



KIER
MANAGEMENT
Our Business is You

Dear Applicant,

Please follow the instructions below when submitting an application for housing.

- 1) Applicants applying to more than one property can make **photocopies** of the original application **prior to signing/dating**.
- 2) Each application **MUST** be filled out completely and **indicate which property** the application is intended for.
 - a. Social Security Numbers **MUST** be indicated on the application for all non-exempt persons anticipated to live in the apartment.
 - b. Sections not applicable to your household **MUST** be marked **“N/A”**.
 - c. **DO NOT USE WHITE OUT**. If a mistake is made, strike through it and initial.
 - d. All pages requiring a signature **MUST** be signed/dated.
Signatures cannot be photocopied.
 - e. Three (3) consecutive years housing references are **REQUIRED**.
 - f. For persons who have been **homeless** (without a nighttime residence) for the past three consecutive years, personal references will be accepted in place of the housing reference.
- 3) A valid copy of Federal or State picture I.D. (i.e., identification card, driver license, etc.) **MUST** be attached to each application for all adult household members. Picture I.D. **CANNOT** be expired.

Each application **MUST** be submitted to the apartment complex you select or Kier Property Management office. **Drop boxes are available at each of our locations.** Upon receipt of your application, the Property Manager or Kier Property Management representative will review and receipt your application. A receipt will be provided to you in person (if present at time of review), mailed or emailed to the address indicated on the application.

Kier Property Management will make accommodations for persons with disabilities and/or special circumstances. If assistance is needed please call 801-621-3390 Ext 1400 to schedule an appointment.

Thank you for your interest in Kier Property Management Rental Housing.



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NONDISCRIMINATION POLICY

Kier Property Management and Real Estate LLC, operates in accordance with the Fair Housing Laws and Section 504 of the Rehabilitation Act of 1973 and other relevant civil rights laws and statutes. We do not discriminate against any person in the terms, conditions or privileges of employment, sale or rental of a dwelling or in the provisions of services of facilities in connection therewith, regarding all federally protected classes; age, race, color, religion, sex, national origin, familial status, handicap/disability, or any other state or local protected classes. It is our intention that our policies and practices will be discrimination-free, and carried out in strict accordance with federal, state, and local fair housing laws and regulations.

Additionally, all Kier Property Management applications, leases, and house rules contain the above language prohibiting discrimination based on all protected classes.

Should any person feel they have been discriminated against, denied housing or employment unjustly under Section 504 of the Rehabilitation Act of 1973, Fair Housing Amendment Act or Americans with Disabilities Act, please contact:

SECTION 504 COORDINATOR
Kier Property Management and Real Estate LLC
1012 East Chambers Street
South Ogden, Utah 84403
(801) 621-3390, Fax (801) 621-8680
TTY (800) 346-4128 (Utah Relay Service)
Email: 504coordinator@kiermanagement.com





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

APARTMENTS

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the Section 8 program is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under the Section 8 program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under the Section 8 program, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the Section 8 program solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the Denver HUD office (303) 672-5440.

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>. Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact Denver HUD office (303) 672-5440.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact your city's Community Resource Center by dialing 2-1-1 for a list of outreach agencies.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact the national Sexual Assault Hotline 1-800-656-4673. Your call will be routed to a local sexual assault service provider in your area.

Victims of stalking seeking help may contact The National Center for Victims of Crime 1-855-484-2846 or visiting <https://victimsofcrime.org/our-programs/stalking-resource-center>.

Attachment: Certification form HUD-5382

**CERTIFICATION OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT,
OR STALKING, AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____
2. Name of victim: _____
3. Your name (if different from victim's): _____
4. Name(s) of other family member(s) listed on the lease: _____
5. Residence of victim: _____
6. Name of the accused perpetrator (if known and can be safely disclosed): _____
7. Relationship of the accused perpetrator to the victim: _____
8. Date(s) and times(s) of incident(s) (if known): _____
10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

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IMPORTANT INFORMATION

Keep For Future Reference

1012 E. Chambers Street
South Ogden, Utah 84403
801-621-3390, Fax 801-621-8680
TTY: 800-346-4128

All persons will be treated fairly and equally without regard to all federally protected classes; age, race, color, religion, sex, national origin, familial status, handicap/disability, or any other state or local protected classes.

