

## **ELDERLY HOUSING PROGRAM**

### **PRE RENTAL APPLICATION:**

Thank you for your interest in the Housing Corporation Apartments. Please be sure to fill out this entire pre-application and submit all the required documents. If the pre-application is not complete and all documents are not submitted, the application will be considered incomplete and not processed.

If a question does not apply to your situation, then please mark N/A, do not just leave blank.

Please attach documents for all household members planning to occupy the apartment.

\_\_\_\_\_ Birth Certificate / Passport

\_\_\_\_\_ Social Security Cards

\_\_\_\_\_ Photo ID's / License

\_\_\_\_\_ If Non-Citizen - Alien Registration / Permanent Resident Card

\_\_\_\_\_ Proof of Income

Please Note if all documentation is not received with your application at the time of submission, your application will be deemed incomplete and will not be placed on the current waitlist.

PLEASE RETURN YOUR COMPLETED, SIGNED APPLICATION AND SUPPORTING DOCUMENTS TO THE ADDRESS BELOW:

**HOUSING OPPORTUNITIES CORPORATION**

**861A BROAD STREET**

**PROVIDENCE, RI 02907**

**P#: (401) 941-2900**

**F#: (401) 941-3570**



## PROGRAMA DE VIVIENDAS PARA ANCIANOS

### SOLICITUD DE PRE AL ALQUILER

Gracias por su interés en los apartamentos de la Corporación de Vivienda. Asegúrese de completar toda esta solicitud previa y enviar todos los documentos requeridos. Si la solicitud previa no está completa y no se envían todos los documentos, la solicitud se considerará incompleta y no se procesará.

Si una pregunta no se aplica a su situación, marque N/A, no la deje en blanco.

Unir los documentos para todos los miembros del hogar que planean ocupar el apartamento.

\_\_\_\_\_ Certificado De Nacimiento / Pasaporte

\_\_\_\_\_ Tarjetas de Seguro Social

\_\_\_\_\_ Identificación / Licencia

\_\_\_\_\_ Si no es Ciudadano - Registro de Extranjeros / Tarjeta De Residente Permanente

\_\_\_\_\_ Comprobante De Ingresos

Tenga en cuenta que, si no se recibe toda la documentación con su solicitud en el momento de la presentación, su solicitud se considerará incompleta y no se colocará en la lista de espera actual.

PORFAVOR DEVUELVA SU SOLICITUD COMPLETA Y FIRMADA Y LOS DOCUMENTOS DE RESPALDO A LA SIGUIENTE DIRECCIÓN:

**HOUSING OPPORTUNITIES CORPORATION**

**861A BROAD STREET**

**PROVIDENCE, RI 02907**

**T#: (401) 941-2900**

**F#: (401) 941-3570**



# Instructions for Housing Application

## Application:

1.)

- Please fill out the application completely.
- Please write legibly
- **First list:** The Head of Household Name, Address, Phone, City, State, Zip Code.
- **All Persons in the household** – please complete **all** information for each person.

2.)

- Landlord Information—please complete the name, full address, and phone number for both **present** and **past** landlords.
- Income Information—If any member receives wages from employment, complete the information in the boxed area. Write in any other income receives and the amount in the **Other Sources of Income** area.
- Assets—please complete if any member has a bank account, stocks, bonds, etc. With their name on it.

3.)

- Childcare—If you pay someone to watch your children while you work or attend school full-time, complete the information requested.
- Ethnic background—This information is optional. If you do not wish to answer, please check off the appropriate box.

## Important Information

4.)

- The most important thing you need to remember once your name is put on a waiting list is to notify us of the following changes:
- Any changes in your household you can call the office to update your record.

If you have any questions, please call 401-941-2900. Our office hours are

**Monday – Thursday from 9am-5pm**



# Instrucciones Para La Solicitud De Vivienda

## Aplicación:

1.)

- Por favor, llenar la solicitud completamente.
- Por favor, escribe de forma legible
- **Primera lista:** El Jefe de Hogar Nombre, Dirección, Teléfono, Ciudad, Estado, Código Postal.
- **Todas las personas del hogar:** por favor, complete **toda** la información de cada persona.

2.)

- Información para propietarios: por favor, complete el nombre, dirección completa y número de teléfono tanto de **propietarios actuales** como **anteriores**.
- Información de ingresos—Si algún miembro recibe salarios por empleo, complete la información en el área encuadrada. Escribe cualquier otro ingreso recibido y la cantidad en el **área de Otras Fuentes de Ingresos**.
- Cuenta Bancaria —por favor, completa si algún miembro tiene cuenta bancaria, acciones, bonos, etc. Con su nombre.

3.)

- Cuidado infantil—Si pagas a alguien para que cuide de tus hijos mientras trabajas o asistes a la escuela a tiempo completo, completa la información solicitada.
- Origen étnico—Esta información es opcional. Si no desea responder, por favor marque la casilla correspondiente.

