

CHOCTAW PROPERTIES

202 SUPPORTIVE HOUSING FOR THE ELDER

Phone: 580-326-7521 or Toll Free: 1-800-235-3087

Please submit your completed application to the address listed below based on the location of your interest.

Site Location	Please Mail your Application to:
Atoka	1878-A Shikopa Ashta, Atoka, OK 74525
Durant	4123 Three Arrows, Calera, OK 74730
Hugo	802 N.16 th Street, Hugo, OK 74743
Idabel	1735 Shady Dell Lane, Idabel, OK 74745
Poteau	209 Hina Mali Road, Poteau, OK 74953

APPLICANTS, PLEASE READ CAREFULLY

Thank you for your interest in Choctaw Properties Supportive Housing for the Elder Program.
Please submit the following requested information.

- Completed Application
- Copy of social security cards for all household members
- A notarized criminal background check
- Two previous landlord references or two 3rd party statements from non-relatives

If any applicant requires assistance in completing this application such as reader, interpreter or any special needs; please contact the number above for assistance.

All required documents must be returned with the application in order for it to be processed.

If your application is incomplete, your application will be returned to you for completion. If you fax your application, you must then mail the original application to our office. The waiting list is maintained according to date of application.

Please allow 5-7 days before contacting our office concerning your placement on the waiting list.



**CHOOSE SITE LOCATION
APPLICATION**

Applicant Name: _____ SSN: _____

Date of Birth: _____ Marital Status: M ___ S ___ D ___ Common Law ___ Separated ___

Current Address _____ City _____ State _____ Zip Code _____

Home Phone() _____ - _____ Work Phone() _____ - _____ Spouse Phone() _____ - _____

List Names, Addresses and phone numbers of two relatives or friends who know how to contact you.

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Have you or any member of your household been convicted of a crime other than a traffic violation? YES NO

IF YES, please explain _____

How did you hear about 202 Supportive Housing for the Elder? NEWSPAPER WEBSITE OTHER _____

FAMILY COMPOSITION-Complete the information below for each member who will be living in your unit.

NAME OF FAMILY MEMBER	DOB	SEX	AGE	RELATION TO HOH	SSN	OCCUPATION
1. _____				Self		
2. _____						

ASSETS-List the type and value of any assets you have. (Bonds, Savings, Checking, Real Estate, Etc.)

1. _____ 2. _____

3. _____ 4. _____

INCOME-Please fill out for all household members receiving income.

FAMILY MEMBER	WAGES (ANNUAL)	SOCIAL SECURITY	SUPPLEMENTAL SS	TANF	VETERANS	OTHER
1. _____						
2. _____						

PLEASE REVIEW ABOVE INFORMATION, YOUR APPLICATION WILL BE RETURNED IF NOT COMPLETE.

OFFICE USE ONLY

DATE: _____

TIME: _____

ADDITIONAL INCOME INFORMATION

- 1. Does any member of your household receive educational grants and/or scholarships? YES NO
If YES, please specify amount(s) _____
- 2. Does any member of your household receive cash contributions from individuals not living with you? YES NO
If YES, please specify amount(s) _____
- 3. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificate of deposit, stocks, bonds, or income from rental property, etc.? YES NO
If YES, please specify amount(s) _____

MEDICAL

- 1. Do you pay for medical insurance for yourself and/or other members of your household? YES NO
If YES, specify the amount of premium per month _____
- 2. Do you have medical bills outstanding on which you are paying? YES NO
If YES, specify the monthly amount _____
- 3. Do you anticipate any prescription bills in the coming year? YES NO
If YES, estimate the monthly amount _____
- 4. Do you pay out of pocket for a care attendant or handicapped equipment rental fees? YES NO
If YES, estimate the monthly amount _____

AGREEMENT: I/We certify that the information provided in the application is true and accurate to the best of my/our knowledge. I/We understand that false information are ground for termination of occupancy or housing assistance and are punishable under federal law.

I/We understand that this is not a contract and does not bind either party.

I/We understand that the above information is being collected to determine eligibility for assistance. Information given will be verified and may be released to appropriate federal, state or local agencies.

Head of Household **Date** **Spouse** **Date**

OFFICE USE ONLY- PLEASE DO NOT WRITE BELOW THIS LINE

Date/Time Application Received _____ Recertification Date _____

Program # _____ Account # _____ Project # _____ Bedroom Size _____

Current Payment _____ Effective Date _____

Prepared By _____ Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby give the person(s) listed below permission to make inquiries on my behalf regarding the status of my application. I understand the staff will not release any information to any other person(s) not listed below.

Please print clearly the names of those person(s) you authorize below.

1. _____
2. _____
3. _____

I must notify the staff in writing of any changes to this list.

Applicant Signature

Date

Witness Signature

Date

PET POLICY

EXCLUSIONS

This policy does not apply to animals that are used to assist persons with disabilities. Assistive animals are allowed in all public housing facilities with no restrictions other than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.

PETS IN PUBLIC HOUSING

_____ allows for pet ownership in its developments with the written pre-approval of the Project Manager. Residents are responsible for any damage caused by their pets, including the cost of fumigating or cleaning their units. In exchange for this right, resident assumes full responsibility and liability for the pet and agrees to hold _____ and Project Manager harmless from any claims caused by an action or inaction of the pet.

APPROVAL

Residents must have the prior written approval of the Project Manager before moving pet into their unit. Residents must request approval on the Authorization for Pet Ownership Form that must be fully completed before the Project Manager will approve the request. Residents must give the Project Manager a picture of the pet so it can be identified if it is running loose.

TYPES AND NUMBER OF PETS

_____ will allow only one common household pet. This means only domesticated animals such as a dog, cat, bird, rodent (including a rabbit), fish in aquariums or a turtle will be allowed in units. Common household pets do not include reptiles (except turtles). If this definition conflicts with a state or local law or regulation, the state or local law or regulation shall govern.

All dogs and cats must be spayed or neutered before they become six months old. A licensed veterinarian must verify this fact.

Only one pet per unit will be allowed.

<u>Unit Size</u>	<u>Pets</u>
One Bedroom	1

Any animal deemed to be potentially harmful to the health or safety of others, including attack or fight trained dogs will not be allowed.

INOCULATIONS

In order to be registered, pets must be appropriately inoculated against rabies, distemper and other conditions prescribed by state and/or local ordinances. They must comply with all other state and local public health, animal control, and anti-cruelty laws including any licensed veterinarian or state or local official shall be annually filed with the Project Manager to attest the inoculations.

PET DEPOSIT

A pet deposit of \$150.00 is required. You are required to pay at least \$50.00 of the initial deposit at the time the pet is brought onto the premises. The remaining balance will be paid in monthly payments until the total deposit requirement is reached. If you choose you can pay the full deposit due in one payment. This fee is separate from the required security deposit as stated in the 202 PRAC Lease.

FINANCIAL OBLIGATION OF RESIDENTS

Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet. Also, any pet-related insect infestation in the pet owner's unit will be the financial responsibility of the pet owner and _____ reserves the right to exterminate and charge the resident.

NUISANCE OR THEREAT TO HEALTH OR SAFETY

The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas.

Repeated substantiated complaints by neighbors or Project Manager regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance may result in the owner having to remove the pet or move himself/herself.

Pets that make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one half hour or more to the disturbance of any person at any time of day or night shall be considered a nuisance.

DESIGNATION OF PET AREAS

Pets must be kept in the owner's apartment or on a leash at all times when outside the unit (no outdoor cages may be constructed). Pets will be allowed only in designated areas on the grounds of the property if the Project Manager designates a pet area for the particular site. Pet owners must clean up after their pets and are responsible for disposing of pet waste.

MISCELLANEOUS PET RULES

Pets may not be left unattended in a dwelling unit for over 24 hours. If the pet is left unattended and no arrangements have been made for its care, the Project Manager will have the right to enter the premises and take the uncared for pet to be boarded at a local animal care facility at the total expense of the resident.

Residents must take appropriate actions to protect their pets from fleas and ticks.

All dogs must wear a tag bearing the resident's name and phone number and the date of the latest rabies inoculations.

Pets cannot be kept, bred or used for any commercial purpose.

Residents owning cats shall maintain waterproof litter boxes for cat waste. Refuse from letter boxes shall not accumulate or become unsightly or unsanitary. Litter shall be disposed of in an appropriate manner. A pet owner shall physically control or confine his/her pet during the time when _____ employees, agents of the Project Manager or others must enter the pet owner's apartment to conduct business, provide services, enforce lease terms, etc.

If a pet causes harm to any person, the pet's owner shall be required to permanently remove the pet from rental unit and property within 24 hours of written notice from the Project Manager. The pet owner may also be subject to termination of his/her dwelling lease.