Receipt for Submitting Application – For Office Use Only

Applicant's Name		Property Selected	
Date App. Received		Property Address	
Time App. Received		Property Phone #	
App. Received By		Property E-mail Address	

Thank you for applying for housing at a KPM Apartment Community. **IT IS VERY IMPORTANT THAT YOU KEEP THIS RECEIPT AS YOUR PROOF OF THE DATE AND TIME YOU SUBMITTED YOUR APPLICATION FOR HOUSING.** If your application should become lost or misplaced for any reason, this receipt will allow you to complete a new application and have it placed on the waiting list using your original date and time as stated above.

Waiting List

Your name will be placed chronologically on the waiting list of the Apartment Community of your choice as shown above. Only applicants whose head of households are over 18 years of age or legally emancipated, will be considered eligible for a waiting list or placement. Persons are selected from the waiting list on a first-come first-serve basis without regard to all federally protected classes; age, race, color, religion, sex, national origin, familial status, and handicap/disability, or any other state or local protected classes.

Application Assistance and Information

Please read the application package completely and carefully. If you have a vision, hearing, physical or other type of impairment that does not permit you to complete this application, please advise us of your needs or call us to schedule assistance. Assistance to ensure equal access will be provided in a confidential manner and setting. Our main office telephone number is (801) 621-3390. Please call between the hours of 8:00 a.m. and 5:00 p.m. (MST), Monday through Friday. Our TTY number is 1 (800) 346-4128 (Utah Relay Service).

Program Eligibility and Tenant Selection Policy

The attached application is used to determine your eligibility. It must be filled out completely in order to enable KPM to thoroughly screen your household members to determine final eligibility for the specific program and suitability for residency. This includes but is not limited to the following screening criteria: present and previous landlord history, credit history, criminal history, personal references, income/asset verifications, citizenship and/or non-citizen verification, sex offender registries, ability and willingness to comply with the lease requirements, disability verification (if applicable), and age (if requirement of program). Any applicant not meeting any of the eligibility requirements for the specific program or any of the KPM screening criteria will be rejected. A copy of our complete Tenant Selection Policy is available for your review at any on-site rental office or the KPM main office, upon your request.

For specific eligibility requirements see the attached page entitled "Housing Qualifications."

General Instructions

Using ink, please print answers to all questions on the application truthfully and completely. Do not leave any questions blank even if the questions do not apply to you or your household. Enter "none" or "N/A" for those questions. It is important to remember that falsification, or incomplete information provided by you and your household members is grounds for automatic rejection. Additionally, applications will not be considered unless they are filled out completely and correctly.

Each adult (excluding spouse) who will be living in the apartment must complete a separate application. All spouses will be required to complete individual screening release forms. Your answers will be used to determine your initial eligibility for the specific program. All adult family members 18 years of age and older must sign all forms included in this application package. The application must be complete with original signatures for each apartment community you choose to apply. Also, please attach a copy of your government issued picture identification; (e.g., identification card, driver license). Once you have completed the package, return it to the Apartment Community(s) of your choice or the KPM main office to be placed on the appropriate waiting list.

If you have any questions concerning the application package please contact the Apartment Community where you are applying or the main office at 801-621-3390 between the hours of 8:00 a.m. and 5:00 p.m. (MST), Monday through Friday.

Providing Up-To-Date Contact Information

It is **VERY IMPORTANT** that you contact us should you have a change in your contact information. Be aware that, follow-up letters will be mailed to you. If these letters are returned to us by the Postal Service, your application will automatically be put in our inactive file.