## Important Information

4.)

- Lo más importante que debes recordar una vez que tu nombre esté en lista de espera es notificarnos los siguientes cambios:
- Cualquier cambio en el hogar puedes llamar a la oficina

Si tiene alguna pregunta, por favor llame al 401-941-2900. Nuestro horario de tutoría es **de Lunes a Jueves de 9 AM ~ 5:00 PM**.



**Language Identification Flashcard** ✓

☐

**Arabic**

أنا أتحدث اللغة العربية

☐

**Armenian**

Ես խոսում եմ հայերեն

☐

**Bengali**

আমি বাংলা কথা বোলতে পারি।

☐

**Cambodian**

ខ្ញុំនិយាយភាសាខ្មែរ

☐

**Chamorro**

Motka i kahhon ya yangin ûntûngnu' manaitai pat  
ûntûngnu' kumentos Chamorro

☐

**Dinka**

Rinṗ ëkënë yic të yĭjam në thunjäy ye tök, ku kor raan  
Bĭ yĭ geer thok.

☐

**Simplified Chinese**

如果你能读中文或讲中文，请选择此框。

☐

**Traditional Chinese**

如果你能讀中文或講中文，請選擇此框。

☐

**Croatian**

Govorim hrvatski

☐

**Czech**

Mluvím česky

☐

**Dutch**

Ik spreek het Nederlands

☐

**English**

I speak English

**Language Identification Flashcard** ✓

☐

**Farsi**

من فارسی صحبت می کنم

☐

**French**

Je parle français|

☐

**German**

Ich spreche Deutsch|

☐

**Greek**

Μιλώ τα ελληνικά

☐

**Haitian Creole**

M pale kreyòl ayisyen

☐

**Hindi**

मैं हिंदी बोलता हूँ ।

☐

**Hmong**

Kuv has lug Moob

☐

**Hungarian**

Beszélek magyarul|

☐

**Ilocano**

Agsaonak ti Ilokano

☐

**Italian**

Parlo italiano|

☐

**Japanese**

私は日本語を話す

☐

**Korean**

한국어 합니다

**Language Identification Flashcard ✓**

|                          |                   |                                                 |
|--------------------------|-------------------|-------------------------------------------------|
| <input type="checkbox"/> | <b>Laotian</b>    | ຂ້ອຍປາກພາສາລາວ                                  |
| <input type="checkbox"/> | <b>Polish</b>     | Mówię po polsku                                 |
| <input type="checkbox"/> | <b>Portuguese</b> | Eu falo português do Brasil<br>(for Brazil)     |
| <input type="checkbox"/> | <b>Portuguese</b> | Eu falo português de Portugal<br>(for Portugal) |
| <input type="checkbox"/> | <b>Romanian</b>   | Vorbesc românește                               |
| <input type="checkbox"/> | <b>Russian</b>    | Я говорю по-русски                              |
| <input type="checkbox"/> | <b>Serbian</b>    | Ja govorim српски                               |
| <input type="checkbox"/> | <b>Slovak</b>     | Hovorím po slovensky                            |
| <input type="checkbox"/> | <b>Spanish</b>    | Yo hablo español                                |
| <input type="checkbox"/> | <b>Somali</b>     | Waxaan ku hadlaa af-Soomaali                    |
| <input type="checkbox"/> | <b>Tagalog</b>    | Marunong akong mag-Tagalog                      |
| <input type="checkbox"/> | <b>Thai</b>       | พูดภาษาไทย                                      |

**Language Identification Flashcard ✓**

☐ **Tongan**

Maaka 'i he puha ni kapau 'oku ke lau  
pe lea fakatonga

☐ **Ukrainian**

Я розмовляю українською мовою

☐ **Urdu**

میں اردو بولتا ہوں

☐ **Vietnamese**

Tôi nói tiếng Việt

☐ **Yiddish**

איך רעד יידיש

☐ **American Sign Language**



|                             |             |                              |                   |
|-----------------------------|-------------|------------------------------|-------------------|
| <b>For Office Use Only:</b> |             | <b>Solo Para La Oficina:</b> |                   |
| Date: _____                 | Time: _____ | Received by: _____           | Preference: _____ |

**PRE RENTAL APPLICATION:**  
**ELDERLY HOUSING PROGRAM**

*(Below: Please circle the property you are interested in applying.)*  
*(Abajo: Marque con un círculo la propiedad que le interesa solicitar).*

|           |                     |                     |                          |
|-----------|---------------------|---------------------|--------------------------|
| 1 Bedroom | Adelante            | Providence, RI      | <input type="checkbox"/> |
| 1 Bedroom | Allegria Courts     | Johnston, RI        | <input type="checkbox"/> |
| 1 Bedroom | Plaza Esperanza     | West Warwick, RI    | <input type="checkbox"/> |
| 1 Bedroom | Wildberry           | West Warwick, RI    | <input type="checkbox"/> |
| 1 Bedroom | La Casa             | South Kingstown, RI | <input type="checkbox"/> |
| 1 Bedroom | Rodman Commons      | South Kingstown, RI | <input type="checkbox"/> |
| 1 Bedroom | Saugatucket Springs | Hopkinton, RI       | <input type="checkbox"/> |

Complete all sections of this application.  
Please make sure to read all instructions throughout this application.

