

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

**THIS SECTION FOR APPLICANT:**

Date completed:

**Winn Residential Theroch Apartments  
c/o HousingWorks  
P.O. Box 231104  
Boston, MA 02123**

← Applicant: Mail application to the address at left.

617-825-4011

Fold Here

**Applying for:** *Indicate what Bedroom Size you are seeking:*

**Theroch**

- 1 BR
- 2 BR
- 3 BR
- 4 BR
- 5 BR
- 1 BR **Wheelchair**
- 2 BR **Wheelchair**
- 3 BR **Wheelchair**
- 4 BR **Wheelchair**
- no 5BR wheelchair



Yes  No Did you fill in the circles (above) for the waitlists that interest you?

Yes  No Do you understand that you must answer every question on every page of this application, *no matter how many times it is asked?* We will reject or discard your application if you fail to do so.

How did you hear about our property? \_\_\_\_\_

Name and Address of Assisting Social Service Agency: \_\_\_\_\_

**Date/Time Stamp** (the property manager will enter this):

DO NOT LEAVE ANY QUESTION UNANSWERED!



- HEAD OF HOUSEHOLD'S FIRST NAME
HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) SUFFIX
YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: Yes No Does the Head of Household have a Social Security Number? If "Yes" you must provide the full SSN!

- HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER
HEAD OF HOUSEHOLD'S DATE OF BIRTH
GENDER
ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino
RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- I am not claiming any Reasonable Accommodation or Special Circumstances at the moment (else, fill in any of the items below)
Fully Accessible Wheelchair Unit
Blind Accessible Unit
Need an Interpreter - language
No-Steps unit (elevator to any floor)
Deaf Accessible Unit
Domestic Violence Victim
First-Floor unit only
Unit for Environmental Allergies
Personal Care Attendant

- HEAD OF HOUSEHOLD'S CAREER STAGE
Employed Unemployed Retired FT Student PT Student
ANY VETERANS in HH? Yes No

- PERMANENT MOBILE RENTAL ASSISTANCE, if any
I do not have mobile rental assistance Mobile Section 8 voucher MRVP AHVP VASH or similar

- CRIMINAL RECORD AND SEX OFFENDER
Head of Household: Any Felony/Conviction? Yes No Any Misdemeanor Conviction? Yes No
Other Members: Any Felony Convictions? Yes No Any Misdemeanor Conviction? Yes No
Is anyone in HH subject to a lifetime sex offender registration in any state? Yes No

- ANY PETS? Yes No Number of Pets: Describe:

- HOUSEHOLD SIZE AND COMPOSITION
ANNUAL INCOME DOCUMENTED DISABILITY?
# Adults # Children Total # in Household Yes No

- CURRENT HOUSING STATUS
1. Homeless 2. Housing Loss in 14 days 3. Homeless under other federal status
4. Homeless because Fleeing domestic violence 5. At risk of homelessness 6. Stably Housed

- HAVE YOU RECENTLY BEEN DISPLACED? No Accessibility or Personal Health Issues Cost of Living Domestic Violence or Sexual Assault
Condemnation of Home, code violations Fire, flood, earthquake Pandemic Threat to Life or Safety Urban Development, eminent

- BEST TELEPHONE NUMBER TO USE SECOND TELEPHONE

- EMAIL ADDRESS

- WHERE YOU LIVE OR BACKUP ADDRESS Check this box if backup address is the same as best mailing address below.

Address Line 1 Apt # or "care of" name
City State Zip

- BEST MAILING ADDRESS
Address Line 1 Apt # or "care of" name
City State Zip

- UNIT SIZE OTHER PRIORITIES AND PREFERENCES? It is important to claim these if you can!

- # BEDROOMS NEEDED
Disability Elder Local Resident Local Employee Local Student Homeless Veteran
Rent-burdened 40% Rent-burdened 50% HUD VAWA Certificate Community Based Housing

**PERSONAL:** Date \_\_\_\_\_ Please complete for those who will occupy the apartment (Applicant - co-applicant – children - other)

	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____

No. of Autos \_\_\_\_\_ Reg. No. of Auto No. 1 \_\_\_\_\_ Reg. No. of Auto No. 2 \_\_\_\_\_

No. of Pets \_\_\_\_\_ Type \_\_\_\_\_

In Case of Emergency Notify (Name) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment?  
 If yes - you will be asked to complete a *Request for Reasonable Accommodation*  unit for mobility impaired  unit for visually impaired  
 unit for hearing impaired  grab bars

**RESIDENCY & EMPLOYMENT:**

**Present Address** \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Present Phone** \_\_\_\_\_ **Second Phone (if any)** \_\_\_\_\_

