

RESIDENT SELECTION CRITERIA
FOR 202 PRAC
COVER SHEET



I have received and reviewed the RESIDENT SELECTION CRITERIA FOR 202 PRAC for the *Richard W. Wolfe Apartments at Dunson School* project.

Date

Applicant Signature

Date

Co-Applicant Signature

RESIDENT SELECTION CRITERIA FOR 202 PRAC



A. NONDISCRIMINATION AND EQUAL OPPORTUNITY REQUIREMENTS

Richard W. Wolfe Apartments at Dunson School is an Equal Housing Opportunity Community. As such, this Community adheres to all federal Fair Housing and Civil Rights laws, and all state and local regulations concerning nondiscrimination in housing.

Richard W. Wolfe Apartments at Dunson School will seek to identify and eliminate situations or procedures which create a barrier to equal housing opportunity for all. In accordance with Section 504 and the Fair Housing Amendments Act, Richard W. Wolfe a Apartments at Dunson School will attempt to make such changes as will reasonably accommodate people with disabilities within the regulations governing the housing program.

1. This Community does not discriminate based on race, color, religion, sex, national origin, familial status or handicap.
2. This Community does not discriminate against any particular socio-economic classes (e.g., public assistance recipients, single parent households) or against individuals who are not members of any sponsoring organization of this Community.
3. These requirements apply to:
 - a. accepting and processing applications;
 - b. selecting residents from among eligible applicants on the application/waiting list;
 - c. assigning apartment homes;
 - d. certifying and recertifying eligibility for assistance; and
 - e. all other aspects of continued occupancy.

B. QUALIFICATIONS FOR ADMISSION

1. The following definition will apply to applicant families at Richard W. Wolfe Apartments at Dunson School.

Elderly Family: A family/household whose Head of Household, Spouse, Co-Head or sole member is 62 years of age or older.

2. Applicants will be placed on the Application/Waiting List at the DASH office located at 1200 Fourth Avenue, LaGrange, GA based on the date and time the application is received in the Management Office. Being placed on the Application/Waiting List does not constitute approval of the application. Continued qualification and screening processes will begin as an anticipated move-in date nears. At this point, all Resident Selection Criteria must be met.

3. For accessible apartment homes with special features, households containing at least one person requiring these special features will have first priority for those designated accessible apartment homes. These accessible apartment homes will be filled as follows:
 - a. A current resident requiring the special features of the accessible apartment home. If none,
 - b. The next qualified applicant requiring the special features of the accessible apartment home. If none,
 - c. The next qualified applicant not requiring the special features of the accessible apartment home.

The following also applies to 3 (c) above.

The family/tenant will execute the Accessible Apartment Addendum, thereby agreeing to transfer to a non-accessible apartment home when a qualified applicant requiring the special features of the accessible apartment home applies. The cost of transferring will be the responsibility of the family/tenant not requiring the special features of the accessible apartment home that moved into the accessible apartment home executing the Accessible Apartment Addendum. No cost of the transfer shall be borne by the Management Agent or the Owner.

C. PROCEDURES FOR ACCEPTING APPLICATIONS AND SCREENING APPLICANTS

Persons desiring housing must complete the application packet in its entirety. The owner must accept applications from all interested parties, except during periods when the Application/waiting list is closed due to an extensive list of individuals waiting for housing.

All applicants for housing must qualify under the following eligibility and screening factors:

1. The Rental Application must be completed, signed and dated by all household members.
2. The Applicant Head of Household, Spouse, Co-head, or sole member must be 62 years of age or older.
3. The household must either be:
 - a. a family which is commonly defined as one or two persons sharing residency whose income and resources are available to meet the family's needs; or
 - b. a remaining member of an existing resident family; or
 - c. a single person meeting the eligibility requirements of the housing program and property type.