Complete todas las secciones de esta solicitud.  
Asegúrese de leer todas las instrucciones a lo largo de esta solicitud.

Signatures required by ALL household members who are 18 years or older.  
Firmas requeridas por TODOS los miembros del hogar que tengan 18 años o más

Submit completed applications to:  
Envíe las solicitudes completas a:

Housing Opportunities Corporation  
861A Broad Street  
Providence, RI 02907  
PHONE: (401) 941-2900  
[info@wdchoc.org](mailto:info@wdchoc.org)



|                                                                                     |                                     |                                         |                                       |
|-------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|---------------------------------------|
| Applicant Name / Nombre del Solicitante:                                            |                                     |                                         |                                       |
| Mailing Address/ Direccion Postal:                                                  |                                     |                                         |                                       |
| City, State & Zip Code / Ciudad, Estado y Código Postal                             |                                     |                                         |                                       |
| Cell Number/ Numero de Cellular:                                                    |                                     |                                         |                                       |
| Email / Correo Electronico:                                                         |                                     |                                         |                                       |
| Marital Status:                                                                     | <input type="checkbox"/> Married    | <input type="checkbox"/> Divorced       | <input type="checkbox"/> Widowed      |
| Estado Civil:                                                                       | <input type="checkbox"/> Casado (a) | <input type="checkbox"/> Divorciado (a) | <input type="checkbox"/> Soltero (a), |
| Do you need an apartment that is modified to accommodate physical disabilities:     | <input type="checkbox"/> YES        |                                         | <input type="checkbox"/> NO           |
| ¿Necesita un apartamento modificado para adaptarse a discapacidades físicas?        | <input type="checkbox"/> SI         |                                         | <input type="checkbox"/> NO           |
| Are you a veteran?                                                                  | <input type="checkbox"/> YES        |                                         | <input type="checkbox"/> NO           |
| ¿Eres un veterano?                                                                  | <input type="checkbox"/> SI         |                                         | <input type="checkbox"/> NO           |
| Are you receiving veteran's benefits as the family of a service member?             | <input type="checkbox"/> YES        |                                         | <input type="checkbox"/> NO           |
| ¿Está recibiendo beneficios para veteranos como familia de un miembro del servicio? | <input type="checkbox"/> SI         |                                         | <input type="checkbox"/> NO           |
| Are you a disabled veteran?                                                         | <input type="checkbox"/> YES        |                                         | <input type="checkbox"/> NO           |
| ¿Eres un veterano (a) discapacitado (a) ?                                           | <input type="checkbox"/> SI         |                                         | <input type="checkbox"/> NO           |

How did you hear about us? / ¿Cómo te enteraste de nosotros?

Have you ever been convicted of a felony?

☐ YES

☐ NO

¿Alguna vez ha sido condenado por un delito grave?

☐ SI

☐ NO

If yes, please describe (what, where, when)

Si respondió Si, describa (qué, dónde, cuándo)

Is the applicant, or any member of the applicant's household,

subject to a lifetime sex offender registration requirement in any state ,Including Rhode Island ?

☐ YES

☐ NO

¿El solicitante, o cualquier miembro del hogar del solicitante,

está sujeto a un requisito de registro de delincuentes sexuales de por vida en cualquier estado? Incluyendo Rhode Island

☐ SI

☐ NO

If you answered Yes, complete information below:

Si respondió Sí, complete la información abajo

| Complete Name<br>Nombre Completo | Address<br>City, State & Zip Code<br>Direccion<br>Ciudad, Estado y Código Postal | Dates Of Residency<br>Fecha de Residencia |
|----------------------------------|----------------------------------------------------------------------------------|-------------------------------------------|
|                                  |                                                                                  |                                           |
|                                  |                                                                                  |                                           |
|                                  |                                                                                  |                                           |

\*Applicants and tenants must disclose SSNs for all household members, except those who do not contend eligible immigration status, and tenants age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, and provide verification of the complete and accurate SSN assigned to them.\*.

\*Los solicitantes y inquilinos deben revelar los números de Seguro Social (SSN) de todos los miembros del hogar, excepto aquellos que no declaren tener un estatus migratorio elegible, y los inquilinos de 62 años o más al 31 de enero de 2010, cuya determinación inicial de elegibilidad comenzó antes del 31 de enero de 2010, y proporcionar verificación del número de Seguro Social completo y correcto que se les haya asignado.\*.