Own: Dates of Current Occupancy \_\_\_\_\_  
 From: *yyyy-mm-dd* \_\_\_\_\_ to: **Present Time** \$ \_\_\_\_\_  
 Monthly Mortgage Payments

Rent: Dates of Current Occupancy \_\_\_\_\_  
 If Rents \_\_\_\_\_ \$ \_\_\_\_\_  
 Monthly Rental Payments

Present Landlord's Name \_\_\_\_\_ Landlord's Address \_\_\_\_\_ Landlord's Phone \_\_\_\_\_

**Previous Address** \_\_\_\_\_

Dates of Previous Occupancy From: \_\_\_\_\_ to: \_\_\_\_\_ \$ \_\_\_\_\_  
 Monthly Rental Payments

If Rents \_\_\_\_\_  
 Former Landlord Name \_\_\_\_\_ Address \_\_\_\_\_ Landlord Phone \_\_\_\_\_

**Currently employed by** \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**Annual Gross Salary** \$ \_\_\_\_\_ .00 per year Other Income (Comm/Bonus) \_\_\_\_\_ \$ \_\_\_\_\_

**RESIDENCY & EMPLOYMENT (continued):**

Other Source of Income (i.e.- social security - retirement fund – disability - workmen’s compensation – pension - alimony/child support – investments - etc.)

Type \_\_\_\_\_ Amount \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_

Former Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**FINANCIAL INFORMATION**

Bank- Checking Account \_\_\_\_\_ Branch Address \_\_\_\_\_ Checking Acct. No. \_\_\_\_\_

Bank- Checking Account \_\_\_\_\_ Branch Address \_\_\_\_\_ Checking Acct. No. \_\_\_\_\_

Bank- Savings Account \_\_\_\_\_ Branch Address \_\_\_\_\_ Savings Acct. No. \_\_\_\_\_

Bank- Savings Account \_\_\_\_\_ Branch Address \_\_\_\_\_ Savings Acct. No. \_\_\_\_\_

Bank- Cert of Dep. \_\_\_\_\_ Branch Address \_\_\_\_\_ C.D. Acct. No. \_\_\_\_\_

Have you sold or given away any real property or other assets in the past two years?  Yes  No

If yes, did you receive Fair Market Value for the Asset?  Yes  No

**CORI INFORMATION**

Have you or any member of your household ever been convicted of a crime?  Yes  No

If yes, you must indicate the nature of the crime and the date of conviction \_\_\_\_\_

**APPLICANTS TERMS (Applicant Read Carefully)**

This application is for Apartment No. \_\_\_\_\_ or similar type of occupancy beginning (date) \_\_\_\_\_

The applicant warrants and represents that all statements herein are true and promises to execute- upon presentation- a lease in the usual form and on the terms and conditions stated therein.

The Applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore- applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records, Applicant agrees that the information set forth on the application is true and complete- and any misrepresentation on this application will constitute a default under the lease or Rental Agreement between the parties.

Any deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease- then the deposit shall be retained by the owner as liquidated damages. However- the owner will refund the deposit if he rejects this application.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

Deposit with application \_\_\_\_\_

Dated \_\_\_\_\_

Agents Signature \_\_\_\_\_

Applicant's Signature \_\_\_\_\_



This Property does not discriminate against any person because of race - color - religion - sex - sexual orientation - handicap - familial status or national origin.



**RENTAL APPLICATION ATTACHMENT  
For State and Federally Regulated Properties**

**Federal law requires us to get drug and criminal background information about all adult household members applying for assisted housing. The head of household must answer the questions below for all household members - and each household member age 18 or older must sign below to consent to a background check.**

1. Have you or any member of your household ever lived in any federally-assisted or state-assisted housing?  Yes  No

2. Have you or any member of your household ever been evicted from federally-assisted housing for drug-related criminal activity?  Yes  No

If **Yes**, list where and when: \_\_\_\_\_  
\_\_\_\_\_

3. Are you or any member of your household currently engaging in the use of illegal drugs?  Yes  No

4. Have you or any member of your household ever been convicted of a felony?  Yes  No

If **Yes**, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. Are you or any member of your household currently abusing alcohol?  Yes  No

6. Have you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring?  Yes  No

If **Yes**, please explain: \_\_\_\_\_  
\_\_\_\_\_

7. Are you or any member of your household subject to a lifetime registration requirement under a *State Sex Offender* registration program?  Yes  No

8. List all addresses where you and other adult household members have previously resided over the past 5 years:

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

**All household members 18 and older must sign below:**

**The applicant hereby certifies that the above information is true and correct. The applicant(s) understand that making false statements on this form is grounds for rejection or termination of my/our lease. I/We authorize Winn Residential to verify the above information, and I/we consent to the release of the necessary information to determine my eligibility.**