4. All applicants must qualify for occupancy according to the income limits based on family size which have been established for this Community and which are adjusted annually by the Department of Housing and Urban Development (HUD).
5. All applicants must complete the Section 214 Review process, which includes completion of the Family Summary Sheet, Applicant Declaration Form and Applicant Verification Consent Form, to determine if any of the restrictions on assistance to non-citizens apply to their household.
6. The maximum occupancy is 2 people. All units are one bedroom.
7. All applicants must be willing to pay the rent calculated according to the Department of Housing and Urban Development (HUD) rules.
8. The apartment home must be the applicant's **ONLY** residence.
9. The applicant must meet the economic criteria for this community.
10. The applicant must meet the eligibility criteria for this community.
11. The applicant must provide verification of Social Security numbers for all household members.
12. The applicant must provide verification of birth date for all household members.
13. The applicant must provide a copy of a driver's license, a state-issued photo identification card, or a copy of a passport for all household members.
14. All household members must sign the *Notice and Consent for the Release of Information*, Form HUD-9887, at the time of the initial certification and at each recertification thereafter. Additional signatures must be obtained from new adult members when they join the household. Failure to sign this consent form may result in the denial of assistance or termination of assisted housing benefits. Such denial/termination will follow the procedures set forth by the HUD lease agreement.
15. All household members must sign the *Applicant's/Tenant's Consent for the Release of Information*, Form HUD 9887-A, at the time of the initial certification and at each annual recertification thereafter. In addition, when new adult members join the household, they must also sign this and all other relevant consent forms. Failure to sign this or 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 notification procedures mandated by HUD will be followed. If a resident is denied assistance for this reason, the procedures set out in the lease agreement will be followed which requires the resident to pay the higher, HUD-approved market rent for the apartment home for failure to provided recertification information.

16. Once it is anticipated that an apartment home will become available, a credit check will be conducted for each household applicant. The credit report will be reviewed to determine the history of payment practice including utilities, outstanding loans, judgments, bankruptcies, foreclosures, etc. Accounts less than 60 days in arrearage will generally be acceptable. Accounts 60 or more days in arrearage that are dated within the last three (3) years will be cause for denial with the exception of medical judgments/collections and bankruptcy accounts; these are exempted from the rating.

Utility accounts, such as gas, electric, water and sewer, that are 60 or more days in arrearage, regardless of the date the account became delinquent, will be grounds for denial of the application. Even if the account is paid off after the date of the application, it may still remain grounds for denial.

If utility accounts are 60 or more days in arrearage but were paid off prior to the date of the rental application, it will not be considered grounds for denial as long as a zero balance is showing on the credit report and/or payment in full can be verified as being made prior to the date of the rental application.

Outstanding amounts due to a housing entity will be cause for denial.

All other accounts that are 60 or more days in arrearage that are over three (3) years old will be acceptable only if the applicant has a current satisfactory and verifiable rental history. A lack of rental history in and of itself will not be grounds for denial. Utility accounts that are 60 or more days in arrearage and an outstanding balance will always be grounds for denial. Accounts that are 59 or less days in arrearage will be acceptable.

If an applicant is denied due to an unsatisfactory credit report, unless proof of error is produced and/or verified, or the debt was paid prior to the date of the rental application, the original grounds for denial will stand.

If an unacceptable credit report is received, the applicant will be notified in writing that under the above guidelines, the application is declined.

Lack of credit history alone will not be reason for denial.

17. Once it is anticipated that an apartment home will become available, a criminal records search and a registered sex offender search will be conducted on each household applicant in the state in which the housing is located and in other states where the household members are known to have resided. The criminal records search and registered sex offender search will be reviewed and the applicant/applicant household will be

denied if it is documented by a criminal records search and/or a registered sex offender search that any member of the applicant household:

- a. is currently charged with or engaging in any criminal activity
- b. has engaged in any criminal activity during the 5-year period prior to the admission decision
- c. has a household member who is currently charged with engaging in illegal use of a drug
- d. if there is reasonable cause to believe that a household member's illegal use of a drug or a pattern of illegal use of a drug may interfere with the health, safety or right to peaceful enjoyment of the premises
- e. if there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents
- f. has been evicted from a federally-subsidized community for drug-related criminal activity during the 5-year period prior to the admission decision
- g. has been engaged in drug-related criminal activity
- h. has been engaged in violent criminal activity
- i. has been engaged in other criminal activity that would threaten the health, safety or right to peaceful enjoyment of the premises by other residents
- j. has been engaged in other criminal activity that would threaten the health or safety of the owner or any employees, contractor, subcontractor or agent of the owner who is involved in the housing operations
- k. is subject to lifetime registration requirement under a State sex offender registration program
- l. has been convicted of criminal activity including drug-related criminal activity or acts of violence.