List all persons, including yourself, who will live in this rental unit. ( Head of Household FIRST)

Incluye a todas las personas, incluyendo usted mismo, que vivirán en esta unidad de alquiler. ( Cabeza de familia PRIMERO)

| Full Name<br>Nombre Completo | Disabled<br>Deshabilitado (a)<br>Yes / No<br>Si / No | Relationship/<br>Husband Son /<br>Daughter<br>Relación / Esposo (a)<br>Hijo (a) | Birthdate<br>Fecha de<br>Nacimiento | Sex<br>Sexo<br>F/M | Student or<br>Employed<br>Estudiante o<br>Empleado (a) | Citizenship<br>Alien Reg. # /<br>Soc. Sec. #<br>Ciudadano (a)<br>Residencia<br># Seguro Social |
|------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------|--------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------|
|                              |                                                      |                                                                                 |                                     |                    |                                                        |                                                                                                |
|                              |                                                      |                                                                                 |                                     |                    |                                                        |                                                                                                |
|                              |                                                      |                                                                                 |                                     |                    |                                                        |                                                                                                |

#### **STUDENT STATUS: / ESTATUS DE ESTUDIANTE:**

Are any of the members of the household listed above a student enrolled in an accredited institute of higher learning?

☐ YES ☐ NO

¿Alguno de los miembros del hogar mencionados arriba es estudiante, matriculado en un instituto de educación superior acreditado? ☐ SI ☐ NO

If you answered, yes, list the names of the Full-Time students and the schools they attend.

Si respondiste que sí, escribe los nombres de los estudiantes a tiempo completo y las escuelas a las que asisten.

Also, indicate if they are Full Time or Part Time.

Además, indique si son a tiempo completo o parcial.

| STUDENT FULL NAME<br>NOMBRE COMPLETO<br>DEL ESTUDIANTE | SCHOOL ATTENDING / ADDRESS<br>LA DIRECCION Y EL NOMBRE DE LA<br>ESCUELA QUE ESTA ASISTIENDO | FULL TIME / DATE OF GRADUATION<br>TIEMPO COMPLETO / TIEMPO PARCIAL<br>FECHA DE GRADUCION |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
|                                                        |                                                                                             |                                                                                          |
|                                                        |                                                                                             |                                                                                          |
|                                                        |                                                                                             |                                                                                          |

Present Landlord / Propietario Actual: \_\_\_\_\_

Phone Number / Número de Teléfono: \_\_\_\_\_

Address / Dirección: \_\_\_\_\_

City, State, Zip Code / Ciudad, Estado, Código Postal: \_\_\_\_\_

Date of Move-In/ Fecha Cuando Se Mudo: \_\_\_\_\_

How much do you pay for rent? ¿Cuánto pagas por el alquiler? \$ \_\_\_\_\_

How many Bedroom / Cuántos Dormitorios: \_\_\_\_\_

Reason for moving / Motivo de la mudanza: \_\_\_\_\_

Past Landlord / Propietario Anterior: \_\_\_\_\_

Phone Number / Número de Teléfono: \_\_\_\_\_

Address / Dirección: \_\_\_\_\_

City, State, Zip Code / Ciudad, Estado, Código Postal: \_\_\_\_\_

Reason for moving / Motivo de la mudanza: \_\_\_\_\_

Please list all State(s) in which you and all applicants have lived: \_\_\_\_\_

Por favor incluye todos los estados en los que usted y todos los solicitantes han vivido: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**INCOME:** (Income from other sources see below. List all full and/or part time employment for all household members other than minor dependent children. Include self-employed earnings.

**INGRESOS:** (Ingresos de otras fuentes, véase más abajo. incluye todos los empleos a tiempo completo y/o parcial para todos los miembros del hogar que no sean hijos menores. Incluya las ganancias de los trabajadores por cuenta propia.

Do you own a business or are you self-employed? ☐ YES ☐ NO

¿Es dueño de un negocio o trabaja por cuenta propia? ☐ SI ☐ NO

| Household Member's Name<br>Nombre de los Miembro del Hogar | Address, Phone Of Employer<br>Dirección, Teléfono del Empleador | Gross Wages<br>Salario Brutos | Length of Employment<br>Duración del Empleo |
|------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------|---------------------------------------------|
|                                                            |                                                                 |                               |                                             |
|                                                            |                                                                 |                               |                                             |
|                                                            |                                                                 |                               |                                             |

**OTHER SOURCES OF INCOME:** (Examples: CASH APP (VENMO, Pay Pal, Apple Pay, Zelle, etc.), GPA, AFDC, Social Security, SSI, pensions, disability compensation, unemployment benefits, interest, babysitting, care taking, alimony, child support, dividends, forces reserve, scholarships, and/or grants.

