

|                     |            |            |          |
|---------------------|------------|------------|----------|
| For Office Use Only | Date Rec'd | Time Rec'd | Initials |
|---------------------|------------|------------|----------|

### Preliminary Rental Application

Please note that this is a preliminary application and gives no lease or rent rights.

Community Woodworth Square Apartments Office Phone ( 989 ) 269-7685 Date \_\_\_\_\_

Unit Size                    1            2            3            4            Unit Type:    Apartment    Studio    Townhouse

Would you or a member of your household benefit from the design features of a barrier free unit? Yes or No

Would you request a disability adjustment to income? Yes or No

Applicant: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

| Applicant's History |               |
|---------------------|---------------|
| Applicant:          | Co-Applicant: |

**Current Address:** \_\_\_\_\_  
Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
          To: \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_  
Current Landlord: \_\_\_\_\_  
                          Address: \_\_\_\_\_  
                          Phone     \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
          To: \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_  
Current Landlord: \_\_\_\_\_  
                          Address: \_\_\_\_\_  
                          Phone     \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
          To: \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_  
Previous Landlord: \_\_\_\_\_  
                          Address: \_\_\_\_\_  
                          Phone     \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
          To: \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_  
Previous Landlord: \_\_\_\_\_  
                          Address: \_\_\_\_\_  
                          Phone     \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
          To: \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_  
Previous Landlord: \_\_\_\_\_  
                          Address: \_\_\_\_\_  
                          Phone     \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
          To: \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_  
Previous Landlord: \_\_\_\_\_  
                          Address: \_\_\_\_\_  
                          Phone     \_\_\_\_\_

**If you have resided at additional addresses within the past five (5) years, please attach Previous Address information on a separate sheet.**

The information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant.

Head of Household \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant, Spouse/Co-Head \_\_\_\_\_ Date \_\_\_\_\_



*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*

TDD 1-800-649-3777



Please list all persons that will occupy the residence.

|    | Name<br>(First, Middle Initial, Last) | Maiden Name<br>(If Applicable) | Date of Birth | Relationship of Head<br>Of Household | Social Security<br>Number |
|----|---------------------------------------|--------------------------------|---------------|--------------------------------------|---------------------------|
| 1. |                                       |                                |               | Head of Household                    |                           |
| 2. |                                       |                                |               |                                      |                           |
| 3. |                                       |                                |               |                                      |                           |
| 4. |                                       |                                |               |                                      |                           |
| 5. |                                       |                                |               |                                      |                           |
| 6. |                                       |                                |               |                                      |                           |

**Employment**

| Applicant                                       | Co-Applicant                                    |
|---|---|
| Employer: _____                                 | Employer: _____                                 |
| Address: _____                                  | Address: _____                                  |
| Phone: _____                                    | Phone: _____                                    |
| Length of Employment: _____                     | Length of Employment: _____                     |
| Position Held: _____                            | Position Held: _____                            |
| Salary/Wage: _____ Per: _____                   | Salary/Wage: _____ Per: _____                   |
| Supervisor: _____                               | Supervisor: _____                               |
| Status: _____ Full-Time: _____ Part-Time: _____ | Status: _____ Full-Time: _____ Part-Time: _____ |
| List average hours per week worked: _____       | List average hours per week worked: _____       |

Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate, etc):

|               |                  |
|---------------|------------------|
| Source: _____ | Amount: \$ _____ |
| Source: _____ | Amount: \$ _____ |
| Source: _____ | Amount: \$ _____ |

Do you or any member of your household engage in current illegal use or illegal distribution of a controlled substance or have you previously been convicted of the same? Yes or No

If you answered "yes" to the above question, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? Yes or No

If "yes", please explain: \_\_\_\_\_

Have you ever been convicted of a crime, felony, misdemeanor? Yes or No

If "yes", please explain: \_\_\_\_\_

Provide asset information below:

| Type of Assets | Name of Bank,<br>Stock or Bond | Account Number | Balance/<br>Current Value | Rate of<br>Interest | Dividend | Real Estate |
|----------------|--------------------------------|----------------|---------------------------|---------------------|----------|-------------|
| 1.             |                                |                |                           |                     |          |             |
| 2.             |                                |                |                           |                     |          |             |
| 3.             |                                |                |                           |                     |          |             |
| 4.             |                                |                |                           |                     |          |             |
| 5.             |                                |                |                           |                     |          |             |

Have you disposed of any assets in the last two years? Yes or No

If "yes", please list asset and value received: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant, Spouse/Co-Head

\_\_\_\_\_  
Date



*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*

TDD 1-800-649-3777



Do you own a car? \_\_\_\_\_ Model/Year \_\_\_\_\_ License # \_\_\_\_\_

Do you own a second car? \_\_\_\_\_ Model/Year \_\_\_\_\_ License # \_\_\_\_\_

Are you a full-time student? Yes or No

Are any members of your household full-time students? Yes or No

Have you or any member of your household lived in subsidized housing? Yes or No

If "yes", when and where? \_\_\_\_\_

Have you ever committed fraud in a subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes or No

If "yes", please explain: \_\_\_\_\_

| PERSONAL REFERENCES: List 3 RELATIVES we can call for a personal reference: |                  |              |                  |
|---|------------------|--------------|------------------|
| Name  | Address/City/Zip | Relationship | Telephone Number |
| 1.  |                  |              |                  |
| 2.  |                  |              |                  |
| 3.  |                  |              |                  |

\_\_\_\_\_  
Head of Household    Date    Co-Applicant, Spouse/Co-Head    Date

Applicant's certification that the unit applied for will be the applicant household's permanent residence and it does/will not maintain a separate subsidized rental unit in a different location.

