

# Important

## Application Instructions:

Please list your **full name** on the front page of the application. Please fill in **all** blanks. If it does not apply to you or your situation then list "N/A" or write "NONE".  
**After you fill the app out print and sign all signature areas.**

If you mess up mark through your mistake with a single line. Write the correct information and initial next to the mistake. (Example: ~~70~~ incorrect 71 correct)



**\*\* DO NOT USE WHITE OUT/CORRECTION FLUID ON THE APPLICATION \*\***

Please list **complete** names, addresses, zip codes and phone numbers.

*Applications that are not complete will not be added to the waiting list.*

**Must be filled out in ink.**

# Smoke Free Notice

Notice to Applicants/Tenants:

**Mountain View Estates  
is a smoke free facility  
for all apartment units  
and common areas.**

Keep For Your Records



# RENTAL HOUSING TENANT APPLICATION FORM



Site Address: \_\_\_\_\_

Date: \_\_\_\_\_

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

### DL Or Photo ID INFORMATION FOR ALL ADULTS 18 AND OVER

DL/Photo ID#: \_\_\_\_\_ DL/ID State: \_\_\_\_\_

DL/Photo ID #: \_\_\_\_\_ DL/ID State: \_\_\_\_\_

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

**Current Physical Address:** \_\_\_\_\_  
**Mailing address if different:** \_\_\_\_\_  
**Primary Phone:** (\_\_\_\_) \_\_\_\_\_ **Alternate Phone:** (\_\_\_\_) \_\_\_\_\_

Would you or anyone in your household benefit from a special needs unit?  
(Mobility, vision, or hearing impairment)  Yes  No

Will you or anyone in your household require a live-in care attendant?  Yes  No  
Name of Live-In Care Attendant: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_

### Housing References / Information

List housing references for the past 10 years for each person over 18. **(No relative or someone you are staying with, may be used as a reference)**. Also, if you have not been in the same household for the past 10 years you must give separate references. (You may use the back of this page if necessary).

#### REFERENCE INFORMATION

<b>Current Landlord's Address</b>		<b>Your current address</b>
<b>Name</b>		
<b>Address</b>		
<b>Home Phone</b>		
<b>Did you rent?</b>	<b>Or own?</b>	
<b>Dates:</b>	<b>From</b>	<b>To</b>
<b>Previous Landlord's Address</b>		<b>Your Previous address</b>
<b>Name</b>		
<b>Address</b>		
<b>Home Phone</b>		
<b>Did you rent?</b>	<b>Or own?</b>	
<b>Dates:</b>	<b>From</b>	<b>To</b>
<b>Previous Landlord's Address</b>		<b>Your Previous address</b>
<b>Name</b>		
<b>Address</b>		
<b>Home Phone</b>		
<b>Did you rent?</b>	<b>Or own?</b>	
<b>Dates:</b>	<b>From</b>	<b>To</b>
<b>Previous Landlord's Address</b>		<b>Your Previous address</b>
<b>Name</b>		
<b>Address</b>		
<b>Home Phone</b>		
<b>Did you rent?</b>	<b>Or own?</b>	
<b>Dates:</b>	<b>From</b>	<b>To</b>
<b>PERSONAL REFERENCE: Relationship to you?</b>		
<b>Name</b>		
<b>Address</b>		
<b>Phone number</b>		
<b>PERSONAL REFERENCE: Relationship to you?</b>		
<b>Name</b>		
<b>Address</b>		
<b>Phone number</b>		
<b>PERSONAL REFERENCE: Relationship to you?</b>		
<b>Name</b>		
<b>Address</b>		
<b>Phone number</b>		

**Household Information (continued)**

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

If YES, explain \_\_\_\_\_

Please explain custody arrangements of any children in the household: \_\_\_\_\_

2. Gender: **List All Family members who will reside in the household.**



Member	Male	Female	Decline to Disclose

3. Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single  
 \_\_\_\_\_ Decline to Disclose

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

\_\_\_\_\_

5. Have any of the household members used names or a social security number other than the names and numbers used above?  Yes  No

If YES, explain \_\_\_\_\_

6. Are any or ALL members of the household full-time students?  Yes  No

If YES, explain \_\_\_\_\_

7. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime?  Yes  No

If YES, provide the nature of the crime(s): \_\_\_\_\_

Date: \_\_\_\_\_ State: \_\_\_\_\_ City \_\_\_\_\_

County: \_\_\_\_\_

Are any of the above convictions a felony?  Yes  No If YES, Please explain \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Are there any criminal charges pending now?  Yes  No If YES, please explain \_\_\_\_\_

8. What states have you lived in? \_\_\_\_\_

9. Do you live in subsidized housing now or have you in the past?  Yes  No  
If YES, where? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Were you evicted? \_\_\_\_\_ If YES, why? \_\_\_\_\_

For applicants 62 or older as of January 31, 2010, who do not have a SSN, please list if you have received HUD rental assistance at another location as of January 31, 2010. \_\_\_\_\_

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

If YES, explain \_\_\_\_\_

11. Have you ever filed or are you currently filing for bankruptcy?  Yes  No

If YES, give reason \_\_\_\_\_

Date of filing: \_\_\_\_\_

12. Have you ever lived at any other property managed by **Northwest Regional Housing Authority**?  Yes  No

If YES, where? \_\_\_\_\_

List all states that any household member has ever resided: \_\_\_\_\_

13. Why do you want to move from your current residence? \_\_\_\_\_

Are you seeking housing due to a Presidentially Declared Disaster?

\_\_\_\_\_ Yes \_\_\_\_\_ No

14. How did you hear about us? \_\_\_\_\_

15. Do you know or are you related to any of our residents or staff. \_\_\_\_\_

16. Are you or any member of your household a veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

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***Income Information:***

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

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

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

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces?  Yes  No  
(Include overtime, tips, bonuses, commission and payments received in cash.)

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

2. Unemployment benefits or worker's compensation?  Yes  No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?  Yes  No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)?  Yes  No

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

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

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

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

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

Explanation: \_\_\_\_\_

5. Social Security, SSI or any other payments from the Social Security Administration?  Yes  No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____

7. Regular payments from a severance package?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Regular payments from any type of settlement? (For example, insurance settlements)  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Disability, death benefits or life insurance dividends?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. Regular gifts or payments from anyone outside of the household?  Yes  No

*(This includes anyone supplementing your income or paying any of your bills.)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Educational grants, scholarships, or other student benefits?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

12. Regular payments from lottery winnings or inheritances?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

13. Regular payments from rental property or other types of real estate transactions?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____



14. Any other income sources or types not listed above?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

15. Do you or any other household member expect any change in income in the next 12 months?  Yes  No  
 If YES, explain: \_\_\_\_\_

Zero Income Verification:  
 Are YOU or is ANY OTHER ADULT member of your household claiming zero income?  
 Yes  No If YES, who? \_\_\_\_\_

**Asset Information:**

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

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account?  Yes  No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

2. CDs, money market accounts or treasury bills?  Yes  No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

3. Stocks, bonds or securities?  Yes  No

<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

4. Trust funds?  Yes  No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Are any of the above listed trusts irrevocable?  Yes  No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?  Yes  No  
Household Member                      Location of Account                      Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Cash on hand?  Yes  No  
Household Member                      Source of Benefit                      Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?  Yes  No  
Household Member                      Life Insurance Company                      Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Real estate, rental property, land contract/contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)  Yes  No  
Household Member                      Source of Benefit                      Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)  Yes  No  
Household Member                      Source of Benefit                      Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Do you have a safe deposit box containing contents with a monetary value?  Yes  No  
Household Member                      Source of Benefit                      Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?  Yes  No  
Household Member                      Description of Asset Disposed                      Amount Received  
 \_\_\_\_\_  
 \_\_\_\_\_

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Do you or anyone listed above own a vehicle?\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle Identification:

- 1. License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_
- 2. License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

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

**Signature Clause:**

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

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

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

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

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's tenant selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

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

Signature	Date
Signature	Date
Signature	Date

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

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination: Complete the USDA Program Discrimination Complaint Form, found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office. Or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at: USDA, Director, Office of Adjudication, 1400 Independence Avenue, S. W., Washington, D.C. 20250-9410 or by fax (202)690-7442 or email [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The persons named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Neal Gibson PO Box 2568 Harrison, AR 72601 (870)741-5522 (voice) or (202) 720-6382 (TDD). (870)741-9234(fax)



<b>For Office Use Only</b>	
Check here if Pre-Application is on file. <input type="checkbox"/>	Application Date: _____ Time: _____ Application Received By: _____ <b>As Agent for Owner</b>

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

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

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

# ACKNOWLEDGEMENT

  

## FORM

I hereby acknowledge that I have received and reviewed a copy of the Tenant Selection Criteria for Northwest Regional Housing Authority dba Mountain View Estates.