The applicant household may be allowed residency if the conviction results in jail/prison time requirement that is satisfied at least 5 years prior to the admission decision, or if the conviction results in parole/probation requirement that is satisfied at least 5 years prior to the admission decision.

This community is committed to **DRUG-FREE HOUSING**. The lease agreement prohibits criminal activity, including drug-related criminal activity, on or near the premises. Violations of this lease provision will be considered cause for termination of residency.

18. References will be obtained from present and past landlords over a two (2) year period. An applicant may be denied if these reports document failure to make payments or show evidence that the applicant, applicant's family and/or guests of the applicant disturbed the safety, security and/or right to peaceful enjoyment of other residents. The applicant will also be

denied if the landlord states poor housekeeping habits posing a threat to the health, safety and welfare of the household members or the residents of the community, legal proceedings against the applicant or household members, and/or eviction. Verifiable rental history will include a copy of the applicant's rental agreement showing a monthly amount which is due to rent along with copies of canceled checks or payment receipts; in addition, the property must receive completed Landlord Verification Form signed by the current landlord and any additional landlords over the last two (2) years. No further considerations of delinquent accounts as listed under #17 above will occur if the applicant cannot provide a verifiable and satisfactory rental history as stated above. The application will be declined in this instance.

Lack of landlord references alone will not be reason for denial.

19. Written verification of income, assets, expenses and all other eligibility requirements will be required from third parties for all applicants. All documentation must be current. If any documentation will be more than ninety (90) days old at the time of move-in, Management will require the household to sign new consent release forms so that such documentation may be updated. If the household fails to sign the requested consent release forms, the application will be declined. If the updated documentation is not received by Management, move-in will be postponed during the interview process. All third party income documentation must be mailed to the third party by Management and must be received by mail from the third party. No "hand-carried" third party documentation will be accepted with the exception of current year Social Security or Disability benefit award notifications.
20. Applicant's ability and willingness to pay rent in a timely manner will be determined by reviewing their income, current and previous rent-paying history as determined from their current and previous landlords, general attitude toward financial obligations as determined from the credit reports, and the understanding and appreciation of the importance of rent payment as determined during the interview process.

Justice Court records will be researched. Any final judgment against an applicant for an eviction based upon non-payment of rent, material non-compliance of the lease agreement, or other good cause will be cause for denial of the application.

21. Applicant's ability and willingness to care for the apartment home will be determined through current and previous landlords. This will include any damages to the applicant's current or previous apartment homes beyond normal wear and tear as verified by the landlord(s).

22. Applicant's ability and willingness to abide by the lease agreement will be determined through current and previous landlords, government or social service agencies, police records and, in some cases, through the credit report. This criteria covers such important areas as permitting unauthorized persons to live in the apartment home, creating physical hazards (i.e., storing gasoline in the apartment home, discharging a firearm on the property, etc.), interfering with the rights and quiet enjoyment of other residents (threatening or attacking neighbors, vandalism, stealing, drug activity, police activity, spousal or family member abuse, etc.), and providing false information.

D. REASONS FOR DENIAL

Applicants will be denied if they fail to meet any eligibility requirement with regard to income limits, family/household definition and family/household composition based on the program for which they are applying.

In addition, applicants will be denied if they do not meet the property owner's screening criteria. Applicants may be denied for any or a combination of the following reasons:

1. history of violence as evidenced by previous landlord(s) verification, a record of arrest, adjudication, and/or conviction, and no current rehabilitative services;
2. poor housekeeping as evidenced by previous landlord(s) verification(s);
3. history of drug or alcohol abuse as evidenced by previous landlord(s) verification(s), record of arrest, adjudication and/or conviction, and no current rehabilitative services;
4. History of rent arrearages or poor rental background as evidenced by previous landlord verification(s) and/or credit report;
5. Unacceptable credit report;
6. Refusal to occupy proper apartment home in accordance with property apartment home size standards;
7. Refusal to pay rent calculated using applicable program rules;
8. Refusal to complete the Section 214 Review Declaration Form for every member of the household;
9. If this community will not be applicant's only place of residence;

10. History of property damage to apartment/townhouse/house or common areas as evidenced by previous landlord(s) verification(s) and/or credit report;
11. History of lease violations as evidenced by previous landlord(s) verification(s);
12. History of violence against family member(s), neighbor(s), and interference with management's duties and responsibilities as evidenced by previous landlord(s) verification(s), government or social service agencies verification(s), and/or police report(s);
13. Is subject to lifetime registration requirement under a State sex offender registration program.