Applicants Initials     Co-Applicants Initials     Managers Initials

**HUD, RURAL DEVELOPMENT & MSHDA APPLICANTS**

I fully understand that Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I therefore, certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above. Falsified statements shall be grounds for eviction.

Applicants Initials     Co-Applicants Initials     Managers Initials

**RURAL DEVELOPMENT**

I/We certify that the rental unit which I/We will occupy will be my/our permanent residence and further certify that I/We do not and will not maintain a separate subsidized rental unit in a different location. I acknowledge that I am responsible to inform the office of any changes to any part of this application (i.e. address, phone, income).

Applicants Initials     Co-Applicants Initials     Managers Initials

GENDER DESIGNATION: (Applicant)     I do not wish to furnish this information  
 Male     Female

GENDER DESIGNATION: (Co-Applicant)     I do not wish to furnish this information  
 Male     Female

Additional information will be required at a later date to complete the processing for residency.

\_\_\_\_\_  
Head of Household    Date    Co-Applicant, Spouse/Co-Head    Date



*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*

TDD 1-800-649-3777



**DISCLOSURE UNDER FAIR HOUSING REPORTING ACT AND AUTHORIZATION**

Innovative Housing Development Corporation and/or Woodworth Square Apartments is requesting a copy of your Consumer Report or Credit Report to assist it in its consideration for:

- Employment purposes, or
- Housing at Woodworth Square Apartments

We are required as part of our screening process to secure a Consumer Report on you to assist us in our determination. Under the Fair Credit Reporting Act, 15 U.S.C.A. 1681 et seq. we must first seek your written consent to obtain your consumer or credit report. The information obtained will not be used in violation of any applicable Federal or State law.

Pursuant to the Fair Credit Reporting Act, 15 U.S.C.A. 1681a the following definitions are provided to you:

“Consumer” means an individual.

“Consumer Report” means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer’s eligibility for a) credit or insurance to be used primarily for personal, family, or household purposes; b) employment purposes; or c) any other purpose authorized in the act.

“Investigative Consumer Report” means a consumer report or portion thereof in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information.

“Employment Purposes” means a report for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee.

“Adverse Action” means (i) a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee; (ii) a denial or cancellation of, an increase in any charge for, or any other adverse or unfavorable change in the terms of credit or any license or other reasons described in section 168b(a)(3)(D) of the Act; or (iii) an action or determination that is made in connection with an application that was made by, or a transaction that was initiated by, any consumer, or in connection with a review of an account under the act and adverse to the interests of the consumer.

In accordance with the company policy we must obtain your consent in writing authorizing us to obtain a “Consumer Report” and/or Investigative Report on you for employment purposes. Upon receipt of your written authorization, we will obtain the written report. If we consider any information in that report which directly and adversely affects you in our employment related decision, you will be provided with a copy of the Consumer Report and a summary of your rights under the FCRA before a decision is final. Alternatively, you may contact the Federal Trade Commission about your rights under the Fair Credit Reporting Act.



If we are obtaining a "Credit Report" with respect to your application for housing, and should your application be rejected due to information contained on your credit report you will be provided with the name and address of the local credit bureau where within sixty (60) days of rejection, you can obtain a free copy of your credit report, dispute it's accuracy, and provide a consumer statement describing your position if you dispute the credit report. Pursuant to the Fair Debt Credit Reporting Act you will have the right to put into your report a statement explaining your position on the item under dispute. For further information, contact your State or Local consumer protection agency or your State Attorney General's office.

I have read the foregoing information referred to as a Fair Credit Reporting Disclosure and now hereby authorize Innovative Housing Development Corporation and/or Woodworth Square Apartments to obtain a Consumer Report, Credit Report or Investigative Report on me from a consumer reporting agency or company for:

- Employment purposes
- Housing purposes
- Both

I understand that Innovative Housing Development Authority, and/or the Apartment Community referenced above will rely upon the information contained in the report. I further understand that I have rights to dispute any adverse decision which may be made against me by I understand that Innovative Housing Development Corporation and/or the Apartment Community as set forth in the disclosure that I may seek additional advice or assistance from my local consumer protection agency or Attorney General's office.

I acknowledge that I have received a copy of this document for my records.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date





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.):<br>HUD<br>477 MICHIGAN<br>DETROIT, MI 48226 | O/A requesting release of information (Owner should provide the full name and address of the Owner.):<br>IHDC<br>3051 COMMERCE DRIVE, SUITE 5<br>FORT GRATIOT, MI 48059 | 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.):<br>MSHDA<br>735 E. MICHIGAN AVE., LANSING, MI 48909 |
|---|---|--|

**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  |



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## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

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### Penalties for Misusing this Consent:

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

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

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

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

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

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.