I acknowledge the Property Manager was available for questions regarding this policy.

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Applicant Signature

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Date

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Applicant Signature

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Date

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Applicant Signature

---

Date

## **TENANT SELECTION CRITERIA For 811 and 202 PRAC**

The tenant selection criteria shall be used for all HUD, Rural Development, HOME and/or LIHTC properties under rent-up and/or management by the Management Agent. The policy of the Management Agent is one of equal opportunity and non-discrimination in compliance with all Civil Rights legislation(1964,1968,1988) Section 504 of the Rehabilitation Act of 1973 and Affirmative Fair Housing Marketing requirements as set forth individually for each property. No applicant will be denied on the basis of race, color, religion, sex, familial status, handicap, or national origin. Applicants must meet all HUD, Rural Development, HOME and/or LIHTC and Management Agent tenant selection requirements to gain admission to a property rented or managed by the Management Agent. This is federally assisted housing.

The property manager is not allowed to complete any paperwork for an applicant or resident that is associated with the application process, move-in process, or recertification process. Reasonable accommodations will be offered in the application and interview process to any handicap/disabled applicants when requested

This property is designated for a \_\_\_\_\_.

### **1. APPLICATION/ ELIGIBILITY**

All persons interested in any property rented or managed by the Management Agent may request an application either in person (or through a designated individual) at the local on-site office during posted office hours; or request an application to be mailed by calling the local phone number posted on the project sign at \_\_\_\_\_. A fax request for applications may be sent to \_\_\_\_\_. TDD telecommunication is available by calling **1-800-285-1131**. Applications are available even if a sizeable waiting list exists.

If the waiting list were ever closed at any property operated by the Management Agent, a notice of closure would be advertised in the local newspaper as well as posted on the bulletin board. No applications would be issued or accepted while the list is closed except for possible preference exceptions or applications for barrier free apartments. Waiting list will be closed if there is a wait of more than 1 year for a unit. When the waiting list is re-opened, a notice of opening would be advertised in the local newspaper as well as posted on the bulletin board. Applications would once again be accepted.

An application must be completed in full by the applicant and submitted either in person to the local office or via mail to the local office. No application other than the one mailed or given in response to an inquiry may be used. The application contains requests for all information necessary for determining initial eligibility. Applicants may request assistance in completing the application if necessary. The Management Agent's policy is to assist wherever possible especially with accommodation requests by persons with

disabilities or handicaps. All applicants whose application is not complete will be notified within 10 days of receipt, in writing. While the office will track all applications and requests for additional information, no application will be placed on the waiting list until it is complete. When a complete application is received, or the requested information is received subsequently to make it complete, the application will then be logged by date and time received. If a vacancy at the property exists, or is expected within the next 90 days, the verification-selection process will begin immediately in regard to the income, assets and allowances for certification and the Management Agent references for selection or rejection.

The application contains several release forms, which must be signed to authorize the office to verify all items inclusive of credit history and other references. The Head of Household, the spouse or co-head, and all other adults (age 18 and older) in each applicant family must sign an Authorization for Release of Information (HUD Form 9887 and 9887/A) prior to being accepted and every year thereafter. For those properties with an existing waiting list and no current or known upcoming vacancies, preliminary eligibility will be satisfied by using information on the application. Placement of an application on the waiting list does not denote final tenant selection. That can and will occur only after complete processing.

All applicants who submit a completed application (or when an application becomes complete) will be placed on the waiting list. The unit for which the family is applying for must be their only residence. The family's annual income must not exceed program income limits. Any applicant, who exceeds income limits for eligibility based upon application information, or if ineligible during later processing, will be notified in writing that they are ineligible. Similarly, any applicants who are not eligible due to eligibility requirements for an elderly/disabled project would also receive a notice of ineligibility. However, should the property have permission (or will be seeking such permission) to rent to ineligibles, the income ineligible application would be maintained on the waiting list.

If this is a Post-1981 universe Section 8 property applicants are considered income eligible if they are very low income (50% median). Total household gross income is compared to the per person income limits. Those at 50% or below are income qualified. The income limit used for this property is \_\_\_\_\_.

**The following paragraph is not applicable to 811 or 202 PRAC properties**

Non-citizens (except those age 62 or older) must sign a Verification Consent Form and submit documentation of their status or sign a declaration that they do not claim to have eligible status. Non-citizens age 62 and older must sign a declaration of eligible immigration status and provide a proof of age document. U.S. citizens must sign a declaration of citizenship. Owners may establish a policy of requiring additional proof of citizenship for those declaring to be U.S. citizens or nationals. Only U.S. citizens or eligible non-citizens may receive assistance.



## **The following paragraph is not applicable to 811 or 202 PRAC properties**

Assistance in subsidized housing is restricted to the following: a. U.S. citizens or nationals; and b. Noncitizens that have eligible immigration status. 2. All applicants for assistance must be given notice of the requirement to submit evidence of citizenship or eligible immigration status at the time of application. The entity responsible for receiving the documentation, where possible, must arrange to provide the notice in a language that is understood by the individual if the person is not proficient in English 3. All family members, regardless of age, must declare their citizenship or immigration status. Noncitizens (except those age 62 and older) must sign a Verification Consent Form and submit documentation of their status or sign a declaration that they do not claim to have eligible status. Noncitizens age 62 and older must sign a declaration of eligible immigration status and provide a proof of age document. U.S. citizens must sign a declaration of citizenship. Owners may establish a policy of requiring additional proof of citizenship for those declaring to be U.S. citizens or nationals. 4. A mixed family—a family with one or more ineligible family members and one or more eligible family members—may receive prorated assistance, continued assistance, or a temporary deferral of termination of assistance. 5. Applicants who hold a noncitizen student visa are ineligible for assistance, as are any noncitizen family members living with the student. For Section 1: Program Eligibility HUD Occupancy Handbook 3-26 06/07 Chapter 3: Eligibility for Assistance and Occupancy 4350.3 REV-1 noncitizen students with a citizen spouse or citizen children.

## **Verifications**

Applicants and tenants must provide adequate documentation to verify the complete and accurate SSNs assigned to all household members. Adequate documentation means a social security card issued by the Social Security Administration (SSA), an original document issued by a federal or state government agency, which contains the name and SSN of the individual along with identifying information of the individual, or other acceptable evidence of the SSN listed. All applicants and tenant household members must disclose and provide verification of the complete and accurate SSN assigned to them except for:

- Individuals who do not contend eligible immigration status in mixed families.
- Tenants who were 62 or older as of January 31, 2010 and whose initial determination of eligibility was begun before January 31, 2010.
- Persons under the age of 6 in applicant households that were added to the applicant household within the 6 month of the date of admission. The family must disclose and provide verification of the SSN within 90 days of the date of admission. An additional 90 day extension must be granted if delays are due to circumstances beyond the family's control.

An applicant may not be admitted until SSNs for all household members have been disclosed and verification provided. If all household members have not disclosed and/or provided verification of the SSNs at the time a unit becomes available, the next eligible applicant must be offered the available unit. The applicant who has not disclosed and provided verification of SSNs for all household members must disclose and provide verification of SSNs for all household members to the owner within 90 days from the

date they are first offered an available unit. After 90 days, if the applicant has been unable to supply the required SSN and verification documentation, the applicant will be determined ineligible and removed from the waiting list.