**OTRAS FUENTES DE INGRESOS:** (Ejemplos: CASH APP (VENMO, Pay Pal, Apple Pay, Zelle, etc.), GPA, AFDC, Seguro Social, SSI, pensiones, compensación por discapacidad, beneficios de desempleo, intereses, cuidado de niños, pensión alimenticia, manutención de los hijos, dividendos, reserva de fuerzas, becas y / o subvenciones

| Household Member's Name<br>Nombre de los Miembro del Hogar | Source<br>Tipo | Amount<br>Monto | Per (Hour, Week, Month, Year<br>Por ( Hora, Semana, Mes, Año) |
|------------------------------------------------------------|----------------|-----------------|---------------------------------------------------------------|
|                                                            |                |                 |                                                               |
|                                                            |                |                 |                                                               |
|                                                            |                |                 |                                                               |

Name of Social Worker: \_\_\_\_\_

Nombre de su Trabajador Social: \_\_\_\_\_

Phone Number / Numero de Telefono: \_\_\_\_\_

**Assets/ Bank Accounts - Bienes / Cuentas Bancarias**

| Asset Type<br>Tipo de Cuenta                      | Name of Bank (s)<br>Nombre del Banco (s) | Account Balance<br>Saldo en la Cuenta | Account Number #<br>Número de Cuenta # |
|---------------------------------------------------|------------------------------------------|---------------------------------------|----------------------------------------|
| Checking<br>Chequera                              |                                          |                                       |                                        |
| Savings<br>Ahorros                                |                                          |                                       |                                        |
| Loans<br>Préstamos                                |                                          |                                       |                                        |
| Cash App                                          |                                          |                                       |                                        |
| Stocks or Certificates<br>Acciones o Certificados |                                          |                                       |                                        |

Do you own real estate? ☐ YES

☐ NO

¿Posee bienes raíces? ☐ SI

☐ NO Value / Valor: \$ \_\_\_\_\_

| Credit Account Name<br>Nombre de la Cuenta de Crédito | Address<br>Dirección | Account Number<br>Número de Cuenta |
|-------------------------------------------------------|----------------------|------------------------------------|
|                                                       |                      |                                    |
|                                                       |                      |                                    |

|                                                                                         |                              |                             |
|-----------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <u>MEDICAL AND UNUSUAL EXPENSES</u>                                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <u>GASTOS MÉDICOS INUSUALES</u>                                                         | <input type="checkbox"/> SI  | <input type="checkbox"/> NO |
| <u>Are you receiving Medicare Benefits or Medical Assistance?</u>                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <u>¿Está recibiendo beneficios de Medicare o Asistencia Médica??</u>                    | <input type="checkbox"/> SI  | <input type="checkbox"/> NO |
| <u>Are you making payments on outstanding medical bills?</u>                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <u>¿Está haciendo pagos por facturas médicas pendientes?</u>                            | <input type="checkbox"/> SI  | <input type="checkbox"/> NO |
| <u>Do you take prescription drugs on a regular basis?</u>                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <u>¿Toma medicamentos recetados con regularidad?</u>                                    | <input type="checkbox"/> SI  | <input type="checkbox"/> NO |
| <u>Do you pay for childcare while a family member is employed?</u>                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <u>¿Paga usted por cuidado de niños, cuando un miembro de su familia esta empleada?</u> | <input type="checkbox"/> SI  | <input type="checkbox"/> NO |

If yes:

List childcare provider's name address, and phone number:

Si es Si:

Indique el nombre, la dirección y el número de teléfono del proveedor de cuidado:

Name / Nombre: \_\_\_\_\_ Phone / Telefono : \_\_\_\_\_ Cost / Costar: \_\_\_\_\_ Por: \_\_\_\_\_

Address / Direccion: \_\_\_\_\_

**(VAWA) VIOLENCE AGAINST WOMEN**

Are you applying for housing due to VAWA? ☐ YES ☐ NO

**(VAWA) VIOLENCIA CONTRA LA MUJER**

¿Está solicitando vivienda debido a VAWA? ☐ SI ☐ NO

## APPLICANT OR CO-SIGNER CONSENT

"I hereby authorize **HOUSING OPPORTUNITIES CORPORATION** to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/ or any other necessary information."

"I hereby expressly release **HOUSING OPPORTUNITIES CORPORATION** and any other producer or furnisher of information, from any liability what-so-ever in the use, procurement, of furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies."

"I understand that should I lease an apartment, **HOUSING OPPORTUNITIES CORPORATION**, and its agent, shall have continuing right to review my consumer report information, rental application, payment history and occupancy history for account review purposes and for improving application methods."

---

Applicant or Co-signer Name

---

Signature

---

Date

**Inquiries may be made to verify the statements herein.** I hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, and landlord history. No determination of actual suitability for housing will be made until my application comes to the top of the waiting list and screening is completed by the Agent and suitability for housing is determined.

I hereby release, remise and forever discharge, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and I will hold harmless from any suit or reprisal whatsoever, except as otherwise limited by laws relating to the use of personal information, credit history or criminal background.

*Signed under the pains and penalties of perjury.*

|                             |      |                       |      |
|-----------------------------|------|-----------------------|------|
| Head of Household/Applicant | Date | Co-Head/Spouse        | Date |
| Other Adult Applicant       | Date | Other Adult Applicant | Date |

**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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures of 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, for misusing the social security number as provided under 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).

**RIGHT TO REASONABLE ACCOMMODATION:** The Agent for this property provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

**LIMITED ENGLISH PROFICIENCY:** The Agent provides people whose primary language is not English and as a result have limited English proficiency, the opportunity to request free language assistance in order to apply to or participate in its programs and activities.

**FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION:** Appleton Corporation, acting as management agent for the Property, does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, gender identity, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access

**NO SMOKING POLICY:** The property you are applying to is a smoke-free community. Smoking is prohibited in any interior common areas, including but not limited to community rooms, community bathrooms, lobbies, reception areas, hallways, laundry rooms, stairways, offices, elevators, within all apartments, and within 25 feet of building(s) including entry ways, windows, porches, balconies and patios. This policy applies to all residents, guests, visitors, service personnel and employees. Please note: under Federal law the use and possession of marijuana is illegal. As the property you are applying for/residing in receives Federal funding, the possession or use of marijuana is strictly forbidden anywhere in or on the premises.

\*If you do not receive confirmation of receipt from the management agent within 30 calendar days of submitting this application, please contact the management agent directly.

PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION AND IN NO WAY INSURES OCCUPANCY. ADDITIONAL INFORMATION MAY BE REQUESTED TO COMPLETE PROCESSING OF YOUR APPLICATION. YOU'RE SIGNATURE GIVES WRITTEN CONSENT TO THE MANAGEMENT TO VERIFY INFORMATION IN THIS APPLICATION. A FALSE STATEMENT OR MISREPRESENTATION ON YOUR APPLICATION WILL AFFECT THE APPROVAL OR RESIDENCY.

TENGA EN CUENTA QUE ESTA ES UNA SOLICITUD PRELIMINAR Y DE NINGUNA MANERA ASEGURA LA OCUPACIÓN. ES POSIBLE QUE SE SOLICITE INFORMACIÓN ADICIONAL PARA COMPLETAR EL PROCESAMIENTO DE SU SOLICITUD. SU FIRMA DA SU CONSENTIMIENTO POR ESCRITO A LA GERENCIA PARA VERIFICAR LA INFORMACIÓN EN ESTA APLICACIÓN. UNA DECLARACIÓN FALSA O MALINTERPRETACION EN SU SOLICITUD AFECTARÁ LA APROBACIÓN O RESIDENCIA.

ALL INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

TODA LA INFORMACIÓN ES VERDADERA Y COMPLETA A MI LEAL SABER Y ENTENDER:

All applicants over the age of eighteen (18) must sign this application.

Todos los solicitantes mayores de dieciocho (18) años deben firmar esta solicitud.

|                                                                                               |                                      |
|-----------------------------------------------------------------------------------------------|--------------------------------------|
| -----<br><b>Signature of Head of Household</b><br><b>Firma del la Cabezera de Hogar</b>       | -----<br><b>Date</b><br><b>Fecha</b> |
| -----<br><b>Signature of Co-Head of Household</b><br><b>Firma del la Co-Cabezera de Hogar</b> | -----<br><b>Date</b><br><b>Fecha</b> |
| -----<br><b>Signature of Adult Applicant</b><br><b>Firma del Solicitante Adulto</b>           | -----<br><b>Date</b><br><b>Fecha</b> |
| -----<br><b>Signature of Adult Applicant</b><br><b>Firma del Solicitante Adulto</b>           | -----<br><b>Date</b><br><b>Fecha</b> |

Financial assistance is contingent on submission and verification of citizenship or eligible immigration status. Assistance may be prorated, denied or terminated if any or all family members are determined ineligible for assistance.

La asistencia financiera depende de la presentación y verificación de la ciudadanía o el estado migratorio elegible. La asistencia puede prorratearse, denegarse o cancelarse si se determina que alguno o todos los miembros de la familia no son elegibles para recibir asistencia.

**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 form 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.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|------------------------------------------------|---------------------------------------------|---------------------------------------|-----------------------------------------------|--|
| <b>Applicant Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
| <b>Mailing Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
| <b>Telephone No:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Cell Phone No:</b>                                        |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
| <b>Name of Additional Contact Person or Organization:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                              |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
| <b>Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
| <b>Telephone No:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Cell Phone No:</b>                                        |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
| <b>E-Mail Address (if applicable):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
| <b>Relationship to Applicant:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
| <b>Reason for Contact:</b> (Check all that apply) <table border="0"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>                                                                                                                                                 |                                                              | <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process | <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms | <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules | <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Late payment of rent |  |
| <input type="checkbox"/> Emergency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Assist with Recertification Process |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
| <input type="checkbox"/> Unable to contact you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Change in lease terms               |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
| <input type="checkbox"/> Termination of rental assistance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Change in house rules               |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
| <input type="checkbox"/> Eviction from unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Other: _____                        |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
| <input type="checkbox"/> Late payment of rent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                              |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
| <b>Commitment of Housing Authority or Owner:</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
| <b>Legal Notification:</b> 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.

