



## APPLICATION FOR HOUSING Instructions for Managers:

This Application for Housing is provided to satisfy the requirements contained in the IFA LIHTC/HOME Manual under Chapter 3 –Qualifying Households regarding the application and the IFA Compliance Questionnaire form.

IFA does not require a specific application packet. We recognize that owner/managers are in the best position to design application forms that meet the needs of their properties and the programs that they work with. However, to ensure that compliance issues are covered thoroughly and consistently across our portfolio, we designed a Compliance Questionnaire to supplement the owner/manager’s application packet.

Upon further consideration we have made a slight change to our requirement in Chapter 3. We have developed this application for housing that you may use ***in lieu of*** the *IFA Compliance Questionnaire*. If you do not choose to use this application, you must complete a compliance questionnaire for each adult member of the household.

**Please note that this application may not be modified;** If you choose to use your own application, you must use the IFA Compliance Questionnaire for each adult member of the household. This application will be listed under Sample Forms, but contains a forward as to its proper usage.



## APPLICATION FOR HOUSING

*Complete one application per adult household member who will occupy the unit at time of move-in.*

Property Name:		IFA Project Number:
Address:		

For Office Use Only:	Application Date		Desired Move-in Date:		Pre-Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Received:		Time Received:	Received by (agent):	Initial App <input type="checkbox"/>	Recert App <input type="checkbox"/>

Bedroom Size Requested:  1  2  3  4

Applicant Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

### HOUSEHOLD COMPOSITION

*Provide your name and relation to the Head of the Household. Please also list any minor dependents under the age of 18 for whom you are individually responsible. Head of Household should list minors where two or more household members are jointly responsible.*

Member Full Name	Relationship to Head of Household	Date of Birth	Age	Gender	Optional			Current Student Yes or No	Marital Status	Last 4 digits of SSN#
					Race	Ethnicity	Disabled			
1.										
2.										
3.										
4.										

**Relationship to HOH:** H-Head; S-Spouse; A-Adult co-tenant; O-Other family member; C-Child; F-Foster children; L-Live-in caretaker; or N-None of the above

**Gender:** M –Male; F –Female NR –chose not to respond

**Marital Status:** M-Married; S-Single; D-Divorced; SP-Separated; W-Widowed

**Race:** 1-White; 2-Black/African American; 3-American Indian/Alaska Native; 4-Asian; 5-Native Hawaiian/Other Pacific Islander; 6 –Other; or 8 –Chose not to respond

**Ethnicity:** 1-Hispanic or Latino; 2-Not Hispanic or Latino; 3 –Chose not to respond

**Disabled:** 1-Yes; 2-No; NR -chose not to respond -. See Fair Housing Act for definition of handicap (disability)

[http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhr\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201)

**QUESTIONS** – Please check **YES** or **NO** to each question. If you respond “Yes” to any question, please provide a brief explanation in the space provided below. You may be required to supply additional documentation to verify your response.

1. Do you expect any additions to the household within the next 12 months?  Yes  No

If Yes, explain: \_\_\_\_\_

2. Is there anyone living with you now who won't be living with you at this property?  Yes  No

If Yes, explain: \_\_\_\_\_

3. Do you have any minor children?  Yes  No

4. Are there any absent household members who normally would live with you?  Yes  No

If Yes, explain: \_\_\_\_\_

5. Do any of the following statements apply to you:

6. I have filed for bankruptcy  Yes  No

7. I have been convicted of a felony  Yes  No

8. I have been convicted for dealing or manufacturing illegal drugs  Yes  No

9. I have been convicted of property damage  Yes  No



- 10. I have been evicted from a rental unit (including an apartment, home, mobile home or trailer)  Yes  No
- 11. Have you been a student in the past 12 months?  Yes  No
- 12. Are you currently a student or do you plan to become a student in the next 12 months?  Yes  No
- 13. Will you or anyone in your household require a live-in care attendant?  Yes  No
- 14. Will your household be receiving Section 8 rental assistance at the time of move-in?  Yes  No
- 15. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?  Yes  No