**Applicant** \_\_\_\_\_ Date \_\_\_\_\_

**Co-Applicant** \_\_\_\_\_ Date \_\_\_\_\_

**Other Adult** \_\_\_\_\_ Date \_\_\_\_\_

**Other Adult** \_\_\_\_\_ Date \_\_\_\_\_



1. Do you have a Section 8 Certificate? \_\_\_ An MRVP voucher? \_\_\_ AHVP voucher? \_\_\_ VASH Voucher? \_\_\_ I have no Voucher \_\_\_  
If yes, who issued the Certificate? \_\_\_\_\_

2. Please list the name, birthdate and social security # of each child in the Household:

Name	Relationship	Birth Date	Social Security #
------	--------------	------------	-------------------

3. Number of bedrooms needed? \_\_\_\_\_

4. Have you, or has any member of your household, ever been convicted of a crime?  
 Yes  No

If yes, please indicate the nature and date of conviction  
\_\_\_\_\_

5. Are there any special accommodations that the household will required in order to enjoy equal opportunity to use and enjoy the apartment? (e.g. – unit for mobility impaired, unit for visually impaired, unit for hearing impaired, grab bars?)  
 Yes  No

If yes, you will be asked to complete a *Request for Reasonable Accommodation*.

6. Have you sold or given away any real property or other assets in the past two years?  
 Yes  No

If yes, did you receive Fair Market value for the Asset?  Yes  No  
If no, you may be requested to provide additional information.

7. *Statistical Purposes Only*

**Race of Head of Household**

- White  Black  American Indian or Alaskan Native
- Asian or Pacific Islander  Do not wish to answer

**Ethnicity of Head of Household**

- Hispanic  Non-Hispanic

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date (mm/dd/yyyy)



## Authorization to Perform a Credit and Criminal Investigation

I hereby authorize Winn Management to obtain credit and criminal history information on me. I understand that this investigation will include release of information from law enforcement and judicial institutions, as well as financial institutions, credit bureaus, and public and private agencies that have relevant information on my credit and criminal history. I understand that information received through this credit record and criminal record check will be used, in part, to determine the acceptability of my rental application.

Should this investigation reveal adverse information, which if accurate would constitute grounds for denial of my application, I understand that I will be notified in writing prior to any adverse action being taken. Further, I will be provided with the names, telephone numbers, and addresses of all agencies supplying such information, together with a summary of my rights under the *Federal Fair Credit Reporting Act*.

Head of Household's Signature \_\_\_\_\_

Print the Head of Household's name:

Date you completed this application:

mm dd yyyy

Head of Household's Date of Birth:

mm dd yyyy

Head of Household's Social Security Number: \_\_\_\_\_

## Authorization to Perform a Credit and Criminal Investigation

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Today's Date \_\_\_\_\_  
*mm/dd/yyyy*

**Applicant Signature** \_\_\_\_\_

**Print your name, like this (John):** \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
*mm/dd/yyyy*

Social Security Number: \_\_\_\_\_



## Supplemental Applicant Questionnaire

### Household Information:

Each household member 17 years of age and over who will occupy the apartment at the time of move-in must complete a separate questionnaire.

Name	Relationship to Head of Household	M/F	Last 4 digits of SS#	Full- or Part-Time Student? <i>FT-PT-N/A</i>	Birth Date mm/dd/yyyy

**Head of Household** only answer **Yes** or **No** to each of the following questions for the household:

**YES    NO**

- |   |   |  |
|---|---|--|
| — | — | 1. Do you expect any additions to the household within the next twelve months? If yes, please list name and relationship _____<br>Explanation: _____   |
| — | — | 2. Are all members of the household full time students?  |
| — | — | 3. Does anyone in the household attend an institute of higher education?<br>If yes, do they receive financial assistance for tuition?<br>If yes, name of household member receiving financial assistance for tuition _____   |
| — | — | 4. Do you or any member of your household have a Section 8 voucher?<br>If yes, name of Housing Authority _____   |
| — | — | 5. Do you know of any reason a local utility company would not set up an account in the name of the head, co-head or spouse? If yes, please explain: _____   |
| — | — | 6. Are you or any member of your immediate family, including those by blood, marriage or adoption, the spouse, parent (including a stepparent), child (including stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, or in-laws, an officer, employee, agent, elected or appointed official, or consultant of the the owner, developer, or sponsor of this property? If yes, list individual and relationship: _____ |

### Income Information:

All household members 17 years and over must complete the following questions. List gross amounts anticipated to be received in the 12 month period following move in. Include the dollar (\$) amount in the space provided.