Form HUD- 92006 (05/09)



Dear Applicant:

In an effort to ensure the right assistance is provided to the right people, the Department of Housing and Urban Development (HUD) has provided property managers with access to a new verification database called the Enterprise Income Verification System (EIV).

EIV provides information about project-based and tenant-based HUD assistance recipients. This database is also used to verify certain types of reported income with records maintained in the Social Security Administration databases and the Department of Health and Human Service (HHS) National Database of New Hires. HHS provides information about current and past employment and unemployment insurance information.

At your move-in or at your last annual certification, all adult household members gave consent to the release of this information by signing HUD Forms 9887 and 9887A.

If HUD indicates that there is a discrepancy discovered by the EIV database, we will contact you so that we continue to assure you that you are receiving all assistance for which you are eligible.

We are committed to your enjoyment of your home. Please contact the management office if you have any questions.

Thank you,

*Vickie Walters*

Vickie Walters  
Director of Property Management

Estimado Solicitante:

En un esfuerzo por garantizar que se brinde la asistencia adecuada a las personas adecuadas, el Departamento de Vivienda y Desarrollo Urbano (HUD) ha proporcionado a los administradores de propiedades acceso a una nueva base de datos de verificación llamada Sistema de Verificación de Ingresos Empresariales (EIV).

EIV proporciona información sobre los beneficiarios de asistencia de HUD basados en proyectos y en inquilinos. Esta base de datos también se utiliza para verificar ciertos tipos de ingresos reportados con registros mantenidos en las bases de datos de la Administración del Seguro Social y la Base de Datos Nacional de Nuevas Contrataciones del Departamento de Salud y Servicios Humanos (HHS). El HHS proporciona información sobre el empleo actual y pasado y la información del seguro de desempleo.

En su mudanza o en su última certificación anual, todos los miembros adultos del hogar dieron su consentimiento para la divulgación de esta información firmando los Formularios 9887 y 9887A de HUD.

Si HUD indica que hay una discrepancia descubierta por la base de datos de EIV, nos comunicaremos con usted para continuar asegurándonos de que está recibiendo toda la asistencia para lo que es elegible.

Estamos comprometidos con que puedas disfrutar de su hogar. Comuníquese con la oficina de administración si tiene alguna pregunta.

Gracias,

*Vickie Walters*

Vickie Walters

Director de Administración de Propiedades



## RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# I & You

### ENTERPRISE INCOME VERIFICATION



**What YOU Should Know**  
if You are Applying for or are Receiving  
Rental Assistance through the Department of  
Housing and Urban Development (HUD)

### What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure the right benefits go to the right persons\*.



### What income information is in EIV and where does it come from?

#### The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

#### The Department of Health and Human Services

#### (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

### What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

### Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

### Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

### What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.

### **Penalties for providing false information**

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

### **Protect yourself, follow HUD reporting requirements**

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
  - *Child support*
  - *AFDC payments*
  - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.



### **What if I disagree with the EIV information?**

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

### **What if I did not report income previously and it is now being reported in EIV?**

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

### **What if the information in EIV is not about me?**

EIV has the capability to uncover cases of potential identity theft, someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

### **Who do I contact if my income or rental assistance is not being calculated correctly?**

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in, and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



### **Where can I obtain more information on EIV and the income verification process?**

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: [www.hud.gov/offices/nsg/rmfr/hlpi/eiv/home.cfm](http://www.hud.gov/offices/nsg/rmfr/hlpi/eiv/home.cfm).



JUL Y 2009

**Exhibit 3-5: Sample Citizenship Declaration**

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

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

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

**DECLARATION**

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

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

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

- 
- \_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, *\*Permanent Resident Card\**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) *\*Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.\**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

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

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

**REQUEST FOR EXTENSION**

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

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

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

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

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

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

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

**Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

**When should I receive this form?** A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

**What is the Violence Against Women Act (“VAWA”)?** This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act (“VAWA”). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

**What if I require this information in a language other than English?** To read this information in Spanish or another language, please contact [INSERT COVERED HOUSING PROVIDER’S CONTACT INFORMATION; FOR HOPWA PROVIDERS – INSERT GRANTEE NAME AND CONTACT INFORMATION] or go to [INSERT WEBSITE, IF APPLICABLE]. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**What do the words in this notice mean?**

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*.
- *Affiliated person* means the tenant’s spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant’s household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*<sup>1</sup> includes the following HUD programs:
  - Public Housing
  - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
  - Section 8 Project-Based Rental Assistance (PBRA)
  - Section 8 Moderate Rehabilitation Single Room Occupancy
  - Section 202 Supportive Housing for the Elderly
  - Section 811 Supportive Housing for Persons with Disabilities
  - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
  - Section 236 Multifamily Rental Housing
  - Housing Opportunities for Persons With AIDS (HOPWA) program
  - HOME Investment Partnerships (HOME) program
  - The Housing Trust Fund
  - Emergency Solutions Grants (ESG) program
  - Continuum of Care program
  - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

<sup>1</sup> For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act’s Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.