\_\_\_\_\_  
*Name of Current Landlord* \_\_\_\_\_ *Phone Number*

How long have you resided at your current address? \_\_\_\_\_ *Years* \_\_\_\_\_ *Months* *Amt. of Rent/Payment:* \$ \_\_\_\_\_

**PREVIOUS HOUSING STATUS** (Provide information on 2 previous addresses where you have resided)

_____ <i>Previous Address</i>	_____ <i>City</i>	_____ <i>ST</i>	_____ <i>Zip Code</i>
How long did reside at your this address?	_____ <i>Years</i>	_____ <i>Months</i>	<i>Amt. of Rent/Payment:</i> \$ _____
_____ <i>Name of Previous Landlord</i>	_____ <i>Phone Number</i>		

_____ <i>Previous Address</i>	_____ <i>City</i>	_____ <i>ST</i>	_____ <i>Zip Code</i>
How long did reside at your this address?	_____ <i>Years</i>	_____ <i>Months</i>	<i>Amt. of Rent/Payment:</i> \$ _____
_____ <i>Name of Previous Landlord</i>	_____ <i>Phone Number</i>		

**HOUSEHOLD INCOME INFORMATION** (NOTE: All information will be verified by a third party)

List your current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	YES	NO	MONTHLY AMOUNT
1.	Social Security, SSI or other payments from the Social Security Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Employment pensions or retirement benefits, veteran's benefits or annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Employment wages or salaries (including overtime, bonuses, tips, commissions and cash)	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Self-employment salaries (including overtime, bonuses, tips, commissions and cash)	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Unemployment benefits or workman's compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such support	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Alimony or child support (either court ordered or paid directly from the payor)?	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Regular payments from a severance package from a previous employer	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Regular payments from any type of settlement (insurance settlement/award from lawsuit)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Regular payments as a member of the Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Regular payments from disability, death benefits or life insurance dividends	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Regular gifts or payments from anyone outside of the household (including cash or goods)	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	Regular payments from lottery winnings or inheritances	<input type="checkbox"/>	<input type="checkbox"/>	\$
14.	Regular payments from rental property (land contracts or other real estate transactions)	<input type="checkbox"/>	<input type="checkbox"/>	\$
15.	Educational grants, scholarships or other student benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
16.	Any other sources of income not listed	<input type="checkbox"/>	<input type="checkbox"/>	\$
17.	Do you expect any changes to your income in the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>	
	If Yes, Please explain: _____			
18.	If you have answered no to questions 1-17, Are you claiming that you have ZERO Income	<input type="checkbox"/>	<input type="checkbox"/>	

The following section must be completed for each income source listed as YES. If a household member has more than one source of income from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.



Question #	SOURCE(S) OF INCOME: NAME OF EMPLOYER OR SOURCE OF FUNDS, START DATE, <u>AND</u> ADDRESS, PHONE & FAX NUMBERS (i.e. employers, public assistance office, social security, pension fund, etc.)					
	Name:				Address:	
	Start Date:		Phone:		Fax:	
	Name:				Address:	
	Start Date:		Phone:		Fax:	
	Name:				Address:	
	Start Date:		Phone:		Fax:	
	Name:				Address:	
	Start Date:		Phone:		Fax:	

**HOUSEHOLD ASSETS (NOTE: All information will be verified by a third party)**

	DO YOU HAVE MONEY HELD IN:	YES	NO	AMOUNT
1.	Checking accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Savings accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Certificates of deposit (CDs), money market accounts or treasury bills	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Stocks, bonds, mutual funds or securities	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Any capital gains (assets sold in excess of purchase price) during the previous 12 months	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	IRA, KEOGH or other retirement accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Cash on hand over \$500 (other than money previously reported in checking or savings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Real estate, rental property, (land contracts/contract for deed or other real estate holdings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Have you sold, disposed or given away any property in the last two years? (i.e., charitable contributions > \$500)	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Personal property held as an investment (such as paintings, coins, art work or antiques)	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Whole or universal life insurance policies (not including term policies)	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	A safe deposit box with a monetary content of \$500 or more	<input type="checkbox"/>	<input type="checkbox"/>	\$

The following section *must* be completed for each asset source listed as YES. If you have more than one source of asset from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.