**Answer each YES/NO question. For each YES answer, include the gross amount and frequency.**

YES	NO	INCOME SOURCE	AMOUNT/Frequency
		Employment (If hourly rate provided, please list hours per week	\$
		Social Security	\$
		SSI	\$
		SSP	\$
		Pension	\$
		Periodic Payments from Retirement, Investment and/or Annuity Accounts	\$
		Veterans Benefits or Disability	\$
		Unemployment	\$

	Worker's Compensation	\$
	AFDC / TANF/ Welfare Grant	\$
	Are you entitled to receive alimony?	
	Do you receive alimony?	\$
	Do you have at least 50% custody of your children?	
	Are you entitled to receive child support?	
	Do you receive child support? (enter amount)	\$
	Military Pay	\$
	Net income from a business	\$
	Contributions from an one outside the household	\$
	Does anyone else in the household have income?	
	Any income from assets?	\$
	Any income from sources not mentioned above?	\$
	Do you anticipate any changes to your income within the next 12 months? If yes, explain:	

**Asset Information:** List assets for all household members including minors.

YES	NO	ASSET SOURCE	AMOUNT
		Checking Accounts	\$
		Savings Accounts	\$
		Certificates of Deposit	\$
		Direct Deposit Debit Cards ( <i>SSA/Welfare/Child Support/Unemployment</i> )	\$
		Stocks or Bonds	\$
		401K, 403B, IRAs or other Retirement Accounts	\$
		Mutual Funds	\$
		Revocable Trust Accounts	\$
		Life Insurance ( <i>whole/ universal/ annuity</i> )	\$
		Personal Property Held as an Investment	\$
		Real Estate ( <i>(If Yes to Real Estate, answer next question.)*</i> )	\$
		* For sale	\$
		* Rented	\$
		Other current assets	\$
		Any other assets that you owned in the past 2 years	\$
		List asset and current market value of the asset:	
		1 .	\$
		2.	\$

**Complete Only for Sites with Project Based Subsidy**

1. Are you a Military Veteran?	Yes ___ No ___
2. Have you been displaced as a result of a Presidentially Declared Disaster (PDD)?	Yes ___ No ___
3. Do you pay for child care which allows you or another family member to work or to go to school?	Yes ___ No ___
If yes, give name/address of child care provider, weekly cost and name of family member enabled to work or to go to school: _____	

**Elderly/Disabled Families Only**

- 4. Do you have disability assistance expenses which allow an adult household member to work? Yes \_\_\_ No \_\_\_  
If yes, list type, amount, and name of family member enabled to work \_\_\_\_\_
- 5. Do you have Medicare? Yes \_\_\_ No \_\_\_
- 6. Do you participate in the Medicare Prescription Drug Plan? Yes \_\_\_ No \_\_\_  
If yes, list provider and premium amount. \_\_\_\_\_
- 7. Do you have any other kind of medical insurance? Yes \_\_\_ No \_\_\_
- 8. Do you have any outstanding medical bills that you are making payments on? Yes \_\_\_ No \_\_\_
- 9. Do you expect to have any medical expenses during the next 12 months not covered by insurance? Yes \_\_\_ No \_\_\_  
If yes, list type and amount \_\_\_\_\_

**Certification by Applicant:**

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I certify that all questions on this interview checklist have been asked of me-at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this checklist with management. I consent to have management verify the information contained in this questionnaire for the purpose of determining eligibility for occupancy. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Affordable Housing Program requirements. I certify that all answers are true to the best of my knowledge and that my misrepresentation of information will lead to cancellation/rejection of my application. I understand I must report any changes to management as soon as they occur.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management

\_\_\_\_\_  
Date

# EMPLOYMENT VERIFICATION

1st Request \_\_\_\_\_  
2nd Request \_\_\_\_\_  
3rd Request \_\_\_\_\_

(The use of white out, black out, or alteration of original information will void this document)

<b>Project Name: Theroch Apartments</b>	<b>Unit ID:</b>	<b>Date:</b>	
<b>Applicant/Tenant:</b>	<b>SSN:</b>		
<b>Employer Contact:</b>			
<b>Business Name:</b>	<b>Contact Person:</b>		
<b>Address:</b>	<b>Phone:</b>	<b>Fax:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Email:</b>

**Signature Authorizes Verification of My Employment Income Information:** \_\_\_\_\_  
Signature of Applicant/Tenant Date

Note to Applicant/Tenant: You do not have to sign this form if you either the requesting organization or the organization supplying the information is left blank. The individual named directly above is an applicant/resident of a housing program that requires verification if income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

## LANDLORD: RETURN THIS FORM TO:

Theroch Apartments  
133 Columbia Road  
Dorchester, MA02121  
O: (617) 825-4011 F: (617) 825-4308

### THIS SECTION TO BE COMPLETED BY EMPLOYER

Please answer all questions fully, leaving no blanks.

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Presently Employed: Yes \_\_\_ No \_\_\_ Date First Employed \_\_\_\_\_ Last Day of Employment \_\_\_\_\_  
Current Gross Wages/Salary \$ \_\_\_\_\_ Pay Frequency (circle one): Hourly Weekly Bi-weekly Semi-monthly Monthly Yearly  
Pay Method (circle one): Cash Check Direct Deposit Other  
Average # of regular hours per week: \_\_\_\_\_ Year-to-Date earnings: \$ \_\_\_\_\_  
Number of weeks per year: \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ Through \_\_\_/\_\_\_/\_\_\_  
Number of pay periods included in the YTD earnings above \_\_\_\_\_

Overtime: Yes \_\_\_ No \_\_\_ If yes, OT Rate: \$ \_\_\_\_\_/hour Average # of OT hours \_\_\_\_\_/week  
Shift Differential: Yes \_\_\_ No \_\_\_ If yes, SD Rate: \$ \_\_\_\_\_/hour Average # of SD hours \_\_\_\_\_/week  
Commissions: Yes \_\_\_ No \_\_\_ If yes, amount \$ \_\_\_\_\_/hourly/weekly/bi-weekly/semi-monthly/monthly/yearly  
Bonuses: Yes \_\_\_ No \_\_\_ If yes, amount \$ \_\_\_\_\_/hourly/weekly/bi-weekly/semi-monthly/monthly/yearly  
Tips: Yes \_\_\_ No \_\_\_ If yes, amount \$ \_\_\_\_\_/hourly/weekly/bi-weekly/semi-monthly/monthly/yearly

Any anticipated change in the rate of pay within the next 12 months? Yes \_\_\_ No \_\_\_ \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Does the employee participate in a retirement plan, i.e. 401K? Yes \_\_\_ No \_\_\_  
Is the employee's work season/sporadic? Yes \_\_\_ No \_\_\_ Specify Layoff Period: \_\_\_\_\_  
If work is seasonal/sporadic, are they eligible for unemployment benefits during the layoff period(s)? Yes \_\_\_ No \_\_\_  
Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Employer's Printed Name/Title

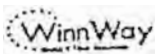
\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer (Company) Name and Address

\_\_\_\_\_  
Phone#

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Email



NOTE: Section 1001 of the Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Applicant/Resident Name \_\_\_\_\_ Property Name: Theroch Apartments

You have applied for housing under a program of the U.S. Department of Housing and Urban Development (HUD) and/or the Internal Revenue Service. We are required to certify all of your income, assets and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

Initial Certification \_\_\_\_\_ Date of Expected Move-In: \_\_\_\_\_  
Recertification (Annual or Interim) \_\_\_\_\_ Effective Date: \_\_\_\_\_

This Affidavit is to be signed by any individual who is 18 years of age or older and claims no employment income on the Application/Supplemental Applicant Questionnaire or Statement of Income & Assets.

**Part I: I confirm to you the following information with respect to my non-employment status (check all boxes that are applicable)**

- I am not currently employed in any capacity.
- I have no intention of becoming employed in the next 12 months. I am not under any affirmative obligation to obtain employment.
- I do not receive Unemployment Compensation, Workers' Compensation or other benefits as a result of my non-employment status.
- I have not applied and do not intend on applying for Unemployment Compensation, Workers' Compensation or other benefits in the next 12 months due to my non-employment status.
- I do intend to become employed in the next 12 months. Based on my past work experience, skills and income, I expect to earn \$\_\_\_\_\_ per hour working \_\_\_\_\_ hours per week when I become employed. The anticipated date employment will begin will be: \_\_\_\_\_ In support of this estimate I am submitting (attach at least one item from the list below).

- \* Letter from employer on letter head (if already hired)
- \* New Hire Contract (if already hired)
- \* Prior year's tax return, prior year's W2 or previous pay stubs (if looking for work/not hired)
- \* Webpage printout of projected wages from salary estimator website (if looking for work/not hired)

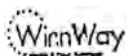
**Part II: Please state how you intend to meet your day-to-day expenses without any current or anticipated employment income.**

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

**Part III: I understand that if I am receiving income, I am required to complete other income verification forms, and if I have no income, I understand that I will need to complete the Certification of Zero Income.**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Head of Household or Applicant/Resident Date



CERTIFICATION OF ZERO INCOME FORM

To be completed by all household members (18 years age or older) only. Please check each item that applies.

Applicant Tenant: \_\_\_\_\_ Unit No. \_\_\_\_\_

- \_\_\_\_\_ i. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employment resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.

\_\_\_\_\_ li. I currently have no income of any kind and I do not expect this to change in the next 12 months.