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How did you hear about us? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Brochure/Flyer |
| <input type="checkbox"/> Referred by Resident | <input type="checkbox"/> Phone Book |
| <input type="checkbox"/> Referred by Other | <input type="checkbox"/> Magazine Ad |
| <input type="checkbox"/> Other _____ | |

APPLICATION FOR HOUSING

Individuals must be a U.S. Citizen/National or eligible Non-Citizen to receive Federal Rental Assistance.

All persons will be treated fairly and equally without regard to all federally protected classes; age, race, color, religion, sex, national origin, familial status, and handicap/disability, or any other state or locally protected classes.

FOR OFFICE USE ONLY

Property Requested	Date Received	Time Received	Initials
Type of Picture ID Verified	State Issued By	ID#	Expiration Date
Date of Interview:		Interviewer's Name:	
Date Application Screened	Date Approved	Date Denied	Date set for Appeal
		Appeal Approved YES or NO	
Date Set for Move-In			

This application must be filled out completely

HOUSEHOLD INFORMATION

List all household members that are applying to live in this apartment with you, (include yourself).

Name (First, Middle Initial, Last)	Relationship to Head of Household	Social Security Number	Date of Birth Month, Date, Year	Ethnicity & Racial Data** (Page 7)

Current Mailing Address
City, State, Zip Code

Daytime Phone

()

Evening Phone

()

Email Address

Have you applied for any other Kier Properties in the last 90 days? If so list properties _____

Indicate bedroom size your household will require? (Check all that apply) Occupancy Standard: 1 person minimum, 2 person's maximum per bedroom. _____ Studio _____ 1 Bedroom _____ 2 Bedroom _____ 3 Bedroom

YES NO

☐ ☐

1.

Are you seeking housing due to (Check all that apply):

☐ Government Action ☐ Natural Disaster ☐ Presidentially Declared Disaster

☐ ☐

2.

Are you or anyone in your household (Check all that apply):