If a household fails to move into the rent-ready apartment home on the agreed date, the application can be denied and the apartment home will be offered to the next qualified applicant on the Application/waiting list.

Applicants denied will be notified in writing, listing the reason(s) for the denial and advising the applicant that they have fourteen (14) days in which to contact Management for an appointment to discuss the denial. Meeting with Management regarding the denial in no way implies that the denial will be overturned.

Applicants may also request that the application denial be reviewed by the Dunson School Redevelopment Board.

If an applicant feels they have a disability of which Management is unaware, the applicant may notify Management at the address at the top of this Resident Selection Criteria in writing within fourteen (14) days requesting a meeting with Management to discuss the possibility of reasonable accommodations in non-essential policies or practices to enable the applicant equal opportunity in housing at this complex.

Applicants that are denied may re-apply only if 12 months has passed and the household circumstances have changed so as to remove the original reason(s) for which the application was denied.

Applicants will not be denied on the basis of race, color, religion, national origin, sex, handicap or familial status.

E. HOW PRIORITIES AND PREFERENCES ARE APPLIED

Available apartment homes at this community are filled from the Application/Waiting List on a first-come, first-served basis from the date and time the applications are received in the DASH Management Office at 1200 Fourth Avenue LaGrange, GA.

However, applicants will be given priority on the Application/Waiting list if it is verified that they qualify under one of the following situations:

1. For apartment homes accessible to persons with mobility, visual, or hearing impairments, households containing at least one person with such impairment will have first priority for those designated accessible apartment homes. (See B.4(a)(b))
2. In-house transfers due to extending reasonable accommodations for current resident households or for households who desire a different size apartment will be given priority over the applicants on the Applicant List in accordance with HUD guidelines in the 4350.3, Chapter 5, Paragraph 5-9. Residents requesting transfers must meet all criteria of the Transfer Policy.
3. Current residents who request a transfer to a different size apartment or a different location must be placed on the waiting list in order of date and time of "application" for the apartment and must meet all criteria of the Transfer Policy.
4. Preference will be given to applicants who meet the guidelines of any state or locally imposed admissions criteria.

To file a complaint alleging violations with regard to Fair Housing Laws or suspected discrimination, contact the Office of Fair Housing and Equal Opportunity at the Office of the Department of Housing and Urban Development (HUD). Telephone calls can also be directed to the Human Relations Commission.

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

Date Applicant Signature

Date Co-Applicant Signature

APPLICATION ASSISTANCE AND INFORMATION STATEMENT

If you are disabled, or have difficulty completing this application, please advise us of your needs when you receive this application, or call to schedule assistance. Our phone number is 404-419-6459 all between the hours of 8:30 am and 5:00 pm. Appropriate assistance will be provided in a confidential manner and setting.

Answering questions on your application:

Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition, or prior resident history is grounds for rejection. Additionally, you should be aware that Section 1001 of Title 18 of the U S Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

Answering questions relating to disability:

Answers to questions on your application concerning disability status are optional. But please note that families with members who are disabled may be entitled to (1) certain deductions from income that affect rent, or (2) apartments which have been architecturally altered to accommodate persons with special needs. Without this information, we may not be able to calculate your rent correctly or verify your eligibility to live in an accessible apartment.

If you answer the questions relating to disability, we will need to verify that you or a family member is disabled. We do not need to know the nature, extent, or current condition of the disability. But, we will need to know that you meet the federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on handicap or disability status will be treated as confidential by management. In accordance with program regulations, information may be released to appropriate federal, state, or local agencies.

Housing Requirements Questionnaire:

Please complete the Housing Requirements Questionnaire that accompanies your application. This information is needed so that we may assign you an apartment appropriate to any needs that exist for your family. Your answers will be verified. If, however, there are no family members with a handicap or disability, or if you do not wish to complete the document for any reason, simply indicate that choice in the space provided at the top of the document. The choice not to complete this document will not in any way affect the processing of your application for an apartment.