When adding a new household member who is under the age of six to an existing household, the tenant must disclose and provide verification of the SSN of the individual to be added within 90 days of adding the new member. An additional 90 day extension must be granted if delays are due to circumstances beyond the family's control.

The documentation necessary to verify the SSN of an individual who is required to disclose his or her SSN is one of the following documents:

- \*Original Social Security card
- \*Original document issued by a federal or state government agency which contains the name, SSN, and other identifying information of the individual\*
- \* Driver's license with SSN
- \* Identification card issued by a medical insurance provider, or by an employer or trade union.
- \* Earnings statements on payroll stubs
- \* Bank statement
- \* Form 1099
- \* Benefit award letter
- \* Retirement benefit letter
- \* Life insurance policy
- \* Court records

If the applicant cannot supply the original Social Security card and supplies one of the documents listed above, the applicant must also certify that the other document provided is complete and accurate.

## **2. WAITING LIST/ PRIORITIES**

All applications are placed on a master list by date and time received, name of the applicant, estimated income and any special comments. Every application is tracked. Those rejected due to ineligibility by income or occupancy status are notified of rejection and the master list so noted.

All applicants may inquire at any time as to their chronological place on the waiting list. All priorities in regard to waiting lists and tenant selection in addition to eligibility regulations for income and occupancy will be explained to all applicants.

A waiting list update will occur at least once every 12 months. Applicants who do not respond to the waiting list update within 5 working days will be removed from the waiting list with appropriate written notice.

### **3. SELECTION/REJECTION**

Applicants who meet the income/occupancy guidelines, and in order of preferences if in use, still need to meet management selection criteria for final approval as residents.

Applicants must complete the application in full and supply references to be checked. Since management staff are available to answer any questions an applicant may have in regard to filling out the application form, incomplete applications will be returned to applicants and will only be accepted when completed in full. Managers will house no applicant without an interview, reference check and criminal background check. Two rental references are preferred. A rental history of up to 10 years may be considered when checking rental references. Some applicants may have no previous or current landlords or credit references, but nonetheless can still offer personal non-related references. Applicants whose references prove negative whether from landlord, personal, credit, or criminal back ground source may be rejected solely based on negative references. The rejection may also occur should the current living circumstances be unsanitary due to applicant damage or neglect or should the applicant have a previous history of evictions, non-payment of rent or other financial obligation, violation of previous rental agreements such as damage or destruction of units, or a history of disturbing the quiet enjoyment of neighbors or violence and harassment. Applicants found to have provided false answers on the application or at the interview would also be rejected. Applicants would not be rejected solely on the basis of race, color, sex, national origin, religion, disability, or familial status.

Handicap accessible units will be marketed to qualified handicap/disabled households who would benefit from the unit features. In the event no such households apply, or there are no eligible households, non-handicap households or households who do not need the unit features would be temporarily housed. In this circumstance, tenants would sign a lease addendum agreeing to transfer at the residents own expense to a non-adapted unit later on should an appropriate unit become available and there are households needing the benefit of the handicap accessible unit now on the waiting list. Applicants for handicap accessible units may be required to supply verification that a household member is “disabled” as defined by federal law and that their disability is one requiring the unit features.

In determining occupancy standards, the intent of project policy is to neither overcrowd nor under utilize space. Occupancy is for one (1) family per unit. Family includes, but is not limited to the following: (regardless of actual or perceived sexual orientation, gender identity, or marital status.)

1. A single person, who may be an elderly person, displaced person, disabled person, near-elderly person or any other single person; or
2. A group of person residing together and such group includes, but is not limited to:
  - a. A family with or without children ( a child who is temporarily away from the home because of placement in foster care is considered a member of the family);
  - b. An elderly family
  - c. A near-elderly family
  - d. A disabled family

- e. A displaced family; and
- f. The remaining member of a tenant family

(24 CFR 5.403) Occupancy is based on number of persons in the household, and is based on counting all full time members of a household including dependent minors who are away at school but live with the applicant at recesses, unborn children or children in the process of being adopted or secured by custody action, foster children and live-in attendants. Children who live in a household 50% of the year or more are also counted towards the total household number; however, visitors, permanently confined/institutionalized household members and children on active military duty are not counted in this determination for occupancy eligibility. An occupancy standard serves to prevent the over or under utilization of units that can result in an inefficient use of housing assistance. Occupancy standards also ensure that tenants are treated fairly and consistently. By following the standards described in this paragraph, it ensures that tenants are housed in appropriate sized units and in a fair and consistent manner. If a reasonable accommodation needs to be considered, please inform the property manager at the time of application. A one bedroom for each two persons within the household practice will be followed except in the following circumstances:

- HOH and spouse will be allocated a separate bedroom
- Children under the age of 18 and over the age of 1, of the opposite sex, will be allocated separate bedrooms.
- Live-in aides will be allocated a separate bedroom.
- Documented need for an additional bedroom for medical equipment.
- Documented need for a separate bedroom for reasons related to a family member's disability, medical, or health condition.
- Other reasonable accommodations.

Ex of Occupancy standards:	1 bedroom - 2 persons
	2 bedroom - 4 persons
	3 bedroom - 6 persons
	4 bedroom - 8 persons

All households must provide positive identifications of all persons who will be part of the household, identify if anyone is pregnant, and adoption or other custody in process must have written documentation.

Applicants, in addition to HUD, Rural Development, HOME and/or LIHTC income and owner occupancy policy requirements, must also meet application, interview and reference criteria. In completing the application, all applicants must sign a release form allowing the office to verify all income, assets and allowances along with credit, personal and landlord references. The Head of Household, the spouse or co-head, and all other adults (age 18 and older) in each applicant family must sign an Authorization for Release of Information (HUD Form 9887, 9887/A and/or 9886) prior to being accepted and every year thereafter. In addition the office is authorized to check with other agencies necessary to verify eligibility and police departments and wage matching as well. After processing and the interview have been completed, an eligible applicant will be notified

of tenant selection. Applicants who wish to be a tenant or co-tenant must possess the legal capacity to sign all documents, (unless an accommodation determination for the handicapped to allow guardian signature if otherwise eligible is made), and would have to agree to complete the tenant certification process, enter into a one year lease agreement, pay a security deposit and participate in a unit inspection prior to physical occupancy of the unit. Once a unit is offered to an applicant to occupy, the applicant has 5 working days (plus 2 days mail time) to respond if they want the unit or not. If an applicant does not respond, they will be removed from the waiting list. If the applicant does accept the unit offered within the 5 working day time frame, the applicant must enter into a lease agreement for that unit within 10 working days.

This property has suspended use of federal preferences until further action. Therefore tenant selection does not take these into account.

Bed bug issues will be dealt with on a case by case basis.

This property has access and does utilize the Enterprise Income Verification System "EIV". All members of a household (including a live-in aide) will be entered into the Existing Tenant Search module. Please see attachment "A" to review our policy. (This sentence is only used for the properties who have access to EIV) Procedure for using the EIV existing tenant search: This report identifies applicants applying for assisted housing that may be receiving rental assistance at the time of application at another Multifamily Housing or Public and Indian Housing (PIH) location. Owners must: 1. Use this report at the time they are processing an application to determine if the applicant or any applicant household members are currently being assisted at another Multifamily Housing or PIH location. 2. Discuss with the applicant if the report identifies that the applicant or a member of the applicant's household is residing at another location, giving the applicant the opportunity to explain any circumstances relative to his/her being assisted at another location. This may be a case where the applicant wants to move from his/her present location or where two assisted families share custody of a minor child. 3. Follow up with the respective Public Housing Agency (PHA) or owner to confirm the individual's program participation status before admission, if necessary, depending on the outcome of the discussion with the applicant. The report gives the owner the opportunity to coordinate move-out and move-in dates with the PHA or owner of the property at the other location. 4. Retain the search results with the application along with any documentation obtained as a result of contacts with the applicant and the PHA and/or owner at the other location

VAWA protections:

The plan, as well as House Rules where applicable, must include policies and procedures covering the VAWA protections. Owner policy must support or assist victims of domestic violence, dating violence, or stalking and protect victims, as well as members of their family, from being denied housing or from losing their HUD assisted housing as a consequence of domestic violence, dating violence, or stalking.