☐ Homeless/Near Homeless ☐ A Veteran ☐ Applying under VAWA



YES	NO											
<input type="checkbox"/>	<input type="checkbox"/>	3.	Do you expect any additions to the household within the next twelve months?									
			<table border="1"> <tr> <td>Name</td> <td></td> <td>Relationship</td> <td></td> </tr> <tr> <td colspan="2">Explanation</td> <td colspan="2"></td> </tr> </table>	Name		Relationship		Explanation				
Name		Relationship										
Explanation												
<input type="checkbox"/>	<input type="checkbox"/>	4.	Are there any absent household members who under normal conditions would live with you? (For example, a spouse away in the military.)									
			<table border="1"> <tr> <td>Explanation</td> <td></td> </tr> </table>	Explanation								
Explanation												
<input type="checkbox"/>	<input type="checkbox"/>	5.	Are all household members (INCLUDING MINORS) currently a citizen of the United States? If NO, please explain.									
			<table border="1"> <tr> <td>Household Member(s)</td> <td></td> </tr> <tr> <td>Explanation</td> <td></td> </tr> </table>	Household Member(s)		Explanation						
Household Member(s)												
Explanation												
<input type="checkbox"/>	<input type="checkbox"/>	6.	Are you or any other adult household members (check all that apply):									
(KPM112 & KPM118)			<input type="checkbox"/> Currently enrolled in an institute of higher learning, either full-time or part-time, or <input type="checkbox"/> Expect to be enrolled in an institute of higher learning in the next 12 months, or <input type="checkbox"/> Have been a student in an institute of higher learning in the past 12 months?									
			<table border="1"> <tr> <td>Household Member(s)</td> <td></td> </tr> <tr> <td>Explanation</td> <td></td> </tr> </table>	Household Member(s)		Explanation						
Household Member(s)												
Explanation												
<input type="checkbox"/>	<input type="checkbox"/>	7.	Are there any household members under the age of 18, who are currently enrolled in school?									
			<table border="1"> <tr> <td>Household Member(s)</td> <td></td> </tr> <tr> <td>Explanation</td> <td></td> </tr> </table>	Household Member(s)		Explanation						
Household Member(s)												
Explanation												
<input type="checkbox"/>	<input type="checkbox"/>	8.	Do you have full custody of your child(ren)? (If no, obtain proof of amount of time child(ren) will be living in unit.)									
			<table border="1"> <tr> <td>Explanation</td> <td></td> </tr> </table>	Explanation								
Explanation												
<input type="checkbox"/>	<input type="checkbox"/>	9.	Do you currently pay child care for any of your child(ren)?									
(KPM273)			<table border="1"> <tr> <th>Household Member</th> <th>Care Provider</th> <th>Amount</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Household Member	Care Provider	Amount						
Household Member	Care Provider	Amount										
<input type="checkbox"/>	<input type="checkbox"/>	10.	Do you or a member of your household have a physical or mental disability that substantially limits one or more major life activities?									
(KPM136 & KPM140)												
<input type="checkbox"/>	<input type="checkbox"/>	11.	Will you or any ADULT household member require a live-in care attendant?									
(KPM121's)			<table border="1"> <tr> <td>Name of Attendant</td> <td></td> </tr> <tr> <td>Relationship (if any)</td> <td></td> </tr> </table>	Name of Attendant		Relationship (if any)						
Name of Attendant												
Relationship (if any)												
<input type="checkbox"/>	<input type="checkbox"/>	12.	Does your household <input type="checkbox"/> have or <input type="checkbox"/> anticipate having any pets? This question is applicable only at senior/disabled properties. All other property types have a strict no pet policy.									
(KPM134)												
<input type="checkbox"/>	<input type="checkbox"/>	13.	Does your household <input type="checkbox"/> have or <input type="checkbox"/> anticipate having any accommodation animals?									
(KPM132 & KPM133)												
<input type="checkbox"/>	<input type="checkbox"/>	14.	Have you or anyone named on this application filed for bankruptcy past or present? If yes, attach copy of bankruptcy matrix and date filed.									
			<table border="1"> <tr> <td>Explanation</td> <td></td> </tr> </table>	Explanation								
Explanation												
		15.	Have YOU or ANYONE named on this application been <u>INVOLVED IN</u> or <u>CHARGED WITH</u> any of the following? <u>Explain below.</u>									
<input type="checkbox"/>	<input type="checkbox"/>		A felony?									
<input type="checkbox"/>	<input type="checkbox"/>		Any illegal drug activity?									
<input type="checkbox"/>	<input type="checkbox"/>		Been evicted in the last 3 years from federal assisted housing for drug related criminal activity?									
<input type="checkbox"/>	<input type="checkbox"/>		Any crimes of physical violence to persons or property or any other criminal act that will affect the health, safety or welfare of the other residents?									
<input type="checkbox"/>	<input type="checkbox"/>		Property damage?									
			<table border="1"> <tr> <td>Household Member(s)</td> <td></td> </tr> </table>	Household Member(s)								
Household Member(s)												



	Explanation	
<input type="checkbox"/> <input type="checkbox"/> 16.	Are YOU or ANY of your household members applying for housing currently on parole or probation? Name of Probation Officer & Contact information: _____	
<input type="checkbox"/> <input type="checkbox"/> 17.	Are YOU or ANY of your household members subject to a lifetime sex offender registration program in ANY state? Name of Household Member(s) _____ List State(s) _____	

List the past THREE (3) consecutive years of housing references, beginning with current housing reference first. If you have been homeless for the last three (3) years, please list TWO (2) personal references other than relatives.

HOUSING REFERENCES (Need more space? List additional housing references on a separate sheet of paper)

Housing Reference Name/Address		Your Address	Own/Rent	Dates	
1. Name			Own <input type="checkbox"/>	From	
Address	(Current Housing Reference)	(Current Address)	Rent <input type="checkbox"/>	To	
Phone #			Comments:		
2. Name					
Address			Rent <input type="checkbox"/>	To	
Phone #			Comments:		
3. Name					
Address			Rent <input type="checkbox"/>	To	
Phone #			Comments:		

EMERGENCY CONTACT

List someone in the area that is not already on the application.