NOTICE TO ALL APPLICANTS OPTIONS FOR APPLICANTS WITH DISABILITIES

This property is managed by DASH for LaGrange, Inc. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status, or disability. In addition, we have an obligation to provide "reasonable accommodations" to applicants if they or any family member have a disability. Compliance actions may include reasonable accommodations as well as structural modifications to the apartment or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- Making reasonable alterations to an apartment so it could be used by a family member who uses a wheelchair;
- Installing strobe type, flashing-light smoke detectors in an apartment for a family member with a hearing-impairment;
- Permitting a family to have a Guide dog to assist a family member with a vision-impairment where existing pet rules would not allow pets;
- Making large type documents or a reader available to an applicant with a vision-impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing-impairment during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy—they must be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, you do not have to.



RENTAL APPLICATION

Richard W. Wolfe Apartments at Dunson School

Instructions for completing the application:

1. Please complete all sections by printing in ink. Please do not leave any section blank, even sections which do not apply to you. For instance, if a section asks for driver's license number and you do not have a driver's license, you may write "NONE". If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
2. This application must be completed by the Head of Household. Each additional member who will reside in the apartment must also sign the Rental Application.
3. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.
4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes and whenever you need to add a person to your application or remove a person from your application.
5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List; but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria posted in the Management Office.
6. Rental History must include all places where you/or any adult member lived in the past four years including places where your or their name did not appear on the lease and places where you or they used a different name.

Date Received: _____

Time Received: _____

APPLICANT INFORMATION:

Name: _____
Last First Middle Initial
Current Address: _____
Street City State Zip Code
Telephone #: _____ SS #: _____ Date of Birth: _____

HOUSEHOLD INFORMATION:

List below, all information for each additional household member who will occupy the unit.

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F	Social Security Number	Date of Birth (Mo./Day/Yr.)
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

Do you anticipate a change in household composition during the next 12 months? ☐ Yes ☐ No

Will any of the above household members live anywhere except in the apartment? ☐ Yes ☐ No

Will any other persons live in the apartment on a less than full-time basis? ☐ Yes ☐ No

If you answered "Yes" any of the above questions, please explain:

MISCELLANEOUS INFORMATION:

Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? ☐ Yes ☐ No
If yes, explain: _____

Have you or any member of your household ever committed any fraud in a Federal assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? ☐ Yes ☐ No
If yes, explain: _____

Has any household member ever been convicted of any drug offense? ☐ Yes ☐ No - If yes, who: _____ Explain: _____

Has any household member ever been convicted of a felony? ☐ Yes ☐ No - If yes, who: _____ Explain: _____

Are you listed on a state or federal sex offender registry? ☐ Yes ☐ No

For each household member please list all states in which you have lived:

Name: _____ States: _____

Name: _____ States: _____

Name: _____ States: _____

Name: _____ States: _____

Name: _____ States: _____

Does anyone in the household currently have any felony charges pending against them?

☐ Yes ☐ No - If yes, who: _____ Explain: _____

LANDLORD INFORMATION:

Present Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Landlord's Name: _____

Landlord's Address: _____
Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____
(mo./yr.) TO (mo./yr.)

Previous Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Previous Address: _____
Street City State Zip Code

Landlord's Name: _____

Landlord's Address: _____
Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____
(mo./yr.) TO (mo./yr.)

EMPLOYMENT INFORMATION

Present Employer: _____		Telephone #: _____	
Employer Address: _____			
Street	City	State	Zip Code
Occupation: _____		Dates of Employment: _____	
		(mo./yr.) TO (mo./yr.)	
Salary: \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/> other _____			
<input type="checkbox"/> Second Employer, or			
Previous Employer: _____		Telephone #: _____	
Employer Address: _____			
Street	City	State	Zip Code
Occupation: _____		Dates of Employment: _____	
		(mo./yr.) TO (mo./yr.)	
Salary: \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/> other _____			
Spouse Employer: _____		Telephone Number: _____	
Employer Address: _____			
Street	City	State	Zip Code
Occupation: _____		Dates of Employment: _____	
		(mo./yr.) TO (mo./yr.)	
Salary: \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/> other _____			

Please list the total annual employment income of all members of your household.

