHORIZATION FORM (HUD FORM 9886-A)
- COMPLETE CITIZENSHIP FOR **EACH** HOUSEHOLD MEMBER
- RACE AND ETHNIC DATA FORM FOR **EACH** HOUSEHOLD MEMBER
- BANK ACCOUNT VERIFICATION FORM FOR **EACH** BANK
- VERIFICATION OF MEDICAL EXPENSES
 - Please bring verification of all medical premiums (if applicable)
 - Award letter for SS or Disability (if applicable)
- EMPLOYMENT VERIFICATION (if applicable)
- RETURN ALL PAPERWORK TO THE LHRC
- BRING BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS
- SECURITY DEPOSIT IS \$200 IF YOUR APPLICATION IS APPROVED
- **LEMMON HOUSING IS A SMOKE FREE FACILITY**

RETURN THE ENCLOSED FORMS AS SOON AS POSSIBLE IN ORDER FOR THE LHRC TO DETERMINE ELIGIBILITY.

IF YOU HAVE ANY QUESTIONS, CALL 605-374-5963. THANK YOU

LEMMON HOUSING AUTHORITY

206 6th Street East
Lemmon, SD 57638

Phone: 605-374-5963

Email: lemmonha@sdplains.com

Date Received: _____

Time Received: _____

Received by: _____

Property/Address: _____ **Date:** _____

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

Current Address:	_____	
Primary Phone:	() _____	Alternate Phone: () _____

Housing References:
List the **past 3 years** of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
2.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
3.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____

Household Information (continued)

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? ☐ Yes ☐ No

If YES, explain _____

2. Do you expect the number of household members to change in the future? ☐ Yes ☐ No
If YES, explain how many members will be added or reduced, and when that change will take place.

3. Have any of the household members used names or a social security number other than the names and numbers used above? ☐ Yes ☐ No
If YES, explain _____
4. Are any or ALL members of the household full-time students? ☐ Yes ☐ No
If YES, explain _____
5. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? ☐ Yes ☐ No
If YES, provide the nature of the crime(s): _____
Date: _____ State: _____ City: _____
County: _____
Are any of the above convictions a felony? ☐ Yes ☐ No If YES, Please explain _____

- Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No If YES, Please explain _____

- Are there any criminal charges pending now? ☐ Yes ☐ No If YES, please explain _____

6. Do you live in subsidized housing now or have you in the past? ☐ Yes ☐ No
If YES, where? _____ From _____ To _____
Were you evicted? _____ If YES, why? _____

Circle Each State Head of Household & Spouse or Adult Household Member Has Lived In:

Alabama	Alaska	Arizona	Arkansas	Colorado	Connecticut	, Delaware
Florida	Georgia	Hawaii	Illinois	Indiana	Iowa	Kansas
Kentucky	Louisiana	Maine	Maryland	Massachusetts	Michigan	Minnesota
Mississippi	Missouri	Montana	Nebraska	Nevada	New Hampshire	New Jersey
New Mexico	New York	North Carolina	North Dakota	Ohio	Oklahoma	Oregon
Pennsylvania	Rhode Island	South Carolina	South Dakota	Tennessee	Texas	Utah
Vermont	Virginia	Washington	West Virginia	Wisconsin	Wyoming	
Washington District of Columbia						

7. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? ☐ Yes ☐ No
If YES, explain _____

8. Have you ever filed or are you currently filing for bankruptcy? ☐ Yes ☐ No
If YES, give reason _____
Date of filing: _____
9. Have you ever lived at any other property managed by _____ ☐ Yes ☐ No
If YES, where? _____
10. Why do you want to move from your current residence? _____
11. How did you hear about us? _____

12. Do you know or are you related to any of our residents or staff? _____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all *GROSS* income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? ☐ Yes ☐ No

(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u> <u>(or note if self-employed)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation?

☐ Yes ☐ No

Household Member

Name of Company

Amount

_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?

☐ Yes ☐ No

Household Member

Name of Company

Amount

_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)?