Name			Relationship	
Address				
Phone #		Phone #		Years Known

VEHICLE IDENTIFICATION

List vehicle information for all vehicles that are owned or operated by any household member.

	Tag / License Plate #	State Issued	Make / Model / Year / Color
Vehicle #1			
Vehicle #2			

18. Please list ALL states in which all household members have lived. _____



RENTAL HISTORY

YES NO

<input type="checkbox"/> <input type="checkbox"/>	19.	Have you or anyone named on this application been <u>evicted</u> from a rental unit of any type including an apartment, home, mobile home or trailer?
		Explanation
<input type="checkbox"/> <input type="checkbox"/>	20.	Are you or anyone named on this application currently living in a subsidized rental unit, or have you or anyone name on this application ever lived in a subsidized rental unit? If yes, please explain where and when.
		Explanation
<input type="checkbox"/> <input type="checkbox"/>	21.	Have you or anyone named on this application ever left property owing money?
		Explanation
<input type="checkbox"/> <input type="checkbox"/>	22.	Have you or anyone named on this application ever been denied housing by any Housing Authority, by Kier Property Management, or any other agency?
		Explanation

INCOME INFORMATION

Income is counted for any household member 18 years or older and/or legally emancipated. However, if the income is unearned income such as a grant or benefit, it may or may not be counted as household income.

Include all income anticipated for the next 12 months.

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

YES NO

<input type="checkbox"/> <input type="checkbox"/>	23.	Are you or any other ADULT household members claiming zero income?		
(KPM120)		Household Member		
		Explanation		
<input type="checkbox"/> <input type="checkbox"/>	24.	Employment wages or salaries? (Include overtime, tips, bonuses, commissions and payments received in cash.)		
(KPM101)		Household Member	Name of Company	Amount
<input type="checkbox"/> <input type="checkbox"/>	25.	Self-employment? (Include overtime, tips, bonuses, commissions and payments received in cash.)		
(KPM102)		Household Member	Type of Business	Amount
<input type="checkbox"/> <input type="checkbox"/>	26.	Regular pay as a member of the Armed Forces/Military?		
(KPM103)		Household Member	Base Name & Branch	Amount
<input type="checkbox"/> <input type="checkbox"/>	27.	Unemployment benefits or workman's compensation?		
(KPM104)		Household Member	Amount	
<input type="checkbox"/> <input type="checkbox"/>	28.	Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?		
(KPM105)		Household Member	Amount	



YES NO

☐ ☐ 29.
(If yes, KPM106
If No KPM119)

(a) Child support or Alimony? (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 payor.)

Household Member	Payor	Amount

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

<input type="checkbox"/>	Child Support Enforcement Agency	Name of Agency	
<input type="checkbox"/>	Court of Law	Name of Court	
<input type="checkbox"/>	Directly from Individual	Name of Person	
<input type="checkbox"/>	Other:	Explanation	

☐ ☐
(If yes, obtain court
papers)

(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation	
-------------	--

☐ ☐ 30.

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

Household Member	Amount

☐ ☐ 31.
(KPM108)

Regular payments from a Veteran's benefit, pension, retirement benefit or annuity.

Household Member	Source of Benefit	Amount

32. Do YOU or ANYONE in your household have regular payments from any of the following? Check all that apply and explain below.

☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐

(KPM108)	Severance package
(KPM108)	Any type of settlement (For example, insurance settlements)
(KPM108)	Lottery winnings
(KPM108)	Inheritances
(KPM108)	Rental property or other types of real estate transactions
(KPM108)	Gifts or payments from anyone outside of the household (This includes anyone supplementing your income or paying any of your expenses)
(KPM108)	Any other income sources or types not listed

Household Member	Source of Benefit	Amount

☐ ☐ 33.

Do you or any other household members expect any changes to your income in the next 12 months?