Name of Recipient	Wages (Full Time)	Wages (Part Time)	Overtime Pay	Commissions Or Fees	Tips or Bonuses

BENEFITS:

Please list the total benefit income of all members of the household. If a divorce decree or separation agreement exists but payments are not received, list the amount court ordered by the document.

Benefit Type		Amount Received	Per	Household Member Receiving Benefit
Social Security (Adult)	<input type="checkbox"/> Y <input type="checkbox"/>			
SSI (Adult)	<input type="checkbox"/> Y <input type="checkbox"/>			
Disability or Death Benefits	<input type="checkbox"/> Y <input type="checkbox"/>			
Public Assistance (AFDC, TANF)	<input type="checkbox"/> Y <input type="checkbox"/>			
Alimony	<input type="checkbox"/> Y <input type="checkbox"/>			

OTHER INCOME:

Does any member of the household have income from any of the following? If yes, state the amount, frequency, and the household member receiving the income.

Income Type		Amount Received	Per	Household Member Receiving Benefit
Income from Self-Owned Business	<input type="checkbox"/> Y <input type="checkbox"/> N			
Recurring Cash Contributions or Gifts including rent or utility payments	<input type="checkbox"/> Y <input type="checkbox"/> N			
Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N			
Unemployment Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Severance Pay	<input type="checkbox"/> Y <input type="checkbox"/> N			
Payments from Insurance Policies	<input type="checkbox"/> Y <input type="checkbox"/> N			
Retirement Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Pension Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Educational Grants/ Scholarships	<input type="checkbox"/> Y <input type="checkbox"/> N			
Veteran's Administration Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Military Reserves/National Guard	<input type="checkbox"/> Y <input type="checkbox"/> N			
GI Bill Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Periodic Payments from lottery winnings	<input type="checkbox"/> Y <input type="checkbox"/> N			
Member of an Indian Tribe receiving gaming payments	<input type="checkbox"/> Y <input type="checkbox"/> N			
Any Other Income: _____	<input type="checkbox"/> Y <input type="checkbox"/> N			

Do you have any Rental Property or Business Property income? ☐ Y ☐ N

If yes, give the name and address of the renter or the business owner:

Name _____

Address _____

Amount of rent or income per month: _____

ASSET INFORMATION:

Does any member of the household own any of the following types of assets?

Type of Asset		Value or Current Balance	Name of Financial Institution
Checking Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Savings Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Credit Union Shares	<input type="checkbox"/> Y <input type="checkbox"/> N		
Stocks/Bonds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Treasury Bills	<input type="checkbox"/> Y <input type="checkbox"/> N		
Money Market Funds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Certificate of Deposit	<input type="checkbox"/> Y <input type="checkbox"/> N		
Rental Property	<input type="checkbox"/> Y <input type="checkbox"/> N		
Real Estate/Mortgages/Land Contracts	<input type="checkbox"/> Y <input type="checkbox"/> N		
Safe Deposit Box	<input type="checkbox"/> Y <input type="checkbox"/> N		
Deeds or Trust	<input type="checkbox"/> Y <input type="checkbox"/> N		
Annuities	<input type="checkbox"/> Y <input type="checkbox"/> N		
Own a Mobile Home	<input type="checkbox"/> Y <input type="checkbox"/> N		
IRA or Keogh Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Mutual Funds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Personal Property held for investment purposes	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		

Has any household member disposed of any of the above assets at less than fair market value during the past two years? ☐ Yes ☐ No If yes, explain: _____

MEDICAL AND UNUSUAL EXPENSES:

Please provide the following information for ALL household members.

		Amount	Payee
Do you pay babysitting and/or dependent care while a family member is employed?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Are you receiving Medicare Benefits?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you pay any medical insurance/hospitalization?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you have outstanding medical bills which you are currently paying?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you take prescription drugs on a regular basis?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you anticipate any health care related expenses for the next 12 months which are not covered by health insurance?	<input type="checkbox"/> Y <input type="checkbox"/> N		

EMERGENCY CONTACT INFORMATION:

Please provide the following information for two emergency contacts.