**What if I am an applicant under a program covered by VAWA?** You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

**What if I am a tenant under a program covered by VAWA?** You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

**How can tenants request an emergency transfer?** Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
  - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
  - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request. To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, [ENTER SPECIFIC CONTACT INFORMATION, WEBSITE, AND/OR INSTRUCTIONS FOR REQUESTING AN EMERGENCY TRANSFER OR A COPY OF THE APPLICABLE VAWA EMERGENCY TRANSFER PLAN]. The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

**Can the perpetrator be evicted or removed from my lease?** Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

**What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance?** In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

| <b>Covered Housing Program(s)</b>                                                                                                                                                                               | <b>Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program | Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.                                                                                                                                                                                                                                                                                                                                                                                                        |
| Permanent supportive housing funded by the Continuum of Care Program                                                                                                                                            | The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)                                  | <p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p> <p>For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.</p> |
| Section 202/811 PRAC and SPRAC                                                                                                                                                                                  | The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Section 202/8                                                                                                                                                                                                   | <p>The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing.</p> <p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p>                                                                                                                                                              |
| Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO                                                                                                                                          | The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| HOPWA                                                                                                                                                                                                           | The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.                                                                                                                                                                                                                                                                                                                                                                                                 |

**Are there any reasons that I can be evicted or lose assistance?** VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

**What do I need to document that I am a victim of VAWA abuse/violence?** If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form-HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state “under penalty of perjury” that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; **OR**
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

**Will my information be kept confidential?** If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

**How do other laws apply?** VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence.

Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact [INSERT APPROPRIATE STAFF MEMBER CONTACT INFORMATION]. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Have your protections under VAWA been denied?** If you believe that the covered housing provider has violated these rights, you may seek help by contacting [INSERT LOCAL HUD FHEO FIELD OFFICE & CONTACT INFORMATION]. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opportunity/VAWA](https://www.hud.gov/program_offices/fair_housing_equal_opportunity/VAWA). To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

**Need further help?**

- For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- To talk with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

**Public reporting burden** for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal 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.

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING**

**Confidentiality Note:** Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

**Purpose of Form:** If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

**VAWA protects individuals and families regardless of a victim's age, sex, or marital status.**

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

**Will my information be kept confidential?** Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

**What if I require this information in a language other than English?** To read this in Spanish or another language, please contact [INSERT COVERED HOUSING PROVIDER'S CONTACT INFORMATION; FOR HOPWA PROVIDERS – INSERT GRANTEE NAME AND CONTACT INFORMATION] or go to [INSERT WEBSITE, IF APPLICABLE]. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Need further help?** For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

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

1. Name(s) of victim(s): \_\_\_\_\_

2. Your name (if different from victim's): \_\_\_\_\_

3. Name(s) of other member(s) of the household: \_\_\_\_\_

4. Name of the perpetrator (if known and can be safely disclosed): \_\_\_\_\_

5. What is the safest and most secure way to contact you? (You may choose more than one.)

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

☐ Phone Phone Number: \_\_\_\_\_

Safe to receive a voicemail: ☐ Yes ☐ No

☐ E-mail E-mail Address: \_\_\_\_\_

Safe to receive an email: ☐ Yes ☐ No

☐ Mail Mailing Address: \_\_\_\_\_

Safe to receive mail from your housing provider: ☐ Yes ☐ No

☐ Other Please List: \_\_\_\_\_

6. Anything else your housing provider should know to safely communicate with you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:**

*Domestic violence* includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

*Dating violence* means violence committed by a person:

- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**
- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

*Sexual assault* means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

*Stalking* means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for the person's individual safety or the safety of others **or**
- (2) Suffer substantial emotional distress.

**Certification of Applicant or Tenant:** By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

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**Signature**

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**Date**

**Public Reporting Burden** for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal 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.

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

**This Package contains the following documents:**

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

## HUD-9887/A Fact Sheet

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

### What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

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

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

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

### Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

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

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

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

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

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

### Consequences for Not Signing the Consent Forms

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

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

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

### Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/162 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (02/2007)

# Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

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

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

O/A requesting release of information (Owner should provide the full name and address of the Owner.):

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

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

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

## Agencies To Provide Information

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

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

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

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

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

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

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

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

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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

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

Verification by Owners of Information  
Supplied by Individuals Who Apply for Housing Assistance

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

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign.  
Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

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

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

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

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

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

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

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

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

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/162 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

### Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

### Conditions

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

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

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

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

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Name of Applicant or Tenant (Print)

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Signature of Applicant or Tenant & Date

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

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Name of Project Owner or his/her representative

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Title

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Signature & Date  
cc:Applicant/Tenant  
Owner file

### Penalties for Misusing this Consent:

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

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

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