Explanation	



Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS. Do YOU or ANYONE in your household have:

34.
(KPM109)

Household Member	Name of Financial Institution		Amount
	C <input type="checkbox"/> S <input type="checkbox"/>		
	C <input type="checkbox"/> S <input type="checkbox"/>		
	C <input type="checkbox"/> S <input type="checkbox"/>		
	C <input type="checkbox"/> S <input type="checkbox"/>		
	C <input type="checkbox"/> S <input type="checkbox"/>		

[illegible]

(KPM113)	Cash on hand
(KPM109)	Certificate of Deposit (CDs), money market accounts or treasury bills
(KPM109)	Trust Fund(s)
(KPM109)	Pensions, IRAs, Keogh or other retirement account
(KPM109)	Whole life insurance policy
(KPM113)	Any asset held within a safe deposit box
(KPM110)	Stocks, bonds or securities
(KPM110)	Real estate, rental property, land contracts/contract for deeds or other real estate holdings (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)
(KPM110)	Personal property held as an investment? (This includes paintings, coin or stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)
	Any others not listed?

Household Member	Name of Financial Institution	Amount

36.

Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

[illegible]

SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household's eligibility for any federal housing or Section 42 program requirements. I certify that all information and answers to the above 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, making false statements, or submitting an incomplete application may be grounds for automatic denial of my application. I also understand that such action may result in criminal penalties.

I give my 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 including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's tenant selection criteria or any federal housing or Section 42 program requirements.

Head of Household Signature

Date

Spouse/Co-Head/Other Adult Signature (if applicable)

Date

Spouse/Co-Head/Other Adult Signature (if applicable)

Date

Spouse/Co-Head/Other Adult Signature (if applicable)

Date

**** White, Black/African American, Hispanic/Latino, Native Hawaiian/Other Pacific Islander, American Indian/Alaska Native, Asian, two or more Races.**



Our Business is You

Special Unit Requirements Questionnaire

OPTIONS FOR APPLICANTS/TENANTS WITH DISABILITIES

Kier Property Management does not discriminate against any applicants/tenants. All persons are treated fairly and equally without regard to all federally protected classes; age, race, color, religion, sex, national origin, familial status, and handicap/disability, or any other state or local protected classes. In addition, there is a legal obligation to provide "accommodation/modification(s)" to applicants/tenants if they or any household members have a verified disability. Compliance actions may include accommodation/modification(s) to the policies, procedures, unit or premises.

A reasonable accommodation/ modification(s) are changes that may be made to policies or procedures that will assist an otherwise eligible applicant/tenant with a disability to take advantage of the program. Examples of reasonable accommodation/ modification(s) may include, but are not limited to:

- Making alterations to a unit so it could be used by a household member with a wheelchair.
- Installing strobe type, flashing light smoke detectors in an apartment for a household with a hearing impaired member.
- Permitting a household to have a seeing-eye dog to assist a vision impaired household member in a community where dogs are not usually permitted.
- Permitting an outside agency to assist an applicant/tenant with a disability to meet the property's applicant/tenant screening criteria.

An applicant/tenant household that has a member with a disability must still be able to meet essential obligations of tenancy. For example they must be able to pay rent, care for their apartment, and report required information to the Site Manager, avoid disturbing their neighbors, etc. However, there is NO requirement that an applicant/tenant be able to do these things without assistance.

If you or a member of your household have a disability and think you may need or want an accommodation/modification(s), you may request it at any time in the application process or after admission. If you would prefer not to discuss your situation with management, that is your right. Kier Property Management is fully committed to Equal Housing Opportunity and will demonstrate the legal commitment to meet all reasonable accommodation/modification(s) requests to the extent it will not create an undue financial and administrative burden/hardship to the apartment community.

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant/tenant at the Apartment Community. It is used to determine whether an applicant/tenant household needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need those features.