Name of Primary Contact: _____				
Last		First	Middle Initial	
Current Address: _____				
Street		City	State	Zip Code
Daytime Phone Number: _____		Evening Phone Number: _____		
Relationship: _____				
Name of Secondary Contact: _____				
Last		First	Middle Initial	
Current Address: _____				
Street		City	State	Zip Code
Daytime Phone Number: _____		Evening Phone Number: _____		
Relationship: _____				

VEHICLE INFORMATION:

Driver's License Number/State ID#: _____		State Issued: _____	
Spouse Driver's License Number/State ID#: _____		State Issued: _____	
Vehicle #1:	Year _____	Make _____	Model _____ Color _____
	License # _____	State _____	
Vehicle #2:	Year _____	Make _____	Model _____ Color _____
	License # _____	State _____	

CRIMINAL HISTORY

This property's eligibility criteria exclude housing to individuals and households with specific types of criminal activity in their history. You must answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected, OR, if move-in occurred, you may be evicted.

Have you or any member of your household ever been convicted of drug-related criminal activity?	NO []	YES []	If "YES" you must answer the following: Who? _____ When? _____ Details: _____
Have you or nay member of your household ever been convicted of violent criminal activity?	[]	[]	If "YES" you must answer the following: Who? _____ When? _____ Details: _____
Are you or any member of your household a current illegal user of or addicted to a controlled substance?	[]	[]	If "YES" you must answer the following: Who? _____ When? _____ Details: _____
Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?	[]	[]	If "YES" you must answer the following: Who? _____ When? _____ Details: _____
Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	[]	[]	If "YES" you must answer the following: Who? _____ When? _____ Details: _____
Have you or nay member of your household ever been on parole or are now on parole?	[]	[]	If "YES" you must answer the following: Who? _____ When? _____ Details: _____
Have you or any member of your household currently or in the past used illegal drugs?	[]	[]	If "YES" you must answer the following: Who? _____ When? _____ Details: _____
Are you or nay member of your household subject of Registration under a State Sex Offender Registration Program?	[]	[]	If "YES" you must answer the following: Who? _____ When? _____ Details: _____

Applicant Signature

Date

Applicant Signature

Date

Property Manager Signature

Date

It is the policy of this company to provide housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familiar status, national origin, disability, or handicap. If you feel this company has discriminated against you, please call 706-298-2411.

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all information provided on this application and my/our signature is our consent to obtain such verification. I /We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility.

I/We authorize any person, or credit checking agency having any information on me/us to release any and all such information to the owner/management or their agents or credit checking agents. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a credit bureau contracted with the apartment community. I understand that a check will be made of the sex offender registry in states in which I have resided.

WARNING: "Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the verification forms is restricted to the purposes cited thereon. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the

Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions is cited as violations of 42 U.S.C. 408 f, g, and h."

SIGNATURES: (All household members must sign below.)

_____/_____/_____
Applicant Date

_____/_____/_____
Additional Household Member Date

_____/_____/_____
Agent for Owner Date

DO NOT WRITE BELOW THIS LINE - MANAGEMENT USE ONLY

APPLICATION DISPOSITION:

Approved: _____
(Date)

Approved by: _____
(Signature)

Title: _____

Disapproved: _____
(Date)

Disapproved by: _____
(Signature)

Title: _____

Reason(s) for Disapproval:

Applicant Notified in Writing on: _____

Applicant Appealed Decision on : _____ (written notification attached.)

Applicant Appeal Reviewed by: _____ Date: _____
(Signature) (Title)

Appeal Decision: Approved _____ Disapproved _____

Applicant Notified in Writing on: _____

Driver's License or State-issued ID _____
Social Security Card _____
Birth Certificate _____
Citizenship _____
Credit, Criminal, and Sex Offender Registry Check _____

HOUSING REQUIREMENTS QUESTIONNAIRE

Please read the following regarding this questionnaire:

This questionnaire is administered to every applicant at **Richard W. Wolfe Apartments at Dunson School**. It is used to determine whether your family needs special features in their apartment. The need for special adaptations must be verified in order to assure that the limited number of apartments with special features go to families that actually need the features.

Completing this questionnaire is optional on your part. If you choose not to complete this form, please check the box that indicates that choice, sign and date the form, and return it to the management. The choice not to complete this questionnaire will not in any way affect the processing of your application for an apartment.