- A. Owners must provide notice to tenants of their rights and obligations under VAWA.
- B. Certification of Domestic Violence, Dating Violence, or Stalking:
1. Owners must provide tenants the option to complete the Certification of Domestic Violence, Dating Violence or Stalking, form HUD-91066. The certification form may be made available to all eligible families at the time of admission or, in the event of a termination or start of an eviction for cause proceeding, the certification may be enclosed with the appropriate notice, directing the family to complete, sign, and return the form within fourteen (14) business days. The owner may extend this time period at his/her discretion.
  2. Alternately, in lieu of the certification form or in addition to it, owners may accept:
    - i. A federal, state, tribal, territorial, or local police record or court record or
    - ii. Documentation signed by an employee, agent, volunteer of a victim service provider, an attorney, or medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking or, the effects of the abuse in which the professional attests under penalty of perjury under 28 U.S.C 1746 to the professional's belief that the incident or incidents are bona fide incidents of abuse, and the victim of domestic violence, dating violence or stalking has signed or attested to the documentation.
  3. Owners are not required to demand that an individual produce official documentation or physical proof of an individual's status as a victim of domestic violence, dating violence or stalking in order to receive the protections of the VAWA. Owners, at their discretion may provide assistance to an individual based solely upon the individual's statement or other corroborating evidence. Owners are encouraged to carefully evaluate abuse claims as to avoid conducting an eviction based on false or unsubstantiated accusations.
  4. Owners should be mindful that the delivery of the certification form to the tenant via mail may place the victim at risk, e.g., the abuser may monitor the mail. Therefore, in order to mitigate risks, owners are encouraged to work with the tenant in making acceptable delivery arrangements, such as inviting them into the office to pick up the certification form or making other discreet arrangements.
- C. Confidentiality of Information:  
The identity of the victim and all information provided to owners relating to the incident(s) of domestic violence, dating violence or stalking must be retained in confidence by the owner and must not be entered into any shared database or provided to a related entity, except to the extent that the disclosure is:
1. Requested or consented to by the individual in writing;
  2. Required for use in an eviction proceeding; or
  3. Otherwise required by applicable law
- The HUD-approved certification form provides notice to the tenant of the confidentiality of the form and the limits thereof.

- D. Retention of Information:  
Owners must retain all documentation relating to an individual's domestic violence, dating violence or stalking in a separate file that is kept in a separate secure location from other tenant files.
- E. VAWA lease addendum:  
Owners must have tenants sign the VAWA lease addendum, form HUD 91067.

#### **4. REJECTION**

Applicants rejected due to ineligibility by HUD, Rural Development, HOME and/or LIHTC age and /or income or owner occupancy regulations or for failure to meet management criteria will receive a written notice detailing the reasons for rejection. Should an applicant be selected and refuse occupancy for reasons other than medical or emergency situation, that applicant's name will remain on the waiting list, if requested by applicant for one time. Upon the second refusal, the applicant will be removed from the waiting list.

As previously stated, any application that is incomplete will not be processed. Applicants found to have provided false answers on the application or at the interview would also be rejected. An applicant who refuses to sign releases allowing verification by the management company of eligibility, references, etc. will be rejected. Applicants who do not meet age and/or income limits for a property would be rejected unless permission to rent to income ineligibles is in process or been received from HUD, Rural Development, and/or ADFA. Applicants who exceed the maximum allowable occupancy standards for a property would also be rejected. Applicants with negative credit, personal, landlord or police references could also be rejected. Rejection may also occur should there be a chronic history of late payment or non-payment of rent, history of eviction, non-payment of other financial obligations, intentional damage, violation of the terms of current or previous lease agreements inclusive of failure to maintain a unit in sanitary condition, or a conviction for drug manufacture, sale or distribution or anyone who would pose a direct demonstrable threat to the health and safety of other tenants or their property. Any household containing a member who was evicted in the last (5) five years from federally assisted housing for conviction of the illegal manufacture or distribution of a controlled substance as defined in section 102 of the Controlled Substances act (21 U.S.C. 802) or for conviction of any crime that is considered to be a demonstrable risk to resident safety and/or property will be denied. Any household containing a member who has been convicted of any crime that is considered to be a demonstrable risk to resident safety and/or property or convicted for the illegal manufacture of distribution of a controlled substance as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802) within the last (5) five years from the offense date will be denied. Criminal conduct that indicates demonstrable risk to resident safety and/or property is defined as: murder, theft, burglary, robbery, any sex crime, arson, assault, battery, stalking, or illegal manufacture or distribution of drugs. Any household containing a member who is on parole or probation will not be denied unless the household member does not meet the (5) five year look back period due to a conviction of a crime that is considered to be a demonstrable

risk to resident safety and/or property. Criminal conduct in the past five (5) years that indicates a conviction of fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program would be denied. In the event a negative criminal background check is revealed, the applicant will be mailed a letter giving them 10 days to come in to talk to the property manager to explain the circumstances surrounding the criminal activity. The property manager will listen to the applicant's explanation and consider evidence such as a conviction for the criminal activity, facts or circumstances surrounding the criminal activity, the individual's age at the time of the criminal activity, evidence of rehabilitation efforts, and evidence of the individual has maintained a good tenant history before and/or after the conviction or criminal activity. If, after listening to the applicant's explanation and considering the other factors listed in the previous sentence, applicant is denied, the applicant will be mailed a written rejection notice that will state the reason for the rejection, advise of the applicant's right to respond in writing, or to request a meeting within 14 days to dispute the rejection, and advise that persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process. Any household member's behavior, from abuse or pattern of abuse of alcohol is determined to potentially interfere with the health, safety, and right to peaceful enjoyment by other residents will be denied. Pattern of abuse of alcohol is considered to have 2 or more convictions of an alcohol related incident within a 6 month period. A preponderance of evidence must be demonstrated before terminating or disqualifying an applicant/tenant for any reason provided in this section. Applicants who have been convicted of illegal manufacturing or distributing of a controlled substance in federally assisted housing will be rejected regardless of time frame. Applicants who are subject to a lifetime registration requirement under any sex offender registration program will be rejected regardless of time frame. All applicant family members (including a live-in aide) will be run through the Dru Sjodin National Sex Offender Database ([www.nsopw.gov](http://www.nsopw.gov)) as part of the application process and at each annual recertification. Applicants would never be rejected arbitrarily such as on the basis of race, color, religion, sex, disability, familial status or national origin.

A household in which any member is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents will be denied.

All selected tenants must agree to pay rent as determined on the HUD 50059, Rural Development form or Tenant Income Certification or Data Requirements Form, and sign that form along with the lease and attachments.

Other reasons for rejection:

- The applicant does not meet eligibility requirements for a particular unit or property
- The unit for which the family is applying must be the only residence
- The applicant is unable to disclose and provide verification of SSN's for all household members, except for those household members who do not contend eligible immigration status or tenants who were 62 or older on January 31,



2010, whose initial determination of eligibility was begun before January 31, 2010.

- The household includes family members who did not declare citizenship status, or sign a statement electing no to contend noncitizen status.
- The applicant must meet the screening standards that have been established.

## **5. DEPOSIT POLICY**

No apartment can be occupied without paying a security deposit. Deposit will be in the amount of \$\_\_\_\_\_. The security deposit must be paid in full at lease signing. However, where a hardship exists, a payment plan could be requested, which would require a down payment of at least \$50.00 and remaining balance to be paid in full within 90 days.