Question #	SOURCE(S) OF ASSETS: NAME OF INSTITUTION, ADDRESS, ACCOUNT NUMBER, INTEREST RATE & PHONE NUMBER/FAX NUMBER (i.e. employers, public assistance office, social security, pension fund, etc.)					
	Institution:				Address:	
	Account No.:		Interest Rate:		Phone:	
					Fax:	
	Institution:				Address:	
	Account No.:		Interest Rate:		Phone:	
					Fax:	
	Institution:				Address:	
	Account No.:		Interest Rate:		Phone:	
					Fax:	

If **Yes** was answered to Question 10, Please complete the following:

I/we certify that I/we  have or  have not sold or disposed of any asset for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Description	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$
	\$		\$

(Examples would include real estate sold for less than fair market rent or a sizeable charitable donation)



**APPLICANT RESPONSIBILITIES:**

*All Questions that were answered "Yes" will need to be verified through the appropriate third-party sources. It will be your responsibility to provide management with all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.*

*Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.*

**SIGNATURE:**

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify that all information and answers provided are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I also authorize (if required) management to perform a credit check and criminal background check for purposes of further proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

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Applicant/Resident Signature

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Date

# Student Status Certification



<b>Property Name:</b>	
<b>Household Name:</b>	

**Instructions for Use:**

Pages 1 -3 are to be used when certifying or re-certifying a household for eligibility with the **HOME program**. Page 4 pertains to eligibility with the LIHTC program. You must use all four pages of the document if you are qualifying a tenant for a unit that is both a HOME and an LIHTC unit as the requirements are different for each. The household must qualify under both programs in order to be eligible to occupy a HOME/LIHTC unit.

**Part 1: (If an LIHTC project only, skip to Page 4 & submit only Page 4)**

Are any household members under age 24 and students (full- or part-time) at an institute of higher learning?  (YES)  (NO)

If "NO," sign and return the form to management. *No further action is necessary.*

If "YES," list all students in the table below, then sign (add an additional sheet if necessary.) Have EACH student or their parent/guardian complete PART 2. Complete PART 3 and 4 as the form directs.

	Student Name	Age	Name of Educational Institution	Date Range Attended or Planning to Attend	Full or Part-time
1.					<input type="checkbox"/> FT <input type="checkbox"/> PT
2.					<input type="checkbox"/> FT <input type="checkbox"/> PT
3.					<input type="checkbox"/> FT <input type="checkbox"/> PT
4.					<input type="checkbox"/> FT <input type="checkbox"/> PT
5.					<input type="checkbox"/> FT <input type="checkbox"/> PT
6.					<input type="checkbox"/> FT <input type="checkbox"/> PT

\_\_\_\_\_  
Applicant/Resident Signature                      Date

\_\_\_\_\_  
Applicant/Resident Signature                      Date

\_\_\_\_\_  
Applicant/Resident Signature                      Date

\_\_\_\_\_  
Applicant/Resident Signature                      Date

**HOME –Part I  
For Office Use Only:**

<b>Date Reviewed</b>		<b>Date Approved</b>		<b>Effective Date</b>	
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# Student Status Certification



<b>Household Name:</b>		<b>Student Name:</b>	
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**Part 2**

- A. I live with my parent(s) in the unit  (YES)  (NO)
- B. I am a veteran of the U.S. Military  (YES)  (NO)
- C. I am married  (YES)  (NO)
- D. I have a dependent child living with me in the unit  (YES)  (NO)
- E. I am disabled and was receiving Section 8 assistance as of 11/30/2005  (YES)  (NO)

If “Yes” to any of the five of the above, sign the form and return to management. *No further action is necessary*  
 If “NO” to all of the above, continue to **Part 3**:

**Part 3**

- A. I am of legal contract age in the State of Iowa  (YES)  (NO)
- B. I am not claimed as a dependent on any parent’s tax returns  (YES)  (NO)
- C. My parent will supply an affidavit that they do not claim me on their tax returns and will also disclose any student financial assistance that they supply to me  (YES)  (NO)
- D. I have lived separate from my parents for at least a year in a home or apartment for which I am a leaseholder (not a dorm/student housing)  (YES)  (NO)

If “YES” to all four of the above statements, sign the form and return to management. *No further action is necessary.*  
 If “NO” to any of the above, please complete **Part 4**:

**Part 4**

- I am of legal contract age in the State of Iowa (Part 4 only applies if this is checked “Yes”)  (YES)  (NO)  
**If no continue to Part 5**
- 1. I have a dependent other than a spouse (for example, an elderly dependent parent)  (YES)  (NO)
  - 2. I am a graduate or professional student  (YES)  (NO)
  - 3. I am an emancipated minor (or was one before I became an adult)  (YES)  (NO)
  - 4. I am (or was) an orphan or ward of the State or in foster care at any point since I was age 13  (YES)  (NO)
  - 5. During the current school year it has been established I am considered to be an unaccompanied homeless child or youth and self-supporting as defined by **1)** the McKinney-Vento Act, **2)** Runaway and Homeless Youth Act or **3)** a financial aid administrator  (YES)  (NO)

If “Yes” to any one of the five statements, sign the form and return to management. *No further action is necessary.*  
 If “NO” to any of the above, continue to **Part 5**:

# Student Status Certification



**Part 5**

A. I will complete an income certification, and my parents will also submit proof of income  (YES)  (NO)  
 Please provide contact information for all parents below (add additional sheet if necessary)

	Parent Name	Address	City, State, Zip Code	Phone #	Email Address
1.					
2.					
3.					
4.					

\_\_\_\_\_  
 Applicant/Resident Signature                      Date

**HOME –Parts 2-5  
 For Office Use Only:**

<b>Date Reviewed</b>		<b>Date Approved</b>		<b>Effective Date</b>	
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# Student Status Certification



<b>Property Name:</b>	
<b>Household Name:</b>	

**This page is to be used when qualifying households for eligibility with the LIHTC program (one document per household)**

Check A, B, C or D, as applicable (note that “student(s)” include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A.  Household contains at least one occupant who is not a student, has not been a student, and will not be a student during the current and/or upcoming calendar year. A student is defined as someone who attends school full time for any part of five or more months in a calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- B.  Household contains all students, but the following occupant(s) is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.

	PT Student Name:
1.	
2.	
3.	
4.	

- C.  Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:
  - 1. Is at least one student receiving assistance under Title IV of the Social Security Act (known as TANF in Iowa –provide TANF award letter or 3<sup>rd</sup> party verification)?  (YES)  (NO)
  - 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation)  (YES)  (NO)
  - 3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation)  (YES)  (NO)
  - 4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent?  (YES)  (NO)
  - 5. Are the students married and entitled to file a joint tax return (provide marriage certificate or tax returns)?  (YES)  (NO)
- D.  No member of this household has been a student during the current calendar year or plans on becoming a student in the current or upcoming calendar year.

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

Applicant/Resident Signature	Date	Applicant/Resident Signature	Date
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**LIHTC  
For Office Use Only:**

<b>Date Reviewed</b>		<b>Date Approved</b>		<b>Effective Date</b>	
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**DAVENPORT POLICE DEPARTMENT LANDLORD BACKGROUND CHECK**

Name: \_\_\_\_\_  
Last First Middle Initial

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street # City State Zipcode  
Rent: [ ] Own: [ ] Living with Family Member: [ ]

If Renting, Name of Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

List all aliases: \_\_\_\_\_

List any co-applicants: \_\_\_\_\_

List any children who will be living in the household.

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_ Child 3: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Child 4: \_\_\_\_\_ Child 5: \_\_\_\_\_ Child 6: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street # City State Zipcode

Please list any additional information you feel is relevant: \_\_\_\_\_

**I authorize the release and verification of all information needed to complete a full background report including criminal and consumer credit report.**

\_\_\_\_\_  
Applicant (Print Name) Date

\_\_\_\_\_  
Applicant (Signature) Date.

**NOTE: \*\*\* All fields must be completed in full or request will not be processed.\*\*\***

**This information is being provided at the request of Landlord and Landlord agrees that the decision to rent is the Landlord's SOLE decision. The city of Davenport is not an agent of Landlord nor does it guarantee or warrant the character or suitability of a tenant. The city is simply providing information requested.**

Amie Pake  
\_\_\_\_\_  
Property Agent Date

Humility Homes and Services  
\_\_\_\_\_  
Name of Property

\_\_\_\_\_  
Property Address  
563-326-1330 a.pake@humilityhomes.org  
Phone # Fax #

**Please return to the Crime Prevention Unit, Davenport Police Department Fax# 563-888-2081.**

# Tenant Income Certification



<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other	Effective Date:	
	Move in Date:	

PART I. DEVELOPMENT DATA									
Property Name:						Project #		BIN: IA-	
Address:			Unit #		County:		# Bedrooms		

PART II. HOUSEHOLD COMPOSITION										
HH Mbr #	Last Name	First Name	Middle Initial	Relationship to Head of Household	Race	Ethnicity	Disabled	Date of Birth	F/T Student	Last 4 digits of SSN
1				Head						
2										
3										
4										
5										
6										
7										

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)				
HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>TOTALS</b>	\$	\$	\$	\$

Add totals from (A) through (D), above TOTAL INCOME (E): \$

PART IV. INCOME FROM ASSETS				
HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>TOTALS:</b>			\$	\$
Enter Column (H) Total		Passbook Rate		
If over \$5000	\$ _____	X	0.06%	= (J) Imputed Income
Enter the greater of the total of column I, or J: imputed income				\$
<b>TOTAL INCOME FROM ASSETS (K)</b>				\$
(L) Total Annual Household Income from all Sources [Add (E) + (K)]				\$

### HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

**PART V. DETERMINATION OF INCOME ELIGIBILITY**

**LIHTC RECERTIFICATION ONLY:**

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1	\$	Household Meets Income Restriction at:	Designated Income Limit x 140% (or 170% DRS) \$ _____ <i>(Units at 50% or below in Average Income Test properties use 60% for Designated Income Limit)</i>
Current Income Limit per Family Size:	\$ _____	<input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> Deep Rent Skew (DRS) <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> Other _____	Household Income exceeds 140% (or 170% DRS) at recertification? <input type="checkbox"/> Yes <input type="checkbox"/> No
Household Income at Move-in:	\$ _____		Household Size at Move-in: _____

**PART VI. RENT**

Tenant Paid Rent \$ _____ Utility Allowance \$ _____ Other non-optional charges: \$ _____  GROSS RENT FOR UNIT*: \$ <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> <i>(Tenant paid rent plus Utility Allowance &amp; other non-optional charges)</i>  Maximum Rent Limit for this unit: \$ _____	Rental Assistance (if any): \$ _____ Rental Assistance Type (if any) _____  Unit Meets Rent Restriction at: <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> Other _____%
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**PART VII. STUDENT STATUS**

LIHTC -if applicable:	Are all Occupants full time students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HOME or National Housing Trust Fund -if applicable:	Are any household members students at an institute of higher learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART VIII. PROGRAM TYPE**

Mark the program(s) listed below (a. through e.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

a. <input type="checkbox"/> LIHTC	b. <input type="checkbox"/> LIHTC Agency Covenants	b. <input type="checkbox"/> HOME	c. <input type="checkbox"/> Tax Exempt Housing Bond	d. <input type="checkbox"/> National Housing Trust Fund	f. Other _____
See Part V above.	<i>Income Status</i>	<i>Income Status</i>	<i>Income Status</i>	<i>Income Status</i>	<i>Income Status</i>
	<input type="checkbox"/> ≤ 30% AMGI	<input type="checkbox"/> ≤ 50% AMGI	<input type="checkbox"/> 50% AMGI	<input type="checkbox"/> ≤ 30% AMGI/ Poverty Line	<input type="checkbox"/> _____
	<input type="checkbox"/> ≤ 40% AMGI	<input type="checkbox"/> ≤ 60% AMGI	<input type="checkbox"/> 60% AMGI	<input type="checkbox"/> ≤ 50% AMGI	<input type="checkbox"/> _____
	<input type="checkbox"/> ≤ 50% AMGI	<input type="checkbox"/> ≤ 80% AMGI	<input type="checkbox"/> 80% AMGI	<input type="checkbox"/> OI**	<input type="checkbox"/> _____
	<input type="checkbox"/> OI**	<input type="checkbox"/> OI**	<input type="checkbox"/> OI**		<input type="checkbox"/> OI**

**\*\*Upon recertification, household was determined over-income (OI\*\*) according to eligibility requirements of the program(s) marked above.**

**SIGNATURE OF OWNER/REPRESENTATIVE**

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

\_\_\_\_\_  
SIGNATURE OF OWNER/REPRESENTATIVE

\_\_\_\_\_  
Date

**Under \$5,000 Asset Certification  
(For LIHTC Projects or Self-Certification for HOME\*)**



For households who combined NET assets DO NOT exceed \$5,000.  
Complete one form per household; include assets from children of the household

<b>Property Name:</b>	<b>IFA Project #:</b>
<b>Household Name:</b>	<b>BIN &amp; Unit #:</b>

**1. My/our assets include:**

(A) Cash Value*	(B) Int. Rate	(AxB) Annual Income	Source		(A) Cash Value*	(B) Int. Rate	(AxB) Annual Income	Source
			Savings Account					Checking Account
			Cash on Hand					Safety Deposit Box
			Certificates of Deposit					Money Market Funds
			Stocks					Bonds
			IRA Accounts					401K Accounts
			Keogh Accounts					Trust Funds
			Equity in Real Estate					Land Contracts
			Lump Sum Receipts					Capital Investments
<b>(Name of Asset)</b>								
			Whole Life Insurance Policies					
			Other Retirement/Pension Funds					
			Personal Property held as an Investment**					
			Any account only accessed through a debit card***					
			Other (Attach list if necessary)					

**PLEASE NOTE: Certain Funds (e.g. Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are:**

- \* 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.
- \*\* Personal property held as an investment may include, but is not limited to, gems or coin collections, art, antique cars, etc. DO NOT include necessary personal property such as, but not necessarily limited to, household furniture, daily use of autos, clothing, assets of an active business, or special equipment for use of the disabled.
- \*\*\*Do not count food stamp accounts or checking accounts already listed. Example: Payroll, Social Security or Welfare Accounts

**2. Disposed Assets**

(YES)  (NO) I/We have disposed of assets for less than fair market value in the last 2 years. Examples would include such items as charitable donations or giving/selling assets (such as real estate) to family.

**3. No Assets**

(YES) I/We DO NOT have any assets at this time.

**The Net Family Assets (as defined in CRF 813.102) above do not exceed \$5,000 AND the Annual Income from the Net Family asset is: \$0.00. This amount is included in the total Gross Annual Income.**

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

Applicant/Resident Signature	Date
Applicant/Resident Signature	Date

Applicant/Resident Signature	Date
Applicant/Resident Signature	Date

\*May not be used for HOME Full Recertification Requirements

**ZERO INCOME CERTIFICATION  
(For All LIHTC and HOME Projects)**



*Complete one form per adult household member reporting zero income during the Application Process*

<b>Property Name:</b>	<b>IFA Project #:</b>
<b>Household Name:</b>	<b>BIN &amp; Unit #:</b>