If you choose to complete this form, please check the box that indicates your choice to complete this form, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form, and return it to the management staff.

Applicant election to provide special needs information:

Head of Household

Social Security Number

☐ I choose to complete this form. ☐ I choose NOT to complete this form.

Applicant's Signature

Date

Manager's Signature

Date

Information relative to the housing requirements of the applicant's family:

1. Do you, or does any member of your family, have a condition that requires:
☐ A separate bedroom ☐ Apt for vision-impaired ☐ One-level apartment
☐ Apt for hearing-impaired ☐ Special parking space ☐ A barrier-free apartment
☐ Bedroom/Bath on 1st floor ☐ Physical modifications to a typical apartment
☐ Other _____
2. If you checked any of the above-listed categories, please explain exactly what you need to accommodate your situation. _____
3. What is the name of the family member who needs the feature(s) identified above? _____
4. Do you or any of your family members need special features to go up and down stairs other than traditional railings? ☐ yes ☐ no If "yes", please indicate how we may accommodate your family. _____
5. Will you or any of your family members require a live-in aide to assist you? ☐ yes ☐ no
6. Who should be contacted to verify your need for the features you have identified above or for the need for a live-in aide (i.e., a doctor or social service agency)?
Name _____ Telephone _____
Address _____

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)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (01/18/2007)

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 (01/18/2007)

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.

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 &
4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887 (01/18/2007)

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 HUD-9887/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.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the 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.

PROSPECTIVE RESIDENT INFORMATION SHEET

Thank you for your interest in the **Richard W. Wolfe Apartments at Dunson School**. For us to begin processing your application, we must have the following for ALL family members.

PROOF OF BIRTH DATE

Birth Certificate, State-Issued Identification Card, Passport, Driver's License, or other official document containing date of birth.

PROOF OF SOCIAL SECURITY NUMBER

Social Security cards, proof of request for a Social Security Card, Federally-issued identification number (i.e., number assigned by the Immigration & Naturalization Service), other documents containing the Social Security number such as a driver's license, or a voter registration card.

In order to process your application, we will also need the items shown below that apply to you or anyone who will be living in the apartment. Additional items may be requested upon review and processing of the application.

EMPLOYMENT

All adult household members who are employed must sign a verification form giving us permission to verify the gross anticipated earnings for the next 12 months.

SELF-EMPLOYMENT

A copy of the most recent Federal income tax return filed for the business, or a notarized statement from your accountant or bookkeeper stating the anticipated net income of the business for the next 12 months, and a Self-Employed Affidavit stating the anticipated income of the business along with any salaries paid to family members.

ASSETS*

Checking Accounts - Average Six-Month Balance and the annual interest rate, if any.

Savings Accounts - Current Balance and the annual interest rate, if any.

Stocks, Bonds, IRAs, Life Insurance Policies, and Other Financial Holdings - Current Cash Value and the Anticipated Income for the next 12 months

Real Estate - A copy of the most recent property tax appraisal and documentation from the mortgage holder showing the cost to pay off any remaining mortgage balance.

*We must verify all asset amounts. This will require you to sign statements giving us permission to verify this information, or you may bring in documentation such as statements or print-outs from a bank or broker to verify the asset amounts.

REGULAR CONTRIBUTIONS FROM OTHER PERSONS

If you receive regular monetary contributions from persons who will not live in the apartment, a statement from them stating the amount and frequency of contributions must be submitted.

SOCIAL SECURITY, SSI, AFDC, TANF

A benefit print-out from the office providing the assistance that lists the GROSS AMOUNT of your award before deductions.

If you have amounts deducted due to an overpayment, we will need to know the amount of the deduction and when the overpayment will be recovered.

DISABILITY

A benefit print-out from the office making the payments stating the GROSS amount of the benefit and the number of payments anticipated during the next 12 months.

VETERAN'S ADMINISTRATION PENSIONS, OTHER PENSIONS AND ANNUITIES

A statement from the agency/company who oversees the pension stating the GROSS AMOUNT and the frequency of the payments

UNEMPLOYMENT COMPENSATION / WORKER'S COMPENSATION

A Wage & Determination transcript or benefits statement from the applicable agency stating the GROSS monthly benefit and the anticipated duration of benefits