If pets are allowed at this property, a pet deposit will be in the amount of \$\_\_\_\_\_. Applicants must pay a pet deposit in full at lease signing. However, where a hardship exists, a payment plan could be requested, which would require a down payment of at least \$50.00 and remaining balance to be paid in full within 90 days.

## **6. UNIT TRANSFER POLICY**

Unit transfers are considered only for changes in household composition and medical reasons that would prohibit a resident from physically achieving peaceful enjoyment, and need for an accessible unit (example: entering, leaving, or moving about the unit). Requests for transfers must be received in writing(per the transfer policy), and **may** not be considered until after a resident has been in place for at least one (1) year, and has demonstrated to be a resident in good standing. A preference will be granted to an in-house transfer before placing an applicant from the waiting list. Transfer policies and requirements may vary depending on the property and rental program involved. Inspections will be performed prior to transfer to determine move-out costs. (ALL MOVE-OUT EXPENSES MUST BE PAID PRIOR TO TRANSFER.)

## **7. STUDENT ELIGIBILITY**

The student rule applies to all individuals enrolled as students at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential.

### **HUD Student Rule:**

Owners must determine a student's eligibility for Section 8 assistance at move-in, annual recertification, initial certification (when an in-place tenant begins receiving Section 8), and at the time of an interim recertification if one of the family composition changes reported is that a household member is enrolled as a student.

Section 8 assistance shall not be provided to any individual who:

- a. Is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential; and
- b. Is under the age of 24; and
- c. Is not married; and
- d. Is not a veteran of the United States Military; and
- e. Does not have a dependent child; and
- f. Is not a person with disabilities, as such term is defined in 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E) and was not receiving section 8 assistance as of November 30, 2005; and
- g. Is not living with his or her parents who are receiving Section 8 assistance; and
- h. Is not individually eligible to receive Section 8 assistance or has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance.

Financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, from private sources, or from an institution of higher education, is considered income for that individual, except for persons over the age of 23 with dependent children.

TAX CREDIT student rule:

If you are a student, you must meet one of the following exceptions in order to be eligible to live in a tax credit property:

- 1. All members of the household are married and entitled to file a joint tax return.
- 2. The household consists of single parent(s) and their child or children and no one in the household is a dependent of a third party.
- 3. At least one member of the household receives assistance under Title IV of the Social Security Act (ex: TANF)
- 4. At least one member of the household is participating in an officially sanctioned job training program such as those funded under the Workforce Investment Act
- 5. At least one member of the household was formerly in foster care.

**8. CHANGES IN TENANT SELECTION CRITERIA**

All applicants on the waiting list will be notified of changes to the existing Tenant Selection Criteria.

\*\* Signed acknowledgement form must be returned with completed application.

# Privacy Policy

ATTACHMENT "A"

## Personal Information

It is the policy of the property to guard the privacy of individuals conferred by the Federal Privacy Act of 1974, and to ensure the protection of such individuals' records maintained by the property. Some of these records are obtained through HUD's Enterprise Income Verification (EIV) system. Management has established safeguards to deter any of its agents or employees from disclosing or inappropriately inspecting such documents.

### PRIVACY ACT 5 U.S.C 552a -Key Statutory Provisions

Management, in compliance with the Privacy Act, is fulfilling its fiduciary responsibility by providing the following:

#### Individual Notice

Individuals are hereby given notice of the authority given by HUD for management to obtain income information on all individuals applying to or currently living at the property. The principal purpose(s) for which the information is being collected and used is to determine eligibility and the amount of rent a tenant will pay. This is achieved through forms contained in a package of HUD forms called *Applicant's/Tenant's Consent to the Release of Information*, located at <http://www.hud.gov/offices/admlhudclips/forms/files/9887.pdf>. Each applicant/tenant gives their consent to the release of information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to them. It is a requirement to sign these forms at the time of move-in, annual recertifications, and initial certifications. The effect on an individual for not signing the forms will be denial of assistance for an applicant, and termination of assistance for a tenant.

#### Public Notice

According to the EIV System of Records Notice published in the Federal Register at 71 FR 45066, dated 8-8-06, management hereby gives public notice to all tenants and future applicants of this property of its participation in HUD's Enterprise Income Verification system of records which houses any and all confidential information on all individuals living at this property.

#### Consent to Disclose all Individual's Information to All Other Person or Entity

The Federal Privacy Act also prohibits the disclosure of an individual's information to another person without the written consent of such individual. As such, the EIV data of an adult household member may not be shared (or a copy provided or displayed) with another adult household member or to a person assisting the tenant with the recertification process, unless the individual has provided written consent to disclose such information. However, the O/A is not prohibited from discussing with the head of household and showing the head of household how the household's income and rent were determined based on the total income reported and verified.

#### Disclosure of EIV Information to Service Coordinators

Disclosure of the EIV information to Service Coordinators even though the tenant signs a release of information consent form authorizing the Service Coordinator to have access to their file is not allowed unless the Service Coordinator is present during the interview and assisting the tenant with the recertification process. The statute authorizing the computer matching identifies those parties to whom the information can be disclosed and the statute does not include Service Coordinators.

#### Disclosure to Persons Assisting Tenants with the Recertification Process

With the written consent of the tenant, EIV data may be shared with persons assisting the tenant with the recertification process. Tenants who require assistance during the recertification process may have a representative present to assist them in their ability to participate in the recertification process; this includes review and explanation of the written third party income verifications. Disclosure of EIV information to these parties must be employment or income information pertaining only to the tenant who has provided his/her consent. These parties must not have access to EIV information for any other household members. Parties to whom the tenant can provide written consent include Translators/Interpreters, individuals assisting an elderly individual or a person with a disability, guardians, powers of attorney, service coordinators (only if they are present at and assisting the tenant with the recertification process), and other family members.

## Records Obtained through HUD's EIV System

### Protecting the Confidentiality of EIV Information

Income Information reports in HUD's EIV system contain sensitive data, including Social Security numbers (SSNs), dates of birth (DOB), first and last names, and physical addresses of tenant families. HUD requires that this information is not to be shared with anyone not authorized to have it. Management will prevent its use for fraudulent purposes, such as identity theft, and will utilize the reports only for verification purposes.

## Utilizing HUD's EIV System

HUD's Enterprise Income Verification (EIV) system is an upfront income verification tool available to owners to validate wage, unemployment and social security income during annual, interim, and initial certifications of tenants' income. It is a web-based application available to authorized program administrators of HUD's rental assistance programs, which allows an owner to verify income through an independent source that systematically and uniformly maintains income information in computerized form for a large number of individuals. It is also known as automated written third party verification.



### Safeguards

Management is currently in compliance with the EIV system and has established guidelines in the property's Policies and Procedures manual outlining technical, administrative and physical safeguards for staff to implement for ensuring the security and confidentiality of tenant records.

## **Penalties for Willful Disclosure or Inspection of EIV Data**

Unauthorized Disclosure - felony conviction and fine up to \$5,000 or imprisonment up to five (5) years, as well as civil damages.

Unauthorized Inspection - misdemeanor penalty of up to \$1,000 *and/or* one (1) year imprisonment, as well as civil damages.

## **Rules of Behavior (ROB)**

### With EIV System Access

All EIV users who have access to the EIV system must adhere to the EIV ROB signed at the time of requesting access to the EIV system.

### Without EIV System Access

OIA, service bureau, HUD, and CA staff who do not have access to the EIV system but who view or use EIV data!

reports provided by authorized EIV Coordinators or EIV Users in order to perform their job functions, must adhere to the EIV ROB posted on the EIV website at <http://www.hud.gov/offices/hsg/mflhrhjp/eiv/rulesofbehavior.pdf>. These rules must be signed and kept on file. Upon request, the signed ROB must be made available to the entity monitoring EIV compliance.