VISITING PETS

Pets that meet the size and type criteria outlined above may visit the project/buildings where pets are allowed for up to two weeks without Project Manager's approval. Tenants who have visiting pets must abide by the conditions of this policy regarding health, sanitation, nuisances, and peaceful enjoyment of others. If visiting pets violate this policy or cause the tenant to violate the lease, the tenant will be required to remove the visiting pet.

REMOVAL OF PETS

Project Manager or an appropriate community authority shall require the removal of any pet from a project if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the project or of other persons in the community where the project is located.

In the event of illness, death of pet owner or in the case of an emergency which would prevent the pet owner from properly caring for the pet, the Project Manager has permission to call the emergency caregiver designated by the resident or the local Pet Law Enforcement Agency to take the pet and care for it until family or friends would claim and assume responsibility of the pet.

With the exception of assistive animals no pets shall be allowed in the community room, laundry room, public bathrooms, lobby, hallways or office of the property site.

To accommodate residents who have medically certified allergic or phobic reactions to dogs, cats, or other pets, those pets may be barred from certain wings in our development(s)/building(s). This shall be implemented based on demand for this service.

A pet owner who violated any other conditions of this policy may be required to remove his/her pet from the development within 10 days of written notice from the Project Manager. The pet owner may also be subject to termination of his/her dwelling lease.

_____ grievance procedures shall be applicable to all individual grievances or disputes arising out of violations or alleged violations of this policy.

No animal may exceed 20 pounds in weight projected to full adult size.

TENANT SIGNATURE

DATE

TENANT SIGNATURE

DATE

PROJECT MANAGER SIGNATURE

DATE

LANDLORD RECOMMENDATION

Please take/send this form to your previous/present landlord, have them complete it and return to you. This form must be completed and turned in with your application.

_____ has/have applied for residency for assistance in our Section 202 Supportive Housing for the Elder Program. Please fill out the questionnaire below and **return it to the applicant** as soon as possible so we can process the application in a reasonable period of time. ALL INFORMATION IS HELD IN STRICT CONFIDENCE. Thank you for your cooperation and prompt reply.

To be filled out by landlord:

1. How long did the tenant rent from you? _____
2. What was the monthly rent? _____
3. Did the tenant pay promptly? _____
4. Did this tenant leave the property in satisfactory condition? _____
5. Was there a deposit? _____ Was it returned? _____
6. Did the tenant maintain desirable living conditions (a well-kept house)? _____
7. Did the tenant get along with the other tenants (neighbors)? _____
8. What was the reason for the applicant leaving your rental? _____
9. Did the tenant give proper notice to move? _____
10. Would you rent to the applicant in the future? _____

Additional Comments (Use back of paper if necessary)

Signature of Landlord

Date

Phone #

LANDLORD RECOMMENDATION

Please take/send this form to your previous/present landlord, have them complete it and return to you. This form must be completed and turned in with your application.

_____ has/have applied for residency for assistance in our Section 202 Supportive Housing for the Elder Program. Please fill out the questionnaire below and **return it to the applicant** as soon as possible so we can process the application in a reasonable period of time. ALL INFORMATION IS HELD IN STRICT CONFIDENCE. Thank you for your cooperation and prompt reply.

To be filled out by landlord:

1. How long did the tenant rent from you? _____
2. What was the monthly rent? _____
3. Did the tenant pay promptly? _____
4. Did this tenant leave the property in satisfactory condition? _____
5. Was there a deposit? _____ Was it returned? _____
6. Did the tenant maintain desirable living conditions (a well-kept house)? _____
7. Did the tenant get along with the other tenants (neighbors)? _____
8. What was the reason for the applicant leaving your rental? _____
9. Did the tenant give proper notice to move? _____
10. Would you rent to the applicant in the future? _____

Additional Comments (Use back of paper if necessary)

Signature of Landlord

Date

Phone #

CRIMINAL BACKGROUND CHECK

I/We, _____, _____, being of sound mind, do hereby authorize _____ to do a Criminal Background Check with law enforcement agencies. I/We are also aware and have been advised that due to finding any criminal history on myself/us, my/our application will be terminated immediately.

I/We further agree upon written consent, I/We will not hold/file any lawsuit of any kind against the law enforcement agency or _____.

Applicant Signature	Date	Social Security Number
---------------------	------	------------------------

Applicant Signature	Date	Social Security Number
---------------------	------	------------------------

Dated this _____ Day of _____ 20 _____.

Seal _____
Notary

My Commission Expires _____

Law Enforcement Agency: _____

Address _____ Phone _____

Name & position of person doing this check: _____

Date _____

Criminal History

Fill in your personal information, have it notarized and submit with your application. You DO NOT contact the law enforcement agency.