Applicant/Tenant Name (Print): _____

Applicant's/Tenant's signature: _____ **Date:** _____

☐ **I choose not to complete the remainder of this form.**

1. Do you or any minor member of your household have a condition that requires one of the following: ☐ YES ☐ NO
(Mark all that apply) ☐ A separate bedroom ☐ Unit for Vision-Impaired ☐ One-level unit ☐ A barrier-free apartment
☐ Unit for Hearing-Impaired ☐ Physical modification to a typical unit ☐ Other: _____

2. Can you and all your household members go up and down stairs unassisted? ☐ YES ☐ NO
3. Will you or any of your household members require a live-in aide to assist you? ☐ YES ☐ NO
4. If you checked any of the above listed categories, please explain how we may accommodate your situation:

5. What is the name of the household member who needs the features identified above?

6. Who should be contacted to verify your need for the features you have identified above?

Name _____ Phone # _____
Address _____

Street

City

State

Zip

7. In the event of an emergency evacuation, would you require assistance? ☐ YES ☐ NO. If yes, please explain:

8. Would you like to be placed on a list of at-risk individuals which will be given to emergency personnel? ☐ YES ☐ NO

SIMPLIVERIFIED, LLC RELEASE OF INFORMATION

ONLY ONE (1) APPLICANT PER CONSENT FORM

PLEASE PRINT CLEARLY!

PROPERTY NAME: _____

I, _____, authorize Simpliverified, LLC or any agents of Simpliverified, LLC to complete a background screening which requires verification of information including but not limited to my credit history, employment history, present and previous landlords, local criminal record and/or full criminal record. I understand that the information I provide will be disclosed to the company that I have applied to for ____ Employment and/or ____ Housing. I release Simpliverified, LLC, their agent and Kier Property Management and Real Estate LLC of any and all liability resulting from this background investigation for my ____ Employment and/or ____ Housing. I further agree that a photocopy of this consent form may be accepted with the same authority as the original.

Simpliverified, LLC obtains credit files from Equifax, Trans Union & TRW (Experian) Credit Bureau Services. We do not maintain any information on individuals. All disputes will need to be conducted through the above listed bureau at: (800) 888-4213. This investigative inquiry fully complies with the Privacy Act of 1974 and other laws protecting the rights of the person we are investigating

Please provide the following information:

First _____ Middle: _____ Last: _____

To aid in a complete background check, please list all other names used (maiden, aka, etc.)

Date of Birth: _____ Social Security #: _____

Your Current Address (Street) _____ (City) _____ (County) _____ (State) _____

Current Landlord Name

Current Landlord Telephone Number

Please provide TWO (2) Personal References (if applicable)

Reference Name	Primary Telephone	Secondary Telephone
----------------	-------------------	---------------------

Reference Name	Primary Telephone	Secondary Telephone
----------------	-------------------	---------------------

Applicant Signature _____

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 (*). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

**OPD/or any other Kier Agents Application for Criminal History Record Review
Authority for Release of Information**

c/o RM Screening – Fax # 801-734-8949 – Email: rmscreen@gmail.com

PLEASE PRINT CLEARLY!

PROPERTY NAME: _____

I, _____, do hereby authorize a review of an full disclosure of all criminal records or any part thereof, concerning myself, by and to any duly authorized agent of Kier Property Management, whether said records are of public, private or confidential nature.

The intent of the authorization is to give up my consent for full and complete disclosure of records of arrest, trial and/or convictions for alleged or actual violations of law, including criminal records.

I reiterate and emphasize that the intent of the authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation which may provide pertinent date for Kier Property Management for determining my suitability for housing/employment.

I agree to indemnify and hold harmless Kier Property Management and Ogden City, it's elected officials, officers, employees, agents and volunteers from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy of this release will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974 with regard to access and disclosure of records and waive those rights.

Please provide the following information:

First: _____ Middle: _____ Last: _____

To aid in a complete background check, please list all other names used (maiden, aka, former married name, etc.)

Please list ALL States you have lived in. _____

Date of Birth: _____ Social Security #: _____

Current Address (Street) _____ (City) _____ (County) _____ (State) _____

Please give the addresses of your last two (2) residences

Previous Address (Street) _____ (City) _____ (County) _____ (State) _____

Previous Address (Street) _____ (City) _____ (County) _____ (State) _____

Applicant Signature _____

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 (*). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**"

RELEASE OF INFORMATION

All persons will be treated fairly and equally without regard to all federally protected classes; age, race, color, religion, sex, national origin, familial status, handicap/disability, or any other state or local protected classes.