# **Keeping Tenants' Information Secure**

When accessing the EIV system for verifying tenants' information at the time of recertifications, all authenticated users employed by management have been authorized by management to use the system, have been given annual security awareness training, have been certified within the timeframes dictated by HUD, and have been informed that management is monitoring their use of the EIV system. All system users have signed HUD's Rules of Behavior indicating they understand the information obtained may only be used for official HUD business, and that willful disclosure or inspection of EIV data can result in civil and criminal penalties including fines up to \$5,000 *and/or* imprisonment up to five (5) years, as well as civil penalties. These users have also agreed to follow HUD standards, policies, and procedures in protecting EIV data within their control, whether online, printed, or stored in media. Management has designated secure areas at this property and has trained its staff to protect all sensitive data, including locking their computers and exiting the EIV system when not at their desk, and to dispose of EIV information properly.

# **Social Security Numbers**

The property has implemented the policies and procedures made effective by HUD on 1-31-10, per the Code of Federal Regulations, 24 CFR Parts 5, 92, and 908, *Refinement of Income and Rent Determination Requirements in Public and Assisted Housing Programs; Final Rule*, regarding Social Security numbers, as listed below. Per the instructions, management will implement the rule for all applicants and participants except for those individuals who do not contend eligible immigration status.

## **Exceptions to Disclosure of SSNs**

The SSN requirements do not apply to the following individuals:

### Individuals from a Mixed Family who do not Contend Eligible Immigration Status.

For projects where the restriction on assistance to noncitizens applies and where individuals are required to declare their citizenship status, the existing regulations pertaining to proration of assistance or screening for mixed families must continue to be followed. In these instances, the owner will have the tenant's Citizenship Declaration on file whereby the individual did not contend eligible immigration status to support the individual not being subject to the requirements to disclose and provide verification of a SSN. The OIA will not deny assistance to mixed families due to nondisclosure of a SSN by an individual who does not contend eligible immigration status.

For Section 221 (d)(3) BMIR, Section 202 PAC, Section 202 PRAC and Section 811 PRAC properties, the restriction of assistance to noncitizens does not apply. Individuals living at one of these properties who do not contend eligible immigration status must sign a certification, containing the penalty of perjury clause, certifying to that effect. The certification will support the individual not being subject to the requirements to disclose or provide verification of a SSN. The certification will be retained in the tenant file. HUD regulations do not prohibit an individual (head of household with other eligible household members) with ineligible immigration status from executing a lease or other legally binding contract, unless prohibited by state law. Then the family will not be admitted into the program.

### Individuals Age 62 or Older as of January 31, 2010

If an individual is 62 or older as of January 31, 2010, and their initial determination of eligibility was begun before January 31, 2010, they are exempt from the disclosure of a SSN. The eligibility determination is based on participation in either PIH or MF HUD assisted programs. The eligibility date is based on the initial effective date of the form HUD-50059 or form HUD-50058, whichever is applicable. The exception status for these individuals is retained if the individual moves to a new assisted unit under any HUD assisted program or if there is a break in his or her participation in a HUD assisted program.

When determining the eligibility of an individual who meets the exception requirements for SSN disclosure and verification, documentation will be obtained from the OIA where the initial determination of eligibility was determined prior to 1-31-10, that verifies the applicant's exemption status. This documentation will be retained in the tenant file. An OIA will not accept a certification from the applicant stating they qualify for the exemption.

### Existing tenants as of January 31, 2010

Existing tenants as of January 31, 2010, who have previously disclosed their SSN and HUD has determined their SSN to be valid will be exempt from the disclosure of a SSN.

## Assistance Applicants

Effective 1-31-10, per the Code of Federal Regulations, 24 CFR Parts 5, 92, and 908, *Refinement of Income and Rent Determination Requirements in Public and Assisted Housing Programs: Final Rule*, each assistance applicant must submit to management the complete and accurate Social Security number assigned to the applicant and to each member of the applicant's household, and documentation of the numbers submitted. The documentation necessary to verify a SSN is: (i) a valid SSN card issued by the Social Security Administration (SSA); (ii) an original document issued by a federal or state government agency, which contains the name of the individual and the SSN of the individual, along with other identifying information of the individual; or (iii) such other evidence of the SSN as HUD may prescribe in administrative instructions.

### Skipping Over an Applicant on the Waiting List

In addition to the requirements to skip over certain applicants on the waiting list in order to accomplish any required percentages for income-targeting, management is also required in §5.216 paragraph (h) of Federal Register Notice 74 FR 68924, published on 12-29-09, to skip over an assistance applicant as follows: "If the processing entity determines that the assistance applicant is otherwise eligible to participate in a program, the assistance applicant may retain its place on the waiting list for the program but cannot become a participant until it can provide the complete and accurate SSN assigned to each member of the household, and the required documentation referred to in paragraph (g)(1) of the notice."

### Timeframe for Providing Social Security Numbers

#### Applicants Currently on or Applying to Waiting List

Applicants do not need to disclose or provide verification of a SSN for all non-exempt household members at the time of application and for placement on the waiting list. However, applicants must disclose and provide verification of a SSN for all non-exempt household members before they can be housed.

#### Housing applicants from the waiting list

If all non-exempt household members have not disclosed and/or provided verification of their SSNs at the time a unit becomes available, the next eligible applicant must be offered the available unit. The applicant who has not disclosed and/or provided verification of SSNs for all non-exempt household members has 90 days from the date they are first offered an available unit to disclose and/or verify the SSNs. During this 90-day period, the applicant may, at its discretion, retain its place on the waiting list. After 90 days, if the applicant is unable to disclose and/or verify the SSNs of all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.

## Existing Residents

For current residents, each participant, except those age 62 or older as of 1-31-10, whose initial determination of eligibility was begun before 1-31-10, must submit to management the complete and accurate SSN assigned to the participant and to each member of their household at the next interim or regularly scheduled reexamination of family composition or income, or other recertification, and documentation of the numbers submitted. The documentation necessary to verify a SSN is: (i) a valid SSN card issued by the Social Security Administration (SSA); (ii) an original document issued by a federal or state government agency, which contains the name of the individual and the SSN of the individual, along with other identifying information of the individual; or (iii) such other evidence of the SSN as HUD may prescribe in administrative instructions.

### Adding a New Household Member Who Has Already Been Assigned a SSN

When a current resident requests to add a new household member of any age, who has already been assigned a SSN, the resident must submit the complete and accurate SSN of the new member to management at the time of the request or at the time of processing the interim reexamination or recertification of family composition that includes the new member(s), and documentation of the number(s) submitted. The documentation necessary to verify a SSN is: (i) a valid SSN card issued by the Social Security Administration (SSA); (ii) an original document issued by a federal or state government agency, which contains the name of the individual and the SSN of the individual, along with other identifying information of the individual; or (iii) such other evidence of the SSN as HUD may prescribe in administrative instructions.

### Adding a New Household Member to an Existing Family Who is Under 6 and has No Assigned SSN

When a current resident requests to add a new household member under the age of 6, who has never been assigned a SSN, the resident must submit the complete and accurate SSN of the new member to management within 90 calendar days of the child being added to the household, and documentation of the assigned number. The documentation necessary to verify a SSN is: (i) a valid SSN card issued by the Social Security Administration (SSA); (ii) an original document issued by a federal or state government agency, which contains the name of the individual and the SSN of the individual, along with other identifying information of the individual; or (iii) such other evidence of the SSN as HUD may prescribe in administrative instructions.

Management will grant an extension of one additional 90-day period if in its discretion it determines that the resident's failure to comply was due to circumstances that could not have reasonably been foreseen and were outside the control of the resident. During the period that management is awaiting documentation of a SSN, management will include the child as part of the assisted household and the child shall be entitled to all the benefits of being a household member. If, upon expiration of the provided time period, the resident fails to produce a SSN, management will terminate assistance or tenancy, or both, of the resident and the resident's household.

### Assignment of New SSN

If a resident or any member of the resident's household has been assigned a new SSN, the resident must submit the complete and accurate SSN assigned to the resident or household member, and documentation of the number(s) submitted at either the time of receipt of the new SSN, at the next interim recertification, or regularly scheduled annual recertification of family composition or income. The documentation necessary to verify a SSN is: (i) a valid SSN card issued by the Social Security Administration (SSA); (ii) an original document issued by a federal or state government agency, which contains the name of the individual and the SSN of the individual, along with other identifying information of the individual; or (iii) such other evidence of the SSN as HUD may prescribe in administrative instructions.