## AUTHORIZATION FOR CRIMINAL HISTORY CHECK

**NOTICE TO APPLICANTS:** The information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with Woodworth Square Apts. It is Woodworth Square Apts policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to, rental history. Information regarding age, sex and race will not be a factor in any housing decision including.

|   |                |         |                     |                               |                                 |
|---|----------------|---------|---------------------|-------------------------------|---------------------------------|
| Full Name (no nicknames) _____  |                |         |                     |                               |                                 |
| Maiden Names(s), Nickname(s), Other Name(s) (please include dates used) _____   |                |         |                     | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Social Security Number _____  |                |         | Date of Birth _____ |                               |                                 |
| Driver's License Number _____   |                |         | State _____         |                               |                                 |
| Is Your Driver's License Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No      ⇨ Please give details             |                |         |                     |                               |                                 |
| All addresses for the last 7 years: (Street / City / County / State / Years From-To)  |                |         |                     |                               |                                 |
| In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence. |                |         |                     |                               |                                 |
|   | Street Address | City    | County              | State                         | Years From-To                   |
| 1.  | _____ /        | _____ / | _____ /             | _____ /                       | _____ /                         |
| 2.  | _____ /        | _____ / | _____ /             | _____ /                       | _____ /                         |
| 3.  | _____ /        | _____ / | _____ /             | _____ /                       | _____ /                         |
| 4.  | _____ /        | _____ / | _____ /             | _____ /                       | _____ /                         |
| 5.  | _____ /        | _____ / | _____ /             | _____ /                       | _____ /                         |
| 6.  | _____ /        | _____ / | _____ /             | _____ /                       | _____ /                         |
| (attach additional pages if necessary)  |                |         |                     |                               |                                 |

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release Woodworth Square Apts, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my employment based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from Woodworth Square Apts is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

|   |           |      |
|---|-----------|------|
| X |           |      |
|   | Signature | Date |



# NOTICE AND CONSENT FOR THE RELEASE OF INFORMATION

Property Name Requesting Information:

Woodworth Square Apartments

By signing this consent form, I am authorizing the above-referenced housing community for which I am applying to obtain information from a third party about me. I understand that the purpose of this information is to determine my eligibility for housing assistance. I understand that this information can include and is not limited to information regarding my income, assets and credit bureau report which may affect my eligibility.

I further understand that income information obtained from these sources will be verified according to the initial information, which I have provided on my original application for housing.

## Who Must Sign the Consent Form

Each member of your household who is 18 years of age or older must sign the relevant consent forms at the initial certification and at each recertification, 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.

## Signatures:

\_\_\_\_\_

Head of Household

\_\_\_\_\_

Date

\_\_\_\_\_

Spouse

\_\_\_\_\_

Date

\_\_\_\_\_

Other Family Member over age 18

\_\_\_\_\_

Date

\_\_\_\_\_

Other Family Member over age 18

\_\_\_\_\_

Date

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)*

*To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.*

Rev. 9/08



TDD 800-649-3777



## DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
  - Permanent residence under 249 of INA 4/; or
  - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA 5/; or
  - Parole status under 212(d)(5) of the INA 6/; or
  - Threat to life or freedom under 243(h) of the INA 7/; or
  - Amnesty under 245A of the INA 8/.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

|                                     |                    |   |
|-------------------------------------|--------------------|---|
| <b>Name of Property</b>             | <b>Project No.</b> | <b>Address of Property</b>                  |
| <b>Name of Owner/Managing Agent</b> |                    | <b>Type of Assistance or Program Title:</b> |
| <b>Name of Head of Household</b>    |                    | <b>Name of Household Member</b>             |

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

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

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

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

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

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

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

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

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

### A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



Property Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Resident Confirmation of receipt of  
RESIDENT RIGHTS AND RESPONSIBILITIES BROCHURE  
And  
FACT SHEET for HUD Assisted Residents, Project-Based Section 8  
“HOW YOUR RENT IS DETERMINED”  
And  
Fraud Policy**

\_\_\_\_\_  
Name of Head of Household (Print)

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Site Name/Number

\_\_\_\_\_  
Unit Number

**I received a Residents Rights and Responsibilities Brochure, Fraud Policy, and Fact Sheet for HUD Assisted Residents, Project-Based Section 8 “How Your Rent is Determined” in the following language(s).**

English \_\_\_\_\_

Korean \_\_\_\_\_

Vietnamese \_\_\_\_\_

Spanish \_\_\_\_\_

Russian \_\_\_\_\_

Chinese \_\_\_\_\_

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

\_\_\_\_\_  
Date

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: (Check all that apply)</b>  |   |
| <input type="checkbox"/> Emergency<br><input type="checkbox"/> Unable to contact you<br><input type="checkbox"/> Termination of rental assistance<br><input type="checkbox"/> Eviction from unit<br><input type="checkbox"/> Late payment of rent  | <input type="checkbox"/> Assist with Recertification Process<br><input type="checkbox"/> Change in lease terms<br><input type="checkbox"/> Change in house rules<br><input type="checkbox"/> Other: _____ |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |   |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |   |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |   |