☐ Yes ☐ No

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

Household Member

Name of Company

Amount

_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

☐ Child Support Enforcement Agency

Name of Agency: _____

☐ Court of Law

Name of Court: _____

☐ Directly from Individual

Name of Person: _____

☐ Other

Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? ☐ Yes ☐ No

Explanation: _____

5. Social Security, SSI or any other payments from the Social Security Administration?

☐ Yes ☐ No

Household Member

SSA Office

Amount

_____	_____	_____
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

7. Regular payments from a severance package?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

8. Regular payments from any type of settlement? (For example, insurance settlements) ☐ Yes ☐ No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
9. Disability, death benefits or life insurance dividends? ☐ Yes ☐ No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
10. Regular gifts or payments from anyone outside of the household? ☐ Yes ☐ No
(This includes anyone supplementing your income or paying any of your bills.)
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
11. Educational grants, scholarships, or other student benefits? ☐ Yes ☐ No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
12. Regular payments from lottery winnings or inheritances? ☐ Yes ☐ No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
13. Regular payments from rental property or other types of real estate transactions? ☐ Yes ☐ No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
14. Any other income sources or types not listed above? ☐ Yes ☐ No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
15. Do you or any other household member expect any change in income in the next 12 months? ☐ Yes ☐ No
If YES, explain: _____

Zero Income Verification:

Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

☐ Yes ☐ No If YES, who? _____

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account? ☐ Yes ☐ No

	<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
2. CDs, money market accounts or treasury bills?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
3. Stocks, bonds or securities?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
4. Trust funds?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
Are any of the above listed trusts irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Household Member</u>	<u>Location of Account</u>	<u>Amount</u>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
6. Cash on hand?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Household Member</u>	<u>Life Insurance Company</u>	<u>Amount</u>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
10. Do you have a safe deposit box containing contents with a monetary value?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? ☐ Yes ☐ No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>
Explanation: _____		

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1.	License #: _____	State Issued: _____	Make/Model/Year: _____
2.	License #: _____	State Issued: _____	Make/Model/Year: _____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the HUD Neighborhood Stabilization Program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner and _____ Lemmon Housing Authority the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

For Office Use Only

Check here if
Pre-Application
is on file. ☐

Application Date: _____ Time: _____ Desired Move-In Date: _____
Application Received By: _____ As Agent for Owner

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

LEMMON HOUSING AND REDEVELOPMENT COMMISSION
 206 6TH STREET EAST
 LEMMON, SD 57638

CATHY EVANS EXECUTIVE DIRECTOR

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 Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA 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 HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

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. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
 Housing Choice Voucher
 Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income 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. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) 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 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, U.S. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

EAH SECTION 214 DECLARATION FORM

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

Last Name: _____ First Name: _____ Middle Name: _____

Relationship to head of household: _____ Sex: _____ Date of Birth: _____

Social Security Number: _____ Alien Registration Number: _____

Admission Number: _____ Nationality: _____
(If applicable – from INS Form I-94, Departure Record) (Country to which you owe legal allegiance– may or may not be country of birth)

DECLARATION

INSTRUCTIONS: Complete the declaration below by reviewing all three boxes and signing the ONE box that applies. A separate Declaration must be signed for each member of the assisted household.

I, _____ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature _____ Date _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐
If you sign this box, no further information is required.

2. I am a non-citizen with eligible immigration status, as described on reverse.

Signature _____ Date _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐
If you sign this box, you must go on to complete the reverse side including the Verification Consent.

REQUEST FOR AN EXTENSION

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

Signature _____ Date _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐
If you sign this box, you must go on to complete the reverse side including the Verification Consent.

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

Signature _____ Date _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐
If you sign this box, no further information is required. You are NOT eligible for housing assistance.

THIS SECTION TO BE COMPLETED BY MANAGEMENT

SAVE verification Number: _____

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. . . Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**



**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property Project No. Address of Property

Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name

LEMMON HOUSING AUTHORITY

206 6th Street East.
Lemmon, SD 57638
Phone: 605-374-5963
Email: lemmonha@sdplains.com

Applicant Name
Applicant Address
Applicant City, State Zip

Prior Landlord Information

Your name is currently on the Lemmon Housing Apartments waiting list. Please complete the following rental history for no less than the last three landlords or ten-year rental period. Failure to provide the information within seven (7) days will remove your application from the waiting list. All information will be verified.

Have you ever been refused refund or partial refund of your rental security deposit? ____ Yes ____ No

Have you ever been evicted? ____ Yes ____ No

If yes explain _____

DO NOT INCLUDE YOUR CURRENT LANDLORD SHOWN ON YOUR APPLICATION. IF YOU HAVE NO PRIOR LANDLORD REFERENCES, PLEASE LIST PERSONAL REFERENCES.