# Verification Requirements and EIV

## All Information is Subject to Verification

For eligibility purposes all applicants must agree to furnish any information required to verify eligibility for rental assistance, including all sources of income, assets, and certain expenses. Applicants are hereby informed that, by law, the penalties for false information may include eviction, loss of assistance, fines up to \$10,000, and imprisonment up to five years. The applicant must understand that a final decision of eligibility cannot be made until all verifications are complete. In addition, the applicant must understand that HUD has the right to compare any of the information supplied in the verifications with information that federal, state, or local agencies have on the family's income and household composition. Management is required to explain all program requirements to applicants, including the following verification procedures:

### Required Consent Forms

Adult members of assisted families must authorize owners to request independent verification of data required for program participation. To provide owners with this authorization, adult family members must sign two HUD-required consent forms, plus management's specialized verification forms.

#### Form HUD-9887, Notice and Consent to the Release of Information to HUD

Each family member who is at least 18 years of age and the head, spouse or co-head, regardless of age, must sign this form at move-in, initial and at each annual recertification, regardless of whether s/he has income. Additionally, the form must be signed when a new adult member joins the household, and when members of the household become 18 years of age. The consent allows HUD to verify information with the IRS, the Social Security Administration, and with state agencies that maintain wage and unemployment claim information.

#### Form HUD 9887-A, Applicant's/Tenant's Consent to Release of Information - Verification by Owners of Information Supplied by Individuals Who Apply for Housing Assistance

Owners and all family members 18 years of age and older, regardless of whether they have income, must sign this form. The consent allows owners to request and receive information from third-party sources about the applicant/resident.

### Individual Verification Consent Forms

In addition to the Authorization for Release of Information and the appropriate Consent Forms indicated earlier, applicants must sign Individual Verification Forms that have been designed by management for obtaining documentation from third parties, to verify an applicant's income and deductions for determining the rent.

#### Certification Checklist/Questionnaire

Each member of an applicant/tenant family who is 18 years of age and older will be required to complete a checklist/questionnaire at move-in and each annual recertification, interim recertification, and initial certification, certifying to any of the above income, assets, deductions or level of eligibility.

### Verification Documentation

Documentation used as part of the verification process may include checklists completed and signed by the applicant, verification forms completed and signed by third parties, dated notes of interviews with third parties whether by phone or in person, documents provided by family members, or affidavits/certifications supplied by the applicant. Management will be the final judge of the credibility of any verification submitted by an applicant.

### Preferred Forms of Verification

Securing income information through HUD's EIV system will always be management's first choice of verification. If the tenant disputes the information obtained in EIV, management will request written 3<sup>rd</sup> party verification. Each file will be documented when EIV is not used, to show that management attempted to obtain third party written documentation before relying on some less acceptable form of information. Verifications will be attempted in the order indicated below:

- Enterprise Income Verification (EIV) system;
- Third party written;
- Third party oral with a record kept in the file;
- Review of documents provided by the family, or affidavits from the family.

### When Applicant/Tenant Reports Zero Income

If an individual reports zero income at move-in or any recertification, management will advise him/her that they will be asked to complete an interim recertification within 90 days, and for every 90-day period thereafter until the individual is no longer at zero income, to determine if they have begun to receive any type of income. In addition, management will require the individual to complete an income questionnaire stating all sources of necessary living items that are not covered by Food Stamps or other federal assistance sources. If a resident goes through four 90-day periods at zero income, the property will then make a visit to their dwelling unit to determine the likelihood of the resident's report. If the resident is found to have a car, a telephone, cable television, cigarettes, disposable diapers, or other evidence of some form of income, the applicant will be asked to explain the source of income supporting cash expenditures when zero income is present. A Family Budget or Statement of Financial Responsibility may be required from the applicant. Investigations may include ordering a credit report on the resident after proper notice is given.

#### EIV "No Income Report"

At the time of the 90-day interim recertifications for zero income individuals, a "No Income Report" will be run by management in the EIV system to determine if EIV is reporting any income for this individual.

# Use of EIV Data and Reports

Management has trained its staff regarding the use of all EIV data and reports, as outlined in the property's Policies and Procedures manual. Included in these reports are Income Reports which are used as a third party source to verify tenants' employment and income during mandatory recertifications of family composition and income, and Verification Reports, which are used to further assist management in reducing subsidy payment errors. Management has trained its staff to retain EIV data in tenants' files for the term of tenancy plus 3 years after tenancy is terminated.

## **Existing Tenant Search**

Management will use the Existing Tenant Search at the time of processing all applicants for admission, to determine if there may be applicants or applicant household members who are currently residing at another multifamily assisted property or Public and Indian Housing (PIH) property at the time of application processing. If it is found that an applicant is residing at a multifamily assisted or PIH property, management will discuss this with the applicant, giving the applicant the opportunity to explain any circumstances relative to his/her being assisted at another location, such as their intention to move from their existing location. In addition, before admitting the applicant, management will contact the respective PHA or O/A to confirm the individual's program participation status, and if the individual has given a 30-day notice to vacate at their current property. Management will then coordinate the move-in/move-out dates with the PHA or O/A.

# Resolving EIV Discrepancies

The property will investigate and confirm possible discrepancies and errors to a tenant's reporting of income. The property will not suspend, terminate, reduce, make a final denial of rental assistance, or take any other adverse action against an individual based solely on the data in EIV. When the employment and income data in EIV is not the same as reported by the tenant, or when the tenant disputes the EIV data, the property will independently verify any information by obtaining third party verification directly from the third party source. The property will notify the tenant of the results of the third party verification and request the tenant come into the office, within 10 days of notification, to discuss the results. The tenant may contest the findings in the same manner as applies to other information and findings relating to eligibility factors.

## **Pursuing for Fraud**

If the property determines that the tenant is in non-compliance with his/her lease because he/she knowingly provided incomplete or inaccurate information, the property will follow the guidance in Par 8-18 of HH 4350.3 REV-1, for terminating the tenant's tenancy and for filing a civil action against the tenant to recover improper subsidy payments. Where fraud is suspected, the property will report this to the HUD OIG Office of Investigation.

## **Recalculating Rent Owed**

If the property determines the tenant unreported or underreported his/her income, the property will go back to the time the unreported or underreporting of income started, not to exceed the 5-year limitation that the tenant was receiving assistance discussed on forms HUD-9887 and HUD-9887-A, and calculate the difference between the amount of rent the tenant should have paid and the amount of rent the tenant was charged. A record of this calculation will be provided to the tenant and also retained in the tenant's file.

## **Tenant Repayment of Unreported or Underreported Income**

Tenants are obligated to reimburse the property if they are charged less rent than required by HUD's rent formula due to underreporting or failure to report income. The tenant is required to reimburse the property for the difference between the rent that should have been paid and the rent that was charged. Tenants can repay amounts due in a lump sum payment, by entering into a repayment agreement with the property, or a combination of the two.

NORTHWEST REGIONAL HOUSING AUTHORITY

IT IS POLICY OF NORTHWEST REGIONAL HOUSING AUTHORITY THAT MANAGEMENT MAY NOT COMPLETE ANY MOVE-IN OR RECERTIFICATION PAPERWORK, PERTAINING TO HOUSING, FOR AN APPLICANT OR RESIDENT.

I ALSO UNDERSTAND THAT IF I DO NEED ASSISTANCE IN THIS AREA, I MAY ASK FOR A REASONABLE ACCOMMODATION AND A 3<sup>RD</sup> PARTY WILL BE PROVIDED BY THE HOUSING AUTHORITY TO ASSIST IN THE PAPERWORK PROCESS.

I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THIS POLICY.