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

|  |  |
|--|--|
|  |  |
|--|--|

**Signature of Applicant**

**Date**

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

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

## FAMILY SUMMARY SHEET

Please list all of the persons to be living in the unit

|           |               |                      |                |
|-----------|---------------|----------------------|----------------|
| _____     | _____         | _____                | _____          |
| Full Name | Date of Birth | Relationship to Head | Soc Sec Number |
| _____     | _____         | _____                | _____          |
| Full Name | Date of Birth | Relationship to Head | Soc Sec Number |
| _____     | _____         | _____                | _____          |
| Full Name | Date of Birth | Relationship to Head | Soc Sec Number |
| _____     | _____         | _____                | _____          |
| Full Name | Date of Birth | Relationship to Head | Soc Sec Number |
| _____     | _____         | _____                | _____          |
| Full Name | Date of Birth | Relationship to Head | Soc Sec Number |



---

# INNOVATIVE HOUSING

DEVELOPMENT CORPORATION

---

3051 Commerce Drive, Suite 5 • Fort Gratiot, MI 48059  
Ph 810-385-4463 • Fx 810-385-8875

I \_\_\_\_\_ am certifying that I do/do not  
(circle one) received the \$14/\$42 quarterly state payment.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date





# EMPLOYMENT VERIFICATION

## THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) \_\_\_\_\_ Date: \_\_\_\_\_

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

RE: \_\_\_\_\_ Applicant/Tenant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Unit # (if assigned) \_\_\_\_\_

I hereby authorize release of my employment information.

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

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project Owner/Management Agent

**Return Form To:**

## THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_ Last Day of Employment \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_; Effective date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature \_\_\_\_\_ Employer's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Employer [Company] Name and Address

\_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

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

MICHIGAN STATE HOUSING  
DEVELOPMENT AUTHORITY

STUDENT STATUS VERIFICATION

|                                 |                                     |               |
|---------------------------------|-------------------------------------|---------------|
| Name of Applicant/Tenant: _____ | Property Name: _____                |               |
|                                 | MSHDA #: _____                      | Unit #: _____ |
|                                 | Certification Effective Date: _____ |               |

**Consent to Release Information:** I authorize verification of my enrollment information.

\_\_\_\_\_  
Applicant/Tenant Signature    Student ID #    Date

The above-named individual is applying to or currently participating in a housing program that requires verification of student eligibility status. The individual has signed the release above giving you permission to supply us with the information requested below. Please sign and return the completed form via mailing address or fax listed below.

**Please return the completed form to** (list the property name, address, phone, fax, and email): \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION**

**Institution of Higher Education:** \_\_\_\_\_

The individual's **current student status** this semester is:  Full-Time  Part-Time  Not a student  
 The current semester/term at this school is \_\_\_\_\_ (example: Winter 2015, Fall 2015)  
 Was the student enrolled as a full or part-time student at any time during this calendar year?  Yes  No  
 If yes, please list dates of attendance: \_\_\_\_\_  
 The individual has enrolled for the next upcoming semester as:  Full-Time  Part-Time  N/A  
 The individual has been enrolled at this school since \_\_\_\_\_ (date)  
 Anticipated graduation date (month/year): \_\_\_\_\_

**Vocational Training Program** - Is the student enrolled in a vocational program at this institution that is funded under the Workforce Investment Act, Job Training Partnership Act, or other similar program funded under federal, state, or local laws?  Yes  No

If yes, please complete the following information:  
 Name of Program: \_\_\_\_\_ Program's Funding Source: \_\_\_\_\_  
 Name of Certification or Degree to be earned: \_\_\_\_\_

| Costs of Attendance per Semester                 | Financial Assistance per Semester   |                  |
|--|---|------------------|
|  | Please clearly mark if the assistance is from a source funded by the Higher Education Act (HEA) Part 479B, the Bureau of Indian Education, or from some other financial source. |                  |
| <b>Number of Semesters/Terms per Year:</b> _____ |   |                  |
| Tuition and Fees:<br>\$ _____                    | Type: _____<br><input type="checkbox"/> HEA <input type="checkbox"/> BIE <input type="checkbox"/> Other   | Amount: \$ _____ |
| Books and Supplies:<br>\$ _____                  | Type: _____<br><input type="checkbox"/> HEA <input type="checkbox"/> BIE <input type="checkbox"/> Other   | Amount: \$ _____ |
| Room and Board:<br>\$ _____                      | Type: _____<br><input type="checkbox"/> HEA <input type="checkbox"/> BIE <input type="checkbox"/> Other   | Amount: \$ _____ |
| Other Necessary Fees:<br>\$ _____                | Type: _____<br><input type="checkbox"/> HEA <input type="checkbox"/> BIE <input type="checkbox"/> Other   | Amount: \$ _____ |
| <b>Total Costs:</b><br>\$ _____                  | Type: _____<br><input type="checkbox"/> HEA <input type="checkbox"/> BIE <input type="checkbox"/> Other   | Amount: \$ _____ |