\_\_\_\_\_ lii. I will be using the following sources of funds to pay for:

Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_

\_\_\_\_\_ Food: \_\_\_\_\_

\_\_\_\_\_ Clothng: \_\_\_\_\_

\_\_\_\_\_ Transportation: \_\_\_\_\_

\_\_\_\_\_ Internet/Cable/Phone: \_\_\_\_\_

\_\_\_\_\_ Toiletries: \_\_\_\_\_

\_\_\_\_\_ Credit cards loans/ bills: \_\_\_\_\_

- \_\_\_\_\_ liii. I do not presently receive income from any of the sources listed in item #1 above, but anticipate receiving one or more of these sources of income within the next twelve months, as follows:
  - Wages from employment. Bnsed on my past work experience, skills and income, I expect to earn \$ \_\_\_\_\_ per week /month /year (circle one) when I become employed. The anticipated date employment will begin will be: \_\_\_\_\_
  - Other (please list): \_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement

\_\_\_\_\_  
**Printed Name of Applicant / Tenant**

\_\_\_\_\_  
**Signature of Applicant / Tenant and Date**

## NO ASSET VERIFICATION/ ASSET DISPOSAL VERIFICATION FORM

Applicant's/Resident \_\_\_\_\_

Unit \_\_\_\_\_

Assets include cash on hand and held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds; Treasury bills, certificates of deposit, money market funds, IRA account; retirement and pension funds, Whole Life and Universal Life insurance policies, lump sum receipts (i.e. lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.), Assets do not include necessary personal property such as furniture, automobiles and clothing.

Applicant/Resident, please complete *only* the Section(s) that pertain to your household.

### I. Applicant's/Resident's Self-Certification - NO ASSETS

I hereby certify that I have no assets, including bank accounts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### II. Applicant's/Resident's Self-Certification - ASSET DISPOSITTON

I hereby certify that during the past 24 months I \_\_\_\_ have \_\_\_\_ have not disposed of one or more assets for less than fair market value ..

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### If Assets Have Been Disposed of - Complete Section III

### III. Asset Disposition Information

If, in the past 24 months, Applicant/Resident disposed of an asset valued in excess of \$1,000 for less than fair market value (i.e. transferred house to a child for \$ 1.00) attach evidence of fair market value at date of transfer (tax bill, appraisal, etc.) and proof of amount received by Applicant/Resident (i.e. canceled check, deed, etc.)

Date Asset was disposed of: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Description of Asset: \_\_\_\_\_

Value of Asset at Time of Disposal: \_\_\_\_\_

Amount Received for Asset: \_\_\_\_\_

Excess Value Not Received: \_\_\_\_\_

**CERTIFICATION OF STUDENT ELIGIBILITY**

*(for Section 8 Program only)*

Applicant/Resident's Name: \_\_\_\_\_ SS Number \_\_\_\_\_

**To Be Completed by Applicant/Resident**

I. **Are you a student at an Institution of higher education?** Yes No

Institutes of higher education include post-secondary vocation institutions; proprietary institutions of higher education which prepare students for gainful employment in a recognized occupation, and accredited post secondary colleges and universities.

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

If you have answered No, please skip the following questions and sign below.

II. **If you have answered yes, please complete the following questions:** Yes No

- a. Are you at least 24 years of age?
- b. Are you a veteran of the U.S. military?
- c. Are you married?
- d. Do you have legal dependents other than a spouse?
- e. Are you a graduate or professional student?
- f. Were you an orphan or ward of the state through the age of 18?
- g. Have you lived independently for at least one year prior to application for occupancy?
- h. I am not claimed as a dependent on my parent's income tax returns.

*Any questions answered yes will be verified.*

**If none of the above exceptions apply:**

Are your parents receiving, or eligible to receive, Section 8 Assistance?  
Parents estimated gross annual income \$ \_\_\_\_\_

III. **Are you receiving any financial assistance to pay for your education?**

Type and source: \_\_\_\_\_

**Under penalty of perjury, I certify that the information presented in this certification true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of a lease agreement.**

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date





**CERTIFICATION OF STUDENT ELIGIBILITY**

*(for Section 8 Program only)*

**Applicant/Resident's Name:** \_\_\_\_\_ **SS Number** \_\_\_\_\_

**To Be Completed by Applicant/Resident**

**I. Are you a student at an Institution of higher education?** Yes No

Institutes of higher education include post-secondary vocation institutions; proprietary institutions of higher education which prepare students for gainful employment in a recognized occupation, and accredited post secondary colleges and universities.

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

If you have answered No, please skip the following questions and sign below.

**II. If you have answered yes, please complete the following questions:** Yes No

- a. Are you at least 24 years of age?
- b. Are you a veteran of the U.S. military?
- c. Are you married?
- d. Do you have legal dependents other than a spouse?
- e. Are you a graduate or professional student?
- f. Were you an orphan or ward of the state through the age of 18?
- g. Have you lived independently for at least one year prior to application for occupancy?
- h. I am not claimed as a dependent on my parent's income tax returns.

*Any questions answered yes will be verified.*

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Are your parents receiving, or eligible to receive, Section 8 Assistance?  
Parents estimated gross annual income \$ \_\_\_\_\_

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Type and source: \_\_\_\_\_

**Under penalty of perjury, I certify that the information presented in this certification true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete nformation may result in termination of a lease agreement.**

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



**Race and Ethnic Data Reporting Form**

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

OMB 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): \_\_\_\_\_

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

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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

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



**Race and Ethnic Data Reporting Form**

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

OMB 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.

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## 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.

# Theroch Apartments

## DECLARATION FORMAT FORM

To be completed for each household member listed on the Family Summary Sheet. Parents or legal guardians will sign for children under the age of eighteen. Information provided on this form is subject to appropriate verification with the Departemnt of Homeland Security (DHS). Please print in a legible manner.

Name: \_\_\_\_\_  
First
Last
Sex

Relationship to Head of Household: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Month/Day/Year

Alien Registration Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

SAVE Verification No. \_\_\_\_\_ Admissions Number: \_\_\_\_\_  
 To be entered by owner if and when received)

**I am a United States Citizen (Sign and Date Certification on page 2)**

**I am a Non-citizen with eligible original immigration status as evidenced by one of the documents listed below and can present the document in an original form (not a copy) as as evidence of my status. (Provide Documents and Sign and Date Certification on page 2). Note: If you are 62 years of age or older,you need only submit a proof of age document w/this format and Sign and Date Certification on page**

**I am not contending eligible immigration status and understand that I am not eligible for financial assistance. .nd Sign and Date Certification on page 2.**

INS Form Number	Type of Form	Status Criteria
I-551	Permanent Resident Card	Permanent Resident Alien Status
I-94	Arrival-Departure Record with annotation	Admitted as Refugee pursuant to Section 207 Section 208 or Asylum Section 243(h) or Deportation Stayed by Attorney General Paroled pursuant to Section 212(d)(5) Immigration Naturalization Act (INA)
I-94	Arrival-Departure Record without annotation	Letter from a DHS Asylum Officer granting Asylum if application was filed on or after 10/1/90 Letter from a DHS District Director granting Asylum if application was filed before 10/1/90 Final Court decision granting Asylum (and no appeal) Court decision granting Withholding of Deportation Letter from a DHS Asylum Officer granting Withholding of Deportation if application was filed on or after 10/1/90
I-688	Temporary Resident Card	With "Section 245A" or "Section 210" annotation.
1-688-B	Employment Authorization Card	With "Provision of Law 274a.12(II)" or "Provision of Law 274a.12" annotation
INS Receipt	Request for Replacement Documents	A receipt issued by the DHS indicating that an application for issuance of a replacement document is one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

CERTIFICATION"

I certify that the above representations are true as of the date of this certification .

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Signed under pains and penalties of perjury (18 USC 1001 and 1010)

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

REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen with eligible inimmigration 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 here if adult signed for a child: \_\_\_\_\_

# Theroch Apartments

## DECLARATION FORMAT FORM

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Signature

\_\_\_\_\_  
Date

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# Theroch Apartments

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First
Last
Sex

Relationship to Head of Household: \_\_\_\_\_

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Month/Day/Year

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Signed under pains and penalties of perjury (18 USC 1001 and 1010)

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

REQUEST FOR EXTENSION

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Management and the applicant/resident utilized the method indicated below (select one):

**WinnResidential Completed the Forms**

Management reviewed the forms and questions with the applicant/resident, recorded answers, and completed the necessary forms based on answers provided. Management subsequently sent all applicable forms to the applicant/resident to review, revise if necessary, sign and return.

Applicant's/Resident's Certification: I authorize \_\_\_\_\_ of WinnResidential to assist me and/or my household in completing the forms necessary for my Certification.

I understand that by signing below, should additional information/clarification be needed, I am consenting to additional information/clarification being completed in a similar manner, and any changes made to any forms will be done in contrasting color for clarity.

**Applicant/Resident Completed the Forms**

Management reviewed the forms and questions with the applicant/resident. The applicant/resident recorded the answers on the forms, signed the forms and returned them to management. Management will review the forms and schedule a follow-up interview if needed to clarify the information provided or add missing information.

I understand that by signing below, should additional information/clarification be needed, Management may make necessary changes to forms, which will be done in contrasting color for clarity.

I affirm that I have reviewed this document and the interview forms listed on this document in their entirety. I understand that providing false or misleading information may constitute a breach of my lease and I may be subject to criminal penalties.

X \_\_\_\_\_ Date

I affirm that I have reviewed this form and the interview forms listed on this form in their entirety with the applicant/resident and am following the WinnResidential procedural modifications to certification interviews during the COVID-19 pandemic.