\_\_\_\_\_  
RESIDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RESIDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MANAGER

\_\_\_\_\_  
DATE

BY SIGNING BELOW, I AM REQUESTING A REASONABLE ACCOMMODATION TO ASSIST ME IN FILLING OUT THE PAPERWORK:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to \_\_\_\_\_ any information or materials needed to complete and verify my applicable for participation, and/or maintain my continued assistance under the RAD, Section 8, Low-Income Public Housing, and/or any other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administration and enforcing program rules and policies.

INFORMATION COVERED

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes on my payment history, and any violations of my lease or PHA policies.

Identity & Marital Status	Employment, Income & Assets	Resident Rental Activity
Medical or Child Care Allowances	Credit & Criminal Activity	Federal or State Assistance

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the information (depending on program requirements) include, but not limited to the following

Previous Landlords (including Public Housing Agencies)	Past & Present Employers	Veterans Administration
Courts & Post Offices	Welfare Agencies	Retirement Systems
Social Security Administration	State Unemployment Agencies	Schools and Colleges
Medical and Child Care Providers	Credit Providers/Credit Bureaus	Law Enforcement Agencies
Banks/Other Financial Institutions	Support & Alimony Providers	Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Housing Authority may conduct computer matching program to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may be in the course of its duties, exchange such automated information with other Federal, State or Local agencies, including, but not limited to : State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State Welfare and Food Stamp agencies.

CONDITIONS

I agree that a photocopy or facsimile of this authorization may be used for the purpose stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month

from the date signed. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

Penalty provisions for misusing

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

Note: This consent form may not be used to request a copy of an Income Tax Return. If a copy of an Income Tax Return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.



**We Do Business in Accordance With the Federal Fair Housing Law**

(The Fair Housing Amendments Act of 1988)

Authorization for Release of Information

U.S. Department of Housing and Urban Development

## **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)**

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

## 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

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

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)

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.

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

### Penalties for Misusing this Consent:

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

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

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

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

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

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

## Instructions to Owners

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

## Instructions to Applicants and Tenants

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

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

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

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

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

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

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

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

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

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

**Failure to Sign the Consent Form**

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

**Conditions**

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

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

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

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

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

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

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

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

\_\_\_\_\_  
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.



## Landlord Reference Verification Forms Instructions

Please do not fill-out the following forms!

**All you need to do is sign and date it, where stated, at the bottom of 2nd page.**

Signing this form gives us permission to contact and obtain the information asked for on this form from the Landlord Reference(s) you have noted on your Application.

You can return this form, signed and dated, with your completed Application.

**Completing any other sections of these forms will void the form and, your application may be automatically rejected !!**

# Northwest Regional Housing Authority

## LANDLORD VERIFICATION FORM

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

Current Address: \_\_\_\_\_

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

Are you a relative or friend of the applicant? If so, please describe relationship:

\_\_\_\_\_

Current Landlord: \_\_\_\_\_ Previous Landlord: \_\_\_\_\_ Other: \_\_\_\_\_

Dates of Applicant's Tenancy: From: \_\_\_\_\_ To: \_\_\_\_\_

Does (Did) the Applicant have a lease? YES NO

### **1. Rent Payment**

A. Amount of monthly rent: \_\_\_\_\_

B. Does (did) applicant pay rent on time? YES NO

C. Has (had) he/she ever paid late? YES NO

How late \_\_\_\_\_ How often \_\_\_\_\_

D. Have (had) you ever begun/completed eviction? YES NO

If yes, describe \_\_\_\_\_

E. Did any eviction require legal action? YES NO

F. Do you provide any of the utilities for the unit? YES NO

G. Have tenant-paid utilities ever been disconnected? YES NO

### **2. Caring for the Unit**

A. Does (did) the applicant keep the unit clean, safe and sanitary? YES NO

B. Has (had) the applicant damaged the unit? YES NO

Describe: \_\_\_\_\_

Cost to repair? \_\_\_\_\_ How often? \_\_\_\_\_

C. Has (had) the applicant paid for the damage? YES NO

D. Will (did) you keep any security deposit? YES NO

E. Does (did) the applicant have problems with insect/rodent infestation? YES NO

F. Does (did) the applicant's housekeeping contribute to infestation? YES NO

G. Did the applicant make any alterations to the unit without your permission? YES NO

### **3. General**

A. Is (was) the applicant listed on the lease for the unit? YES NO

B. Does (did) the applicant permit persons other than those on the lease

to live in the unit?	YES	NO
If yes, Describe: _____		
C. Has (had) the applicant, family members or guests damaged or vandalized the common areas?	YES	NO
D. Does (did) the applicant, family members or guests create any damages? Or complaints to the project or other residents?	YES	NO
If yes, Describe: _____		
E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants?	YES	NO
If yes, Describe: _____		
F. Has (had) the applicant, family members or guests engaged in any activity, Resulting in authorities coming to property?	YES	NO
If yes, Describe: _____		
G. Has (had) the applicant given you any false information?	YES	NO
If yes, Describe: _____		
H. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff?	YES	NO
If yes, Describe: _____		
I. Would you rent to this applicant again?	YES	NO
If not, why? _____		

Signature of Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

Name of authorized project staff (telephone verification): \_\_\_\_\_

**Applicant Release**

**I, \_\_\_\_\_ hereby authorize the release of the requested information.**

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

PENALTIES FOR MISUSING THIS CONTENT: 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).

# Northwest Regional Housing Authority

## LANDLORD VERIFICATION FORM

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

Current Address: \_\_\_\_\_

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

Are you a relative or friend of the applicant? If so, please describe relationship:

\_\_\_\_\_

Current Landlord: \_\_\_\_\_ Previous Landlord: \_\_\_\_\_ Other: \_\_\_\_\_

Dates of Applicant's Tenancy: From: \_\_\_\_\_ To: \_\_\_\_\_

Does (Did) the Applicant have a lease? YES NO

### **1. Rent Payment**

A. Amount of monthly rent: \_\_\_\_\_

B. Does (did) applicant pay rent on time? YES NO

C. Has (had) he/she ever paid late? YES NO

How late \_\_\_\_\_ How often \_\_\_\_\_

D. Have (had) you ever begun/completed eviction? YES NO

If yes, describe \_\_\_\_\_

E. Did any eviction require legal action? YES NO

F. Do you provide any of the utilities for the unit? YES NO

G. Have tenant-paid utilities ever been disconnected? YES NO

### **2. Caring for the Unit**

A. Does (did) the applicant keep the unit clean, safe and sanitary? YES NO

B. Has (had) the applicant damaged the unit? YES NO

Describe: \_\_\_\_\_

Cost to repair? \_\_\_\_\_ How often? \_\_\_\_\_

C. Has (had) the applicant paid for the damage? YES NO

D. Will (did) you keep any security deposit? YES NO

E. Does (did) the applicant have problems with insect/rodent infestation? YES NO

F. Does (did) the applicant's housekeeping contribute to infestation? YES NO

G. Did the applicant make any alterations to the unit without your permission? YES NO

### **3. General**

A. Is (was) the applicant listed on the lease for the unit? YES NO

B. Does (did) the applicant permit persons other than those on the lease

to live in the unit?	YES	NO
If yes, Describe: _____		
C. Has (had) the applicant, family members or guests damaged or vandalized the common areas?	YES	NO
D. Does (did) the applicant, family members or guests create any damages? Or complaints to the project or other residents?	YES	NO
If yes, Describe: _____		
E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants?	YES	NO
If yes, Describe: _____		
F. Has (had) the applicant, family members or guests engaged in any activity, Resulting in authorities coming to property?	YES	NO
If yes, Describe: _____		
G. Has (had) the applicant given you any false information?	YES	NO
If yes, Describe: _____		
H. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff?	YES	NO
If yes, Describe: _____		
I. Would you rent to this applicant again?	YES	NO
If not, why? _____		

Signature of Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

Name of authorized project staff (telephone verification): \_\_\_\_\_

**Applicant Release**

**I, \_\_\_\_\_ hereby authorize the release of the requested information.**

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

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