1. I hereby certify that I **do not** receive income from any of the following sources. (Check each box as you review each statement):

a.	Wages from employment (including commissions, tips, bonuses, fees, etc.)	<input type="checkbox"/>
b.	Income from the operation of a business	<input type="checkbox"/>
c.	Rental income from real or personal property	<input type="checkbox"/>
d.	Interest or dividends from assets	<input type="checkbox"/>
e.	Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits	<input type="checkbox"/>
f.	Unemployment or disability payments	<input type="checkbox"/>
g.	Public assistance payments	<input type="checkbox"/>
h.	Periodic allowances such as alimony, child support, or gifts received from persons not living in my household	<input type="checkbox"/>
i.	Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);	<input type="checkbox"/>
j.	Any other source not named above	<input type="checkbox"/>

2. Which of the following descriptions best describes your current situation? (select only one response)

a.	I currently have no income of any kind and no change in my financial status or employment status is likely to occur during the next 12 month period. <b>OR</b>	<input type="checkbox"/>
b.	I currently am actively looking for employment, although I have no source of employment at this time	<input type="checkbox"/>

Please provide information on the sources of funds to be used to pay for rent and other necessities while residing in the unit.

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

\_\_\_\_\_  
Applicant/Resident Signature                      Date

**ALIMONY/CHILD SUPPORT SELF-CERTIFICATION  
(For All LIHTC and HOME Projects)**



*Complete one form per household member who is eligible to receive alimony and/or child support.  
Please attach any court documentation you have that supports your position.*

<b>Property Name:</b>	<b>IFA Project #:</b>
<b>Household Name:</b>	<b>BIN &amp; Unit #:</b>

Case Number(s) \_\_\_\_\_

List Covered Dependent(s) (if applicable) \_\_\_\_\_

		<u>Amount</u>		<u>Frequency</u>
1.	<input type="checkbox"/> I certify that I have been <u>awarded</u> the following amount of alimony and/or child support:	_____		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<hr/>				
2.	<input type="checkbox"/> I certify that I <u>receive</u> the following amount of alimony and/or child support:	_____		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<hr/>				
3.	<input type="checkbox"/> I certify that I do not receive payments of awarded alimony and/or child support at this time and I do not expect to receive payments in the next 12 months. I have made reasonable attempts to collect the all support awarded.			

If either 2 or 3 are selected above, describe attempts to collect the full amount of alimony and/or child support awarded. Attach supporting documentation or narrative if necessary.

\_\_\_\_\_

4.  I certify that I have not been awarded alimony and/or child support and that I do not reasonably expect to receive payments in the next twelve months.

\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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**ACKNOWLEDGEMENT OF RECEIPT OF FORM HUD-5380, "NOTICE OF RIGHTS  
UNDER THE VIOLENCE AGAINST WOMEN ACT" AND FORM HUD-5382  
"CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT,  
OR STALKING, AND ALTERNATE DOCUMENTATION"**

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**\*You May Refuse to Sign This Acknowledgement\***

I, \_\_\_\_\_, have received a copy of the HUD-5380  
Form and the HUD-5382 Form

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Please Print Name

Unit #

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Signature

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Date

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**For Office Use Only**

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We have attempted to obtain written acknowledgement of the receipt of the HUD-5380 and  
the HUD-5382, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

\*This acknowledgement must be signed by each adult household member occupying the unit.



U.S. Department of Housing and Urban Development

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

**This Package contains the following documents:**

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

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

## Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

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

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

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

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

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

### Customer Protections

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

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

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

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

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

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

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

### Consequences for Not Signing the Consent Forms

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

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

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

### Programs Covered by this Fact Sheet

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

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

# Notice and Consent for the Release of Information

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

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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

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

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

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

## Instructions to Owners

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

## Instructions to Applicants and Tenants

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

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

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

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

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

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

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

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

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

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

**Failure to Sign the Consent Form**

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

**Conditions**

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Name of Applicant or Tenant (Print)

\_\_\_\_\_  
Signature of Applicant or Tenant & Date

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

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date  
cc:Applicant/Tenant  
Owner file

**Penalties for Misusing this Consent:**

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

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

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