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of School Representative

\_\_\_\_\_  
Name of Educational Institution

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone #

# MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

# ANNUAL HOME STUDENT ELIGIBILITY CERTIFICATION

Each household member 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form upon move-in and annually during the entire Compliance Period of the project.

|                        |              |
|------------------------|--------------|
| Household Member Name: | Unit Number: |
| Development Name:      |              |

This form is to be completed by each Applicant/Tenant

You have applied for (or currently reside in) a rental housing unit located in a development operating under the HOME Program. Provisions of this Program require verification of all income and assets, as well as other claims of eligibility including student status. The HOME program definition of a student is: All students enrolled either part-time or full-time at an institution of higher education. The law does not exempt part-time students.

Choose :

- 1.  I am NOT a student enrolled in an institution of higher education and do not plan to be a student enrolled in an institute of higher education at any time in the next 12 months.
- 2.  I am a student or plan to be a student enrolled in an institution of higher education within the next 12 months and I meet the following exception/s:

| Exceptions   | Mark either Yes or No to Each as it Applies to You: |                             |
|--|---|-----------------------------|
| I am over the age of 24  | <input type="checkbox"/> Yes                        | <input type="checkbox"/> No |
| I am a veteran of the US Military  | <input type="checkbox"/> Yes                        | <input type="checkbox"/> No |
| I am married   | <input type="checkbox"/> Yes                        | <input type="checkbox"/> No |
| I have one or more dependent children  | <input type="checkbox"/> Yes                        | <input type="checkbox"/> No |
| I have a disability, as defined in Section 3(b)(3)(E) of the United States Housing Act of 1937 and was receiving assistance under Section 8 as of November, 30, 2005 | <input type="checkbox"/> Yes                        | <input type="checkbox"/> No |
| I am under 24 and have documentation to support that I've been independent of my parents for at least 1 year   | <input type="checkbox"/> Yes                        | <input type="checkbox"/> No |
| I am under 24, not independent of my parents & my parents are eligible based on their income   | <input type="checkbox"/> Yes                        | <input type="checkbox"/> No |

Any student who does not meet at least one of the exceptions listed above is ineligible to reside in a HOME unit.

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

\_\_\_\_\_  
Signature of Applicant/Tenant                      Printed Name of Applicant/Tenant                      Date

**MICHIGAN STATE HOUSING  
DEVELOPMENT AUTHORITY**

**MSHDA INCOME & ASSETS CHECKLIST**

(Complete a separate form for each household member who is age 18 or older or an emancipated minor.)

|                        |              |
|------------------------|--------------|
| Household Member Name: | Unit Number: |
| Development Name:      |              |

|               | Yes | No | COMPLETE EACH ITEM:  |
|---------------|-----|----|--|
| 1             |     |    | I am a citizen of the United States or a permanent legal resident.   |
| 2             |     |    | I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____                        |
| 3             |     |    | I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.                     |
| <b>INCOME</b> |     |    |  |
| 4             |     |    | I have a job and receive money/wages, tips, or bonuses. List the businesses or companies that pay you: _____   |
| 5             |     |    | I am self-employed or operate my own business.<br>List the types of jobs you do: _____   |
| 6             |     |    | I earn income as a day laborer, seasonal worker, gig worker, or independent contractor.  |
| 7             |     |    | I receive Social Security or Railroad Retirement Act income.   |
| 8             |     |    | I receive Supplemental Security Income (SSI).  |
| 9             |     |    | I receive quarterly payments from DHHS for the State-paid portion of an SSI grant.   |
| 10            |     |    | I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).  |
| 11            |     |    | I receive periodic payments from retirement funds, 401(k), IRA, or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider: _____ |
| 12            |     |    | I receive disability or death benefits other than Social Security.   |
| 13            |     |    | I receive Veteran's Administration benefits.   |
| 14            |     |    | I receive Public Assistance (does not include food stamps or Medicaid).  |
| 15            |     |    | I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.   |
| 16            |     |    | I receive unemployment benefits.   |
| 17            |     |    | I receive periodic payments from Workers' Compensation.  |
| 18            |     |    | I receive periodic payments from a trust, annuity, or inheritance. If yes, from how many sources? ___  |
| 19            |     |    | I receive income from the rental of real estate or personal property.  |
| 20            |     |    | I receive periodic payments from lottery, casino or online gaming, or other types of winnings.   |
| 21            |     |    | I receive adoption assistance payments.  |
| 22            |     |    | I receive alimony, maintenance, or spousal support.  |
| 23            |     |    | I receive GI Bill benefits.  |
| 24            |     |    | I receive military active-duty allotments or regular pay as a member of the National Guard or Reservist pay.   |
| 25            |     |    | I am a member of an Indian Tribe receiving gaming payments.  |



| Yes  | No | COMPLETE EACH ITEM: |  |             |                 |
|--|----|---------------------|--|-------------|-----------------|
| 26   |    |                     | I receive periodic payments from insurance policies or any type of settlement. If yes, how many policies or settlements? _____ From what Sources? _____  |             |                 |
| 27   |    |                     | I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.  |             |                 |
| 28   |    |                     | I receive other recurring or periodic income not listed above. Describe: _____   |             |                 |
| 29   |    |                     | I receive student financial assistance (does not include student loans).   |             |                 |
| CHILD SUPPORT  |    |                     |  |             |                 |
| 30   |    |                     | I receive child support. If yes, from how many parents do you receive support? ____ If yes, what State is the case through? ____ If yes, is child support paid directly to DHS? <input type="checkbox"/> Yes <input type="checkbox"/> No |             |                 |
| 31   |    |                     | I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.   |             |                 |
| 32   |    |                     | I anticipate filing a claim for child support within the next twelve months.   |             |                 |
| ASSETS<br>(Include all assets held or owned either in or outside of the United States) |    |                     |  |             |                 |
|  |    |                     |  | Cash Value* | Interest Rate** |
| 33   |    |                     | I have a savings account(s) at: _____<br>(List name(s) of institution)   | \$          |                 |
| 34   |    |                     | I have a checking account(s) at: _____<br>(List name(s) of institution)  | \$          |                 |
| 35   |    |                     | I have certificates of deposit at: _____<br>(List name(s) of institution)  | \$          |                 |
| 36   |    |                     | I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or another agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____                 | \$          |                 |
| 37   |    |                     | I have a Venmo, PayPal, Cash App, or another peer-to-peer payment app. If yes, how many and through which services? _____  | \$          |                 |
| 38   |    |                     | I have Cryptocurrency (such as Bitcoin, Ethereum, etc.)  | \$          |                 |
| 39   |    |                     | I have cash held in my home or in a safety deposit box.  | \$          |                 |
| 40   |    |                     | I have savings bonds. If yes, how many? _____  | \$          |                 |
| 41   |    |                     | I have Treasury Bills. If yes, how many? _____   | \$          |                 |
| 42   |    |                     | I have stocks, bonds, mutual funds, or securities.   | \$          |                 |
| 43   |    |                     | I own a house or mobile home. (Section 8 PBRA Programs only: Is the home suitable for occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No )  | \$          |                 |
| 44   |    |                     | I own real estate or land and receive income from the rental of the real estate. If yes, how many properties? _____  | \$          |                 |
| 45   |    |                     | I have land contracts. If yes, how many? _____   | \$          |                 |
| 46   |    |                     | I hold a mortgage or deed of trust.  | \$          |                 |
| 47   |    |                     | I have revocable trusts. If yes, how many trusts? _____  | \$          |                 |
| 48   |    |                     | I have whole life or universal life insurance policy(ies). If yes, how many policies? _____  | \$          |                 |
| 49   |    |                     | I have non-necessary personal property held for investment purposes (gems, jewelry, collections, etc.).  | \$          |                 |
| 50   |    |                     | I have lump sum receipts or one-time receipts.   | \$          |                 |

|   | Yes | No | COMPLETE EACH ITEM:  |    |  |  |
|---|-----|----|--|----|--|--|
| 51  |     |    | I have assets from sources other than those listed above.<br>Describe: _____   | \$ |  |  |
| 52  |     |    | A member of my household is under the age of 18 and has assets.<br>Describe: _____   | \$ |  |  |
| 53  |     |    | I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.   |    |  |  |
| 54  |     |    | I have joint ownership on one or more of the above assets.   |    |  |  |
| <b>ALLOWANCES / DEDUCTIONS</b><br>(Complete the items below for Section 8, Section 236, and Moderate Projects Only)   |     |    |  |    |  |  |
| 55  |     |    | I am Elderly (age 62 or older), Handicapped or Disabled and <b>pay Medicare premiums.</b>  |    |  |  |
| 56  |     |    | I am Elderly (age 62 or older), Handicapped or Disabled and <b>pay medical insurance premiums, other than Medicare.</b>  |    |  |  |
| 57  |     |    | I am Elderly (age 62 or older), Handicapped or Disabled and <b>pay medical or prescription or chore provider expenses which are not reimbursed by insurance.</b>   |    |  |  |
| 58  |     |    | I am Elderly (age 62 or older), Handicapped or Disabled and <b>pay long term care insurance premiums.</b>  |    |  |  |
| 59  |     |    | I pay childcare expenses for a child age 12 or under in order to be gainfully employed or to further my education.   |    |  |  |
| 60  |     |    | The Department of Health and Human Services (DHHS) pays childcare expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education.<br>If yes, DHHS pays <input type="checkbox"/> full <input type="checkbox"/> partial. |    |  |  |
| 61  |     |    | I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.   |    |  |  |
| 62  |     |    | I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.  |    |  |  |
| <b>OTHER ITEMS</b>  |     |    |  |    |  |  |
| 63  |     |    | I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)  |    |  |  |
| <b>SPECIAL CONSIDERATION OF ASSETS</b>  |     |    |  |    |  |  |
| 64  |     |    | <b>Section 8 PBRA Programs only:</b> My household's assets exceed \$100,000+   |    |  |  |
| 65  |     |    | I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s):<br>_____<br>_____   |    |  |  |
| <p><i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i></p> |     |    |  |    |  |  |

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading, or incomplete information may result in the termination of the lease agreement and/or benefits.

\_\_\_\_\_  
Applicant / Tenant Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY OWNER/MANAGEMENT AGENT**

**Household Asset(s) Verification vs. Self-Certification:**

- Move-In/Initial Certification – All household assets must be 3<sup>rd</sup> party verified.**
  - 1<sup>st</sup> Year Annual Recertification – Year: \_\_\_\_\_ Asset Threshold: \$ \_\_\_\_\_**  
(can be found on huduser.org)
  - 2<sup>nd</sup> Year Annual Recertification – Year: \_\_\_\_\_ Asset Threshold: \$ \_\_\_\_\_**  
(can be found on huduser.org)
  - 3<sup>rd</sup> Year Annual Recertification – All household assets must be 3<sup>rd</sup> party verified.**
- The cycle will now repeat, with 3<sup>rd</sup> party verifications of assets occurring every three (3) years.**

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**\*\* Apply the Passbook Savings Rate individually to assets that *DO NOT* have a determinable interest rate, only if the household's total cash value of assets exceeds the Asset Threshold for the calendar year.**

**Current Passbook Savings Rate: \_\_\_\_\_ % (can be found on huduser.org)**

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

\_\_\_\_\_  
Owner/Management Signature

\_\_\_\_\_  
Date



# RESIDENT RIGHTS & RESPONSIBILITIES



## Secretary of HUD

This brochure does not apply to the Public Housing Program, the Section 8 Moderate Rehabilitation Program (except for multifamily housing properties insured by HUD), and the Housing Choice Voucher Program (except when a voucher is used in a multifamily housing property with a HUD-insured mortgage).



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# ***AS A RESIDENT, YOU HAVE RIGHTS AND RESPONSIBILITIES THAT HELP MAKE YOUR HUD-ASSISTED HOUSING A BETTER HOME FOR YOU AND YOUR FAMILY.***

This brochure is being distributed to you because the United States Department of Housing and Urban Development (HUD), which regulates the property in which you live, has provided some form of assistance or subsidy for your apartment. As part of its dedication to maintaining the best possible living environment for all residents, your local HUD office encourages and supports the following:

- Management agents and property owners communicate with residents on any and all issues
- Owners and managers give prompt consideration to all valid resident complaints and resolve them as quickly as possible
- Your right to file complaints with management, owners, or government agencies without retaliation, harassment or intimidation
- Your right to organize and participate in certain decisions regarding the well-being of the property and your home
- Your right to appeal a decision made by the local HUD office to the Office of Asset Management and Portfolio Oversight at HUD Headquarters.

Along with the owner/management agent, you play an important role in making your apartment, the grounds, and other common areas—a better place to live.

This brochure briefly lists some of the most important rights and responsibilities to help you get the most out of your home.





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## **YOUR RIGHTS**

As a resident of a HUD-assisted multifamily housing property, you should be aware of your rights.

### **Rights: *Involving Your Apartment***

- The right to live in decent, safe, and sanitary housing that is free from environmental hazards including lead-based paint.
- The right to have repairs performed in a timely manner, upon request.
- The right to be given reasonable notice, in writing, of any non-emergency inspection or other entry into your apartment.
- The right to protection from eviction except for specific causes stated in your lease.
- The right to request that your rent be recalculated if your income decreases.
- The right to access your tenant file.

### **Rights: *Involving Resident Organizations***

- The right to organize as residents without obstruction, harassment, or retaliation from property owners or management.
- The right to provide leaflets and post materials in common areas informing other residents of their rights and opportunities to involve themselves in their property.
- The right to use appropriate common space or meeting facilities to organize (this may be subject to a reasonable, HUD-approved fee).
- The right to meet without representatives or employees of the owner/management company present.
- The right to be recognized by property owners/management company as having a voice in residential community affairs.

### **Rights: *Involving Nondiscrimination***

The right to equal and fair treatment and use of your building's services and facilities, without regard to race, color, religion, gender, sexual orientation, gender identity, disability, familial status (children under 18), national origin (ethnicity or language), or in some circumstances, age.



## **YOUR RESPONSIBILITIES**

As a resident of a HUD-assisted multifamily housing property, you also have certain responsibilities to ensure that your building remains a suitable home for you and your neighbors. By signing your lease, you, the owner and the management company have entered into a legal, enforceable contract. You are responsible for complying with your lease, house rules, and local laws governing your property. If you have any questions about your lease or do not have a copy of it, contact your property management agent or the local HUD office.

### **Responsibilities: To Your Property Owner or Management Agent**

- Complying with the rules and guidelines that govern your lease.
- Paying the correct amount of rent on time each month.
- Providing accurate information to the owner/management agent's company at the certification or recertification interview to determine your total tenant payment, and consenting to the release of information by a third party to allow for verification.
- Reporting changes in the family's income or composition to the owner/management agent's company in a timely manner.