EMPLOYMENT INCOME RELEASE OF INFORMATION

NAME _____ DATE _____ S.S # _____

Choctaw Properties Program is required by the Department of Housing and Urban Development (HUD) to verify the income all tenants or prospective tenants. The person identified above has been informed that he/she is now or has been, within the last 12 months, employed by your firm. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

THIS PORTION TO BE COMPLETED BY TENANT OR PROSPECTIVE TENANT

I authorize _____ to give _____
Name of Source of Income

Address

information they need in regard to employment. I release the above names agency from all liability in relation to the release of such information.

Employee's Signature _____ **Date** _____

This portion to be completed by EMPLOYER ONLY. Please return to employee after completion.

Employed from _____, 20__ to _____, 20__

Occupation/Title _____ Employment is Permanent () Temporary () Seasonal ()

Current rate of pay \$ _____ per _____ Employee is paid Weekly () Monthly () Other () explain other

Average number of hours per week, if not full time employee _____

Is employment through JTPA? YES NO

Is employment work study? YES NO

Estimated amount of overtime and commissions, if applicable \$ _____ per _____

Anticipated earnings in the next 12 months \$ _____ (if pay is not consistent weekly or monthly please estimate projected earnings for the year)

Date: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Completed By: _____

Title: _____

Employer Phone Number: _____

ANY FALSE OR INCORRECT INFORMATION SHALL BE GROUNDS FOR AUTOMATIC AND IMMEDIATE DISQUALIFICATION.

EMPLOYMENT INCOME RELEASE OF INFORMATION

NAME _____ DATE _____ S.S # _____

Choctaw Properties Program is required by the Department of Housing and Urban Development (HUD) to verify the income all tenants or prospective tenants. The person identified above has been informed that he/she is now or has been, within the last 12 months, employed by your firm. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

THIS PORTION TO BE COMPLETED BY TENANT OR PROSPECTIVE TENANT

I authorize _____ to give _____
Name of Source of Income

Address

information they need in regard to employment. I release the above names agency from all liability in relation to the release of such information.

Employee's Signature _____ **Date** _____

This portion to be completed by EMPLOYER ONLY. Please return to employee after completion.

Employed from _____, 20__ to _____, 20__

Occupation/Title _____ Employment is Permanent () Temporary () Seasonal ()

Current rate of pay \$ _____ per _____ Employee is paid Weekly () Monthly () Other () explain other

Average number of hours per week, if not full time employee _____

Is employment through JTPA? YES NO

Is employment work study? YES NO

Estimated amount of overtime and commissions, if applicable \$ _____ per _____

Anticipated earnings in the next 12 months \$ _____ (if pay is not consistent weekly or monthly please estimate projected earnings for the year)

Date: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Completed By: _____

Title: _____

Employer Phone Number: _____

ANY FALSE OR INCORRECT INFORMATION SHALL BE GROUNDS FOR AUTOMATIC AND IMMEDIATE DISQUALIFICATION.

“OTHER” INCOME RELEASE OF INFORMATION

THIS FORM IS TO BE USED IF YOU RECEIVE SOCIAL SECURITY, SSI, OR ASSISTANCE FROM DHS

Name _____ Date _____
 Address _____
 Birthdate _____ Source of Income _____
 Address _____

Choctaw Properties Program is required by Housing and Urban Development to verify the income of all tenants or prospective tenants. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

THIS PORTION TO BE COMPLETED BY TENANT OR PROSPECTIVE TENANT

I authorize _____ to give _____ information they need in regard to my income. I release the above named agency from all liability in relation to the release of such information.

Client Signature _____ Date _____
 Social Security # _____ Welfare Case # _____
 VA Claim # _____ Civil Service # _____
 Child Support # _____ SSI # _____

THIS PORTION TO BE COMPLETED BY SOURCE OF INCOME ONLY.

Type of Benefits _____
 Amount Received Per Month: SSA _____ SSI _____ OAA _____ TANF _____
 AD _____ VA _____ CS _____ OTHER _____
 Agency: _____
 Address: _____
 City/State/Zip: _____
 Completed By: _____
 Title: _____
 Phone Number: _____
 Date: _____

ANY FALSE OR INCORRECT INFORMATION SHALL BE GROUNDS FOR AUTOMATIC AND IMMEDIATE DISQUALIFICATION.

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

This Package contains the following documents:

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

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

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

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.):
U.S. HUD
301 N.W. 6th Street, Suite 200
Oklahoma City, OK 73102

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

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

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

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

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.