\_\_\_\_\_  
Signature of Management Agent Date

# Landlord Verification Form

Tenant Release:

Name of Applicant: \_\_\_\_\_

I give permission to release information regarding my tenancy: \_\_\_\_\_

Address to verify: \_\_\_\_\_ Time Period: \_\_\_\_\_

Landlord to be verified: Current [ ] Previous Landlord [ ] Other [ ]

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Telephone; \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How long did applicant reside at the above noted address? From: \_\_\_\_\_ To: \_\_\_\_\_

Is the applicant on a current lease? \_\_\_\_\_ Lease expiration date? \_\_\_\_\_

What size is the unit? \_\_\_\_\_ How many in the household? \_\_\_\_\_

What is the applicant's share of rent \$ \_\_\_\_\_ Is payment received on time? \_\_\_\_\_

Does rent include utilities? \_\_\_\_\_ Have utilities ever been disconnected? \_\_\_\_\_

Lease and House Rules

Does/did applicant keep the unit clean, safe and sanitary? \_\_\_\_\_

Any insect/rodent or infestation to the unit, if yes, what? \_\_\_\_\_

Does/did applicant's housekeeping contribute to infestation? \_\_\_\_\_

Were there any complaints from other tenants regarding this applicant, if yes, please explain: \_\_\_\_\_

Does/did the applicant's household, guest ever engage in any criminal activity? \_\_\_\_\_

Does/did the applicant's household have a pet, if yes what type and how many? \_\_\_\_\_

Any damage done to unit or common area from household pet, If yes, please explain? \_\_\_\_\_

Did this applicant's household ever

submit any false information? If yes, please explain: \_\_\_\_\_

Did this applicant's household uphold the terms of the lease, if no, please explain? \_\_\_\_\_

Have you ever started court eviction, if yes, why, when? \_\_\_\_\_

Would you rent to this applicant again, if no please explain? \_\_\_\_\_

Did applicant give a proper notice? \_\_\_\_\_ If known why did they vacate? \_\_\_\_\_

Are you relative or friend of the applicant?

If yes, what is the relationship? \_\_\_\_\_

I certify that the information given is true to the best of my knowledge.

\_\_\_\_\_  
*Landlord Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Email address*

Management How was verification obtained: Mailed [ ] Fax [ ] Verbal [ ]

If verbal by whom: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

You have applied for housing under a program of the U.S. Department of Housing and Urban Development (HUD) and/or the Internal Revenue Service. We are required to certify all of your household's income, asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

**I certify the following is true regarding the child(ren) listed below:** Complete one form for each source of child support. Please select the **Option** that applies.

Name of Child	Date of Birth
Name of Child	Date of Birth
Name of Child	Date of Birth
Name of Child	Date of Birth
Name of Child	Date of Birth
Name of Child	Date of Birth

**[ ] Option I**  
 I have a court order to receive child support in the amount of \$\_\_\_\_\_ Per \_\_\_\_\_(week/month/year).  
 Provide court order, divorce decree or separation agreement.  
 I receive the full court ordered amount.  
 I do NOT receive the full amount of the child support due to me pursuant to a court order or other agreement. I expect to receive no more than \$\_\_\_\_\_ per \_\_\_\_\_ over the next twelve months because\_\_\_\_\_.

I have taken the following actions to collect the support monies due to me:  
 I have an active enforcement case with \_\_\_\_\_, (Child Support Agency)  
 Provide a payment history for the last three (3) years.  
 Other: \_\_\_\_\_  
 Provide documentation of collection attempts.  
 I have not taken action to collect to support due to me.

**[ ] Option II**  
 I receive support that is not court-ordered in the form of:  
 Cash payments of \$\_\_\_\_\_ per \_\_\_\_\_ (week/month/year)  
 Purchasing items for the child[ren] in the amount of \$\_\_\_\_\_ per \_\_\_\_\_ (week/month/year)  
 Paying for services for the child[ren] in the amount of \$\_\_\_\_\_ per \_\_\_\_\_ (week/month/year)  
 Other: \$\_\_\_ per \_\_\_\_\_ (week/month/year) for \_\_\_\_\_  
 Name of support provider:\_\_\_\_\_ Phone:\_\_\_\_\_

<p><b>[ ] Option III</b>                  Although I am not currently entitled to receive child support pursuant to a court order or other agreement, I believe that I will receive such an order within the next 12 months. I anticipate receiving \$_____ per _____ beginning_____.</p>	<p><b>[ ] Option IV</b>                  I am not entitled to receive child support under court order or any other agreement and I am not in the process of seeking any monies for child support through legal channels or otherwise.</p>
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Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False and misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Signature of Applicant/Resident

\_\_\_\_\_  
 Date

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

# **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)**

## 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.



# 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.):
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**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.

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**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.

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### 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

## 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.

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

## 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.

**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.