Authorization/Consent for the Release of Information / Hold Harmless Release

By signing below, I consent to the release of information to Kier Property Management and Real Estate LLC (KPM), and their agent or employees, any information requested by them to verify and complete my application process for housing, or to maintain, administer or enforce their rules and policies. I also give any party contacted by KPM full authorization to release to KPM any information relating to my rental and/or credit/criminal history needed to evaluate my application. I also release and hold harmless KPM and all related entities, including property and any person or entity contacted by them from any and all liability related to or arising from the release of such information.

I understand that previous or current income regarding me or my household, including other occupants, may be needed. Inquiries include, but are not limited to the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Child Care Expense | <input type="checkbox"/> Family Composition | <input type="checkbox"/> Medical Expenses |
| <input type="checkbox"/> Credit History | <input type="checkbox"/> Federal, State, or Local Benefits | <input type="checkbox"/> Social Security Numbers |
| <input type="checkbox"/> Criminal History | <input type="checkbox"/> Handicapped Assistance Expenses | <input type="checkbox"/> Residences & Rental History |
| <input type="checkbox"/> Employment/Income/Assets | <input type="checkbox"/> Identity & Marital Status | |

I understand this authorization **cannot** be used to obtain information that is not relevant to my eligibility and continued participation in housing managed by KPM.

The organizations, groups or individuals who may be asked to release the above information include, but are not limited to the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Aging Services | <input type="checkbox"/> Employers | <input type="checkbox"/> Public Housing Agencies |
| <input type="checkbox"/> Alimony Providers | <input type="checkbox"/> Landlords | <input type="checkbox"/> Retirement Systems |
| <input type="checkbox"/> Banks/Finance Institutions | <input type="checkbox"/> Law Enforcement Agencies | <input type="checkbox"/> Screening Companies |
| <input type="checkbox"/> Child Care Providers | <input type="checkbox"/> Medical/Health Care Providers | <input type="checkbox"/> Social Security Administration |
| <input type="checkbox"/> Child Support Providers | <input type="checkbox"/> Military Pay | <input type="checkbox"/> State Employment Agencies |
| <input type="checkbox"/> Courts/Public Records | <input type="checkbox"/> Personal References | <input type="checkbox"/> Utility Companies |
| <input type="checkbox"/> Credit Providers/Bureaus | <input type="checkbox"/> Pharmacies | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> Colleges/Schools | <input type="checkbox"/> Post Offices | <input type="checkbox"/> Welfare Agencies |

I understand and agree that KPM may conduct computer-matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to notification of any negative information found and a chance to disprove that information. KPM may, in the course of its duties, exchange information with Federal, State or Local agencies, including but not limited to:

- | | | |
|--|---|--|
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Internal Revenue Service | <input type="checkbox"/> State Employment Security |
| <input type="checkbox"/> Department of Defense | <input type="checkbox"/> Office of Personnel Management | <input type="checkbox"/> State Welfare |
| <input type="checkbox"/> Food Stamp Agencies | <input type="checkbox"/> Social Security Administration | <input type="checkbox"/> U.S. Postal Service |

I agree that a photocopy of this authorization may be used for the purpose stated above and is considered to be as good as the original. I also understand that if I refuse to sign this authorization my application or housing assistance may be denied or terminated.

"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 (*). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

Signature - Head of Household		Date	
Print Name - Head of Household			
Signature - Spouse or Co-Head		Date	
Print Name - Spouse or Co-Head			

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

Signature of Applicant

Date

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

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

Do you have a Social Security Number (SSN)?

If you do not disclose a SSN, you may not be able to receive housing assistance.



The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.



The SSNs of all members of my household have been provided. What do I do?

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.



I have not provided SSNs for all of my household members to the property owner/manager. What do I do?

Does everyone in your household have a SSN?

Yes

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.

No

1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

Note: If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.



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