1. Last Landlord's Name: _____ Phone: _____
Address: _____
Unit Address: _____
Lived there from _____ to _____
Monthly Rent: \$ _____ Security Deposit Paid: \$ _____

2. Last Landlord's Name: _____ Phone: _____
Address: _____
Unit Address: _____
Lived there from _____ to _____
Monthly Rent: \$ _____ Security Deposit Paid: \$ _____

3. Last Landlord's Name: _____ Phone: _____
Address: _____
Unit _____ Address: _____

Lived there from _____ to _____
Monthly Rent: \$ _____ Security Deposit Paid: \$ _____

LEMMON HOUSING AUTHORITY

206 6TH St E
Lemmon, SD 57638
P: 605-374-5963
F: 605-374-5872

BANK ACCOUNT VERIFICATION

Date: _____

Financial Institution _____

Name _____ SS# _____

Address: _____

I authorize the release of this information to Lemmon Housing Authority
Inc _____

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

The applicant/tenant referenced above is being certified for eligibility for housing assistance. A written verification of income is required, as annual income is used to determine eligibility, and rental payments are based on a percentage of the total annual income.

Please supply the information requested below regarding each checking, savings, or DC account this applicant/tenant has with you. This information will be kept in strict confidence and used only to determine their income.

Checking Account # _____ Avg. 6-month balance _____

Interest Bearing? _____ Current Rate _____

Are there direct deposits associate with this account? _____

If so, what is the most recent amount direct deposited? _____

Is this direct deposit monthly, weekly, bi-weekly? _____

Please list all savings and investment accounts below:

Account #	Name on account	Type	Balance	Interest Rate

Is there a penalty for early withdrawal? _____ If so, How much? _____
Date that checking/savings account was opened _____

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Signature of Authorized Personnel: _____

Date: _____

LEMMON HOUSING AUTHORITY

206 6th Street East
Lemmon, SD 57638

Ph. 605-374-5963

Fax 605-374-5872



VERIFICATION OF MEDICAL EXPENSES

Date: _____

To: _____

SUBJECT: Verification of Information supplied by a Tenant or applicant for Housing Assistance:

Name(s) _____

DOB: _____ SS#: _____

I authorize the release of this information to Lemmon Housing Authority.

Signature: _____

DO NOT WRITE BELOW THIS LINE

We are required by law to verify the medical expenses of all applicants and tenants for Federally Subsidized Housing a Lemmon Housing Authority. To comply with this requirement, we ask for your prompt cooperation in providing the information requested below. We the applicant's or tenant's Authorization for Release of Information. If you have any questions, please call the above telephone number.

Thank you.

INFORMATION BEING REQUESTED

NOTE**Please complete all the information requested. These items now affect the amount of rent a tenant will pay.

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

1. The person listed above paid \$ _____ for medical expenses for the previous 12 months form _____ to _____.
2. The person listed above is expected to approximately \$ _____ in medical expenses for the following 12 months: _____ to _____.

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

_____ Services of physicians and other health care professionals.

_____ Services for health facilities.

_____ Prescription/non-prescription medicines.
_____ Dental expenses.
_____ Eyeglasses, hearing aids, batteries, wheelchair, walker and other supplies and equipment.
_____ Attendant care or periodic medical care.
_____ Medical Insurance Premium.

Other (specify general category)

Signature of Authorized Personnel

Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

LEMMON HOUSING AUTHORITY
206 6th Street East
Lemmon, SD 57638
Ph. 605-374-5963
Fax 605-374-5872
EMPLOYMENT VERIFICATION



Date: _____

To: _____

SUBJECT: Verification of Information supplied by a tenant or applicant for Housing Assistance:

Name: _____

We are required by law to verify the income of all tenants or applicants for Federally Subsidized Housing with Lemmon Housing Authority. To comply with this requirement, we ask your prompt cooperation in providing the information requested below. See the tenant's Authorization for Release of Information. If you have any questions, please call the above telephone number.

Thank you. I authorize the release of this information to Lemmon Housing Authority.

Signature _____

Date _____

INFORMATION BEING REQUESTED:

NOTE** Please complete all the information requested. These items now affect the amount of rent a tenant will pay.

Date of Employment _____ Occupation _____ Salary _____

Base Pay Rate (check one) Per Hour \$ _____ or Per Week \$ _____ or Per Month \$ _____

Date present rate effective _____ Average Hours per Week at Base Pay Rate: _____

How many weeks worked per year _____ Overtime Pay Rate per Hour \$ _____

Is this position expected to last more than 90 days? ____ YES ____ NO

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

Other compensation not included above (specify for commissions, bonuses, tips, etc.) _____

For _____ \$ _____ Per _____

Total Base Pay Earnings Past 12 Months \$ _____ Total Overtime Earnings Past 12 Months \$ _____

Signature of Authorized Personnel _____ Date _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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