### **Responsibilities: To the Property and Your Fellow Residents**

- Complying with rules and guidelines that govern your lease.
- Conducting yourself in a manner that will not disturb your neighbors.
- Not engaging in criminal activity in your apartment, common areas or grounds.
- Keeping your apartment reasonably clean, with exits and entrances free of debris, clutter or fire hazards and not littering the grounds or common areas.
- Disposing of garbage and waste in the proper manner.
- Maintaining your apartment and common areas in the same general physical condition as when you moved in.
- Reporting any apparent environmental hazards to the management (such as peeling paint, which is a hazard if it is a lead-based paint) and any defects in building systems, fixtures, appliances, or other parts of the apartment, the grounds, or related facilities.



## YOUR RIGHT TO BE INVOLVED

### In decisions affecting your home

As a resident in HUD-assisted multifamily housing, you play an important role in decisions that affect your community. Different HUD programs provide for specific resident rights. You have the right to know under which HUD program your building is assisted. To find out if your apartment building is covered under any of the following programs, contact your management agent, Section 8 contract administrator, or the HUD office nearest you. If your building was funded under HUD's Rental Assistance Demonstration Program, or HUD's Section 236, 221(d)(3)/BMIR, Rental Assistance, Section 202 Direct Loan or Section 202/811 Capital Advance Programs or is assisted under any applicable project based Section 8 program or Rent Supplement, you have the right to be notified of, or in some instances, to comment on, the following:

- Nonrenewal of a project based Section 8 contract
- An increase in the maximum permissible rent
- Conversion of a project from project-paid utilities to tenant-paid utilities
- A proposed reduction in tenant utility allowance
- Conversion of residential apartments in a multifamily housing property to a nonresidential use or to condominiums, or the transfer of the housing property to a cooperative housing mortgagor corporation or association
- Transfer of the project-based Section 8 contract in your property to one or more buildings at other locations
- Partial release of mortgage security
- Capital improvements that represent a substantial addition to the project
- Prepayment of mortgage (*if prior HUD approval is required before owner can prepay*)
- Any other action, which could ultimately lead to involuntary, temporary or permanent relocation of residents
- If you live in a building that is owned by HUD and is being sold, you have the right to be notified of, and comment on HUD's plans for disposing of the building.



## **ELIGIBILITY FOR ENHANCED VOUCHERS**

If your apartment is assisted under a project-based Section 8 contract that is ending, and if the owner decides not to renew it, the owner is required by law to notify you in writing of that decision at least one year before the contract expires. Under these circumstances, you may be eligible for an Enhanced Voucher (EV), which owners are required to accept and which would give you the Right to Remain in a apartment at your property, provided that you are in compliance with your lease and the property remains rental housing. HUD will select a local Public Housing Agency (PHA) to provide an EV for eligible families who decide to remain at the property and to administer this assistance.

If you decide to remain at your property using an EV, a higher payment standard will be used to determine the amount of Section 8 assistance that is paid on your behalf if the gross rent for the apartment is more than the PHA's payment standard. However, the PHA must determine that the rent that the owner charges for your apartment is reasonable, and you must continue paying at least the amount of rent that you were previously paying.

If you are eligible for an EV, you can instead choose to move out of the property and use the voucher to rent a apartment anywhere in the United States where the owner will accept the voucher and the rents are in an allowable range, subject to approval. If you move out, however, the voucher is no longer "enhanced," and the amount of Section 8 assistance that is paid on your behalf will be based on the PHA's normally applicable payment standard.



## ADDITIONAL ASSISTANCE

### For additional help or information, you may contact:

- Your property manager or the management company
- The account executive for your property in HUD's Multifamily Regional Center or Regional Satellite Center
- HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 to report maintenance or management concerns
- HUD's Office of Fair Housing and Equal Opportunity at 1-800-669-9777, if you believe you've been discriminated against
- HUD's Office of Inspector General Hot Line at 1-800-347-3735 to report fraud, waste, or mismanagement
- HUD's Housing Counseling Service locator at 1-800-569-4287 for the housing counseling agency in your community
- Your local government tenant/landlord affairs office, legal services office or tenant organizations to obtain information on additional rights under local and state law
- If appealing a local HUD Office decision, you may contact the Director of the Office of Asset Management and Portfolio Oversight in Washington, DC at 202-708-3730

### ON-LINE RESOURCES:

- **Housing and Urban Development website:** [www.hud.gov](http://www.hud.gov)
- **The local HUD Field Office:** <http://www.hud.gov/local/index.cfm>.
- **Note: To locate your local field office, select:** Contact My Local Office (under the I Want To section)





**U.S. Department of Housing and Urban Development**  
**Office of Multifamily Housing Programs**  
Washington, DC 20410-0000 Official Business  
Penalty for Private Use \$300



This brochure about your rights and responsibilities as a resident of HUD assisted multifamily housing is available in 13 alternate languages in addition to English and Braille. To determine if your language is available, please contact HUD's National Multifamily Housing Clearinghouse at 1-800-638-8470 or visit <http://www.hud.gov/offices/nmhc/clearinghouse/>.



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410