



Welcome to your new home at Miracle Village. Florida State Primitive Baptist Convention Education Foundation is the Managing Agent for the above property, and it is our goal to provide you with safe and quality housing. Below you will find some guidance and recommendations on the usage of the unit/building/common areas throughout the property. The following House Rules are designed to benefit all residents and your guest/visitors/care attendants. If you have any questions regarding the information below please contact the Site Management for clarification.

## SECTION 1: GENERAL INFORMATION

### 1. MANAGEMENT INFORMATION

- a. Site Mailing Address: Miracle Village, Inc., 1208 Birmingham St., Tallahassee, FL. 32304
- b. Site Street Address: Miracle Village, Inc., 1208 Birmingham St., Tallahassee, FL. 32304
- c. Rent/Charges to be mailed/dropped off to: Miracle Village, Inc., 1208 Birmingham St., Tallahassee, FL. 32304.
- d. Rent/Charges paid to (property/owner name): Miracle Village, Inc.
- e. Office Hours: Monday-Wednesday-Friday 8:30 am-1:00 pm; Tuesday-Thursday – 2:00 pm-5:00 pm.
- f. Site Telephone Number (s): (850) 222-0561
- g. Site Fax Number: (850) 222-1708
- h. Fire/Police Number: 911
- i. Site Emergency Number (after hours/holidays only): (850) 933-3019 Voicemail if no answer
- j. Our Corporate Website: <http://www.fspbc.org>; <http://www.miraclevillageinc.com>
- k. Our Corporate Mailing Address: FSPBC ED Foundation, Inc., 1015 Alabama St., Tallahassee, FL 32304.
- l. Our Corporate Telephone Number: (850) 577-9222

### 2. OUR CORPORATE FAX NUMBER: (850) 222-8815.

### 3. GENERAL:

Lessor (Landlord) reserves the right at its sole option to amend, or revoke any of these community policies, in whole or in part, or to adopt new ones, at any time. All such amendments, revocations, or new policies shall become a part of the lease agreement, as of their effective date in accordance with paragraph 15 of the model lease. The words he and him are interchangeable with she and her, where one appears it is meant to include the other.

All rent is due and payable on the first day of the month, If, the first day of the month occurs on a Saturday, Sunday or legal holiday, rent will be collected on the next business day. Only the full amount of rent due will be accepted. **NO PARTIAL PAYMENT OR CASH WILL BE ACCEPTED.**

Rent is payable by check or money order unless otherwise directed by Management. Rent is late after the 5<sup>th</sup> day of the month. After three (3) returned checks, the Landlord will no longer accept checks from that tenant.



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**LATE POLICY:** A late notice will be sent on the 6<sup>th</sup> of the month for any delinquent rent. Eviction notices will be given on the 11<sup>th</sup> of the month for any unpaid rental charges.

4. **LOCK OUTS:** *During Normal Business Hours:* The tenant may contact the Management Office to request entry. Proper identification is required to verify tenancy. Management may provide entrance to the unit, or a new key may be purchased. Note that charges will be applied for the manufacturing of a new key. *After Normal Business Hours,* call (850) 933-3019. The same procedures are effective during *After Normal Business Hours* apply.
5. **RENTAL INSURANCE:** The owner is not responsible for damage done to the personal belongings of any resident from fire, theft, water or any other damage. Residents are strongly encouraged to purchase Renter's Insurance.
6. **AWAY FROM YOUR UNIT:** As a safety precaution, if you are going to be away from your apartment more than 24 hours, please notify at least one neighbor. You should also notify the Management Office with written notice and a completed *Away Stay Form* before departure.
7. **RESIDENT SERVICE PROGRAM:** Miracle Village's goal is to ensure the successful tenancy of all residents. To learn more about this program please contact the Site Manager for further information.
8. **RESIDENT EXCHANGE PROGRAM:** Miracle Village Management encourages the exchange of information between residents and Management. If you have a question, suggestion or complaint, please call (850) 222-0561 or email [miracle.village@yahoo.com](mailto:miracle.village@yahoo.com) or place your suggestion (s) in the suggestion box in the lobby. Someone will contact you within two (2) business days. Contact information is listed above.
9. **MANAGEMENT STAFF DUTTIES:** Management is required to abide by the Landlord Tenant Act, dwelling lease, housing manuals, etc. Anyone who refuses to cooperate with Management or obstructs Management from performing its duties, or is abusive to, swears at, threatens, or is disruptive or interferes with Management's ability to manage the property will be subject to eviction.
10. **TOWING COMPANY INFORMATION:** In the COMMON AREAS section below, you will find information regarding "Parking". If you or your guest/visitor/care attendant's vehicle is towed, you will find the towing company contact information posted at the Site Management office. All costs associated with the towing of your personal vehicle will be the vehicle owner's responsibility.
11. **LAUNDRY ROOMS:** The Laundry Room is available to the residents and their household use **only**. The property has posted specific rules on using this room. If you have any questions regarding these rules, please contact the Site Manager. Tenants will use the laundry facilities in accordance with the posted rules. Management is not responsible for any damage to clothing caused by use of the laundry equipment. Tenants acknowledge that they are using the laundry facilities at their own risk.



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12. **COMMUNICATION OF HOUSE RULES:** Residents are to inform their visitors/guests/care attendants of all House Rules. Residents are responsible for all their visitors/guests/care attendants (invited or not) to the unit/property/building/common area.
13. **COMMUNITY ROOM:** The Community Room is available for resident sponsored activities. Residents who wish to use the community room for any activity or family event must first reserve the room in advance with the Site Manager. Set-up and clean-up of the Community Room is the responsibility of the resident who reserves the space. For specific rules about reserving the Community Room, please contact the Management Office.
14. **BULLETIN BOARD (S):** Notices of activities and other information of interest to residents shall be posted on the "Resident Bulletin Boards". All postings shall identify the source of the posting, mailing address of the source or unit number, and date of the posting. For specific rules on posting of notices or materials, contact Residential Manager. Posting of notices or materials by residents anywhere on the property is strictly prohibited. Events or activities of interest to the community and building residents may be permitted in designated areas on the property with the advance written approval of the Residential Manager. Signs and other insignia required for Health and Safety purposes are permitted, but must first be approved by the Residential Manager.
15. **SAFETY CHECKS:** In case of any emergency or concern for the well-being of another resident who has not been seen for an extended period of time (24 hours), Management will knock on the door for a response, attempt to telephone the resident for a response, and if no success will either of the two steps above, they will phone 911.
16. **OXYGEN TANK USE:** Resident use of commercial oxygen tanks poses a potentially life threatening hazard if not used properly. Unsafe use of the oxygen such as smoking within an unsafe proximity of the tank (per manufacturer instructions) may cause injury or death. Management requires residents to comply with all safety rules and requirements as provided by the manufacturer, physician, and/or medical supply house. Unsafe use of oxygen is a dangerous act and is considered grounds for immediate termination of lease.
17. **AMERICAN WITH DISABILITIES ACT & SECTION 504-EQUAL ACCESS:** All Requests for Accommodation by Residents who have a disability shall be submitted to the Residential Manager. All Requests for Accommodations are processed in accordance with Miracle Village policies. The policy and Requests for Accommodation Forms are available upon request at the Site Management Office.
18. **YARD SALES:** The decision to permit yard sales is at the discretion of the Residential Manager.
19. **ON-SITE MONITOR:** The obligation of the On-Site monitor (s) is to respond to emergency situations such as emergency call buttons, fire, disturbances, etc. Any concerns regarding potential housing, documentation requests from files, personal favors, etc. Must be handled during business hours. Tenants





and applicants are requested to utilize the Emergency Number (850) 933-3019 to report any and all emergency situations and/or concerns before going to the apartment of the On-Site Monitor (s).

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*The following House Rules are designed to provide you with safe quality housing. The intention is to be direct and clear about the expectations while residing at the above property. The resident must receive advanced written consent from the Landlord/Management prior to altering any of the following:*

## **Section II: COMMON AREAS**

### **A) BASICS**

#### **1. Disturbances and/or Complaints:**

- i. Residents are to refrain from any conduct that interferes with the rights of other residents to peacefully enjoy their apartments or the property, or to cause conditions that are dangerous, hazardous, threatening, unsanitary or otherwise harmful to Management, Staff, guests, or the other residents. Repeated substantiated resident complaints are cause for eviction proceedings.
- ii. Complaints and notice of disturbances to any resident must be made in writing to Management with detailed information of incident (s). If bodily harm is feared or criminal activity is suspected, call the police and file a report immediately then follow up in writing of the incident to the Residential Manager Office.

### **B) PARKING**

1. A parking space is available to a resident once they provide Management with proper documentation that the vehicle is registered and inspected according to State/Local laws. Any vehicles not registered will be towed at the owner's expense.
  - i. Storage of inoperative and/or unlicensed vehicles on the property is not allowed.
  - ii. Vehicles that create a hazard, such as leaking oil, are not allowed. Oil and water leaks from vehicles must be repaired immediately off site.



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2. A parking decal will be issued for parking on site.
3. Oil changes, automotive repairs, and car washing are not permitted on property/building/common areas. These services must be provided offsite.
4. Trucks, tractors, trailers, buses, campers, and boats are not permitted on the property.
5. Illegally parked (fire lanes/dumpster areas/etc.) vehicles will be towed at the vehicle owner's expense.
6. Mini-bikes, mopeds, and ATV's are not permitted on the property.
7. Residents/ visitors/ care providers are to park in the designated areas. If violated, the vehicle (s) will be towed at the vehicle owner's expense.
8. All visitors and care providers are to park in the designated location (s).
9. The sidewalks shall not be obstructed by Management, or tenant's guests, or invitees, or used by them for any purpose other than entering and exiting the leased premises. Personal articles may not be placed in the public passages, or any exterior portion of the premises.
10. The handicapped parking space must be used by those who have a decal and who are visiting Management on official business or visitors of residents.

### C) RESIDENT SAFETY

1. If your unit is equipped with an emergency pull cord system (usually found in the bedroom and/or bathroom), you are prohibited to tie and/or obstruct access to the cord.
2. You are prohibited from tampering with fire extinguishers, fire pull stations, sprinklers, and common area electrical systems/devises.
3. A fire evacuation plan is posted on each floor.
  - i. In case of fire, ensure your own safety, and then call "911" to report the fire.
  - ii. Use stairwells only. Doors are never to be opened to release odors or intake air from hallway.
  - iii. You are prohibited to prop open the unit/stairwell/exterior/common door (s).
4. All residents are responsible for the security of the building
  - i. Building entry keys **MAY NOT** be given to anyone who is not on the lease.
  - ii. Unit doors must be kept locked at all times. Doors are never to be opened to release odors or intake air from hallway.
  - iii. Allow entrance to the building for your guests/visitors only. Do not open exterior doors for anyone other than your guests/visitors.
5. Criminal Activity is strictly prohibited:
  - i. Engaging in any activity including verbal (abusive/foul) and physical assaults that threaten the health, safety or right to peaceful enjoyment of the premises by other residents, or Management and guests is prohibited. A criminal conviction is not needed to demonstrate serious violations of the lease.





- ii. Engaging in drug related criminal activity on and off the property is prohibited. Drug related criminal activity is being defined as the illegal manufacturing, sale, distribution, use, possession, storage, service, delivery or cultivation of a controlled substance.
- iii. You are prohibited to display a weapon with a verbal threat or non-verbal threat to shoot, fire, explode, and/or throw or otherwise discharge the weapon or inflict injury on another person or to damage the property through the intentional, reckless, careless, or negligent use of a weapon.

#### **D) DISPOSAL OF TRASH/WASTE/BULK ITEMS**

- 1. Check with Management regarding the disposal of household trash on the property.
- 2. All ashes, rubbish, trash and other waste from the dwelling unit must be disposed of in a safe and sanitary manner. All trash must be secured in plastic trash bags and disposed of in the designated locations. No trash is to be left in common areas.
- 3. All human waste (disposable under garments, pads, etc.) must be disposed of in a safe manner. You are not permitted to dispose of human waste, unsecured oil, etc. via the garbage chute.
- 4. If your medical needs include the use of syringes, it is your responsibility to use "Sharps" container. Disposal of contents at an offsite location is also the resident's responsibility.
- 5. Large items such as mattresses and furniture cannot be placed in the dumpster. Contact the office and arrange proper disposal at the resident's expense.

### **SECTION III: USE OF UNITS**

#### **A) BASICS:**

- 1. Each household is responsible to not waste the utilities (electric, heat, water, etc.) Conservation measures include keeping thermostats at a reasonable setting, windows closed, and lights off when not in use, and do not let water run unnecessarily. Windows are not to be opened during the winter season to prevent the loss of the heat.
- 2. Heating Items:
  - a) Thermostats are to be set no lower than 55 degrees during the winter months.
  - b) Supplemental heat source (s) are prohibited without prior approval from Management.
  - c) Plastic in windows is prohibited.
  - d) Aluminum foil is prohibited (under the elements of stove and oven).
- 3. **Only** people listed on the lease are permitted to occupy the unit. Additional members are subject to the Resident Selection process. Management reserves the right to request written proof of residency of the unauthorized person/people occupying the unit.
- 4. An absence from the apartment for more than thirty - (30) - days without advance written notice to Management can constitute abandonment and legal action may be initiated.
- 5. It will be the resident's responsibility to notify Management of any extended absences (absent from the unit for longer than sixty (60) consecutive days, or for longer than 180 continuous days for medical reasons). Any extended absence that does not meet the requirements above will be considered abandonment and in violation of the Lease Agreement.
- 6. Pets are allowed. Please see Residential Manager for a copy of the Pet Policy and assessment.



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7. Notify Management immediately if you see signs of vermin, insects, or other pets. A work order for the exterminators will be processed. In cases where signs of vermin, insects, or other pests are discovered in the unit, each tenant must adhere to the exterminating treatment to prevent spread of pests throughout the property.

**B) Visitors and guests (invited or not invited):**

1. Maximum stay for overnight guests (guests in the property past midnight) will not exceed fourteen (14) days within a twelve- month period. You must provide Management with contact names and numbers for all guests. An Overnight Form must be completed and approved by Residential Manager prior to the stay of the overnight guest.
2. The residents are responsible for the conduct of all family members and guests in the apartment and throughout the property. Guests and family members adhere to all House Rules while on property.
3. Residents agree to reimburse Management for any damage caused by guests or family members. Any guest or family member who creates disturbances or damages on the property will be asked to leave immediately and or banned from property.
4. Ensure visitors/ guests/ care attendants/ household members do not loiter or run in stairways, lobby, Community Room, hallways, landscaped areas or parking areas.

**C) Maintenance:**

1. Maintenance Requests:
  - a. **Routine Maintenance.** All requests are submitted via a completed Work Order with the Site Management Office between the hours of 8:30 AM- 5:30 PM Monday- Thursday and 8:30 AM- 4:00 PM on Friday. Maintenance requests will be addressed in order of "seriousness" at the discretion of Management.
  - b. **Emergency Maintenance:** A 24 hour emergency number is provided on the first page of this document. This number is for all After Hours Emergency Maintenance needs- such as; no heat, serious plumbing problem, weather or water damage.

Emergency maintenance may be reported at any time. **Please note:** Tenant may be charged for damage to their apartment, the buildings or grounds, if such damage is caused by Lessee's neglect or willful act. Tenant will be charged for the replacement of all broken or cracked windows in their apartment.

*\*Management is not responsible for damage caused to the Lessee's windows by known or unknown third parties. Maintenance personnel may be refuse to unclog toilets until Lessee has removed waste or other matter from the bowl. Lessee is required to immediately report to the Management Office any accident, damage or injury to water pipe, toilets, drains, plumbing fixtures or appliances. Lessee is responsible for replacing all burned out light bulbs in their apartments except entrance light bulb, and kitchen light bulb.*

- c. **Safety:** Resident shall not use or keep flammable liquids in or near their apartments. No gasoline- powered engine shall be stored within ten (10) feet of an apartment. Motorcycles, motor scooters, and similar vehicles shall only be parked in designated parking areas. Speed in parking areas shall not exceed five (5) miles per hour. When in use, barbeque grills or similar appliances must be a minimum of ten (10) feet from any building.



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d. **Entrance by Maintenance:** Maintenance employees will make entrance to your apartment for the purposes of making repairs with tenant present or with prior written permission.

i. In the case of an emergency, where delay could cause serious damage to the property, (i.e.; fire, broken water pipes, etc.) entrance to your unit will be permitted in your absence and a notice stating the reason, date and time of entry will be left.

2. **Electrical Items:**

- a. Kitchens and/or bathroom(s) are equipped with GFCI (Ground Fault Circuit Interrupter) outlets. If you are not receiving power to one of these outlets, check to see if the reset button has popped out. If so, push in to reset. If reset button pops out again notify Maintenance immediately.
- b. Each unit has a circuit breaker that "trips" when there is a power overload. If you lose electricity make sure the circuit breakers are all "ON". Wait 5 minutes before you try to reset the breaker. To reset, flip OFF, the flip it back ON. If circuit breaker flips to "OFF" position again, notify Maintenance immediately.
- c. Light bulbs will be supplied upon occupancy, but replacement bulbs will be the resident responsible and expense with the exception of entrance and kitchen light bulbs. Bulbs larger than 60 watts will cause damage to the electrical fixtures. Each apartment is wired for the normal use of lamps, radios, and television sets. It is a fire hazard to use multiple outlet plugs or extension cords.

**D) Housekeeping Care of Units:**

1. **Appliances & Fixtures:** Your refrigerator should be cleaned (with non-abrasive cleanser) on a regular basis so that it is free of mildew/ mold. Defrost your refrigerator/ freezer (if applicable) every two months to prevent buildup of ice in the freezer (do not let ice buildup over ½ inch). Pull out your refrigerators from the wall periodically and clean behind it. Your stove/exhaust, fan/range hood should be cleaned (with non-abrasive cleanser) so that they are free of grease and/ or food.

Each apartment is provided with an oven range and refrigerator. Without prior written approval of Management, the tenant may not move into apartment, for use, storage, or otherwise, additional ranges or refrigerators or air conditioners or dishwashers. You're prohibited to install any additional ranges (washers, dryers, dishwashers, refrigerators, etc.) within the unit even for storage. The tenant will be charged for any repairs that are attributable their failure to properly clean the appliance. Maintenance personnel may refuse to service an appliance until it has been properly cleaned by the tenant.

2. **Alterations:** No awnings, or projections, including radio or television antennas shall be attached to the outside of the buildings. No signs, advertisements, or equipment shall be exhibited or exposed on any window or part of the apartment building without proper consent of Management. The use of foil, newspaper, cardboard, contact paper, or any other material to cover a window is prohibited. No interior alterations, to include, but not limited to, painting, carpeting, wallpapering, installation of contact paper, or redecoration of a permanent nature is permitted without prior written approval of



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Management. All permitted alterations and fixtures shall remain as a part of the apartment unless Management approves their removal in written.

3. **Bathrooms (including exhausts):** Should be cleaned on a regular basis to prevent build up (mold/mildew) and permanent damage.
4. **Counter tops:** Do not place hot objects on your counter tops. Always use a cutting board when chopping or slicing food.
5. **Floors:** Should be clean (vacuumed/swept/mopped), clear, dry, and free of hazards. Damages above normal wear and tear and/or replacement costs will be billed to the resident. Based upon inspection, tenants may be asked to have carpet professionally cleaned.
6. **Painting:** If your unit needs painting you must contact Residential Manager (via Work Order). Your unit's painting needs will be reviewed and assessed for the need.
7. **Patio:** Dust mops, rugs, tablecloths and clothing may not be shaken, cleaned or left on the Patio. The patio is to be kept clear of clutter and not used for storage of personal items. No additional chairs, pillows, or other items are to be left on the patio without prior approval from Management. Food and cooking materials are to be removed immediately after use.
8. **Walls:** Should be clean, free of dirt/grease/holes/cobwebs/fingerprints. Damages above normal wear and tear and/or replacement costs will be billed to the resident. No decals, scotch tape, sticky wall coverings/foil or the like may be placed on walls/doors including kitchen cabinets, stoves, refrigerators, or on any part of your apartment. If you would like to install a backdrop to protect from grease behind your stove, you must contact Management prior to the installation.
9. **Windows:** Each resident is responsible for the care of their windows and screens and any coverings that have been provided. Window displays are prohibited, consult Management.
10. **Inspections:** Residents are expected to keep the apartment clean and neat at all times. Quarterly inspections will be conducted by Management and this inspection may be without notice to the resident. Old newspapers, cans, bottles, and trash should not be kept in the apartment. Tenants whose apartments are not in good condition will be reviewed within one (1) week of the first visit. Thereafter, the unit is not found in good condition, a Violation of Lease notice will be issued.
11. **Waterbeds:** Tenants may move waterbeds into their apartment only after notifying Management in writing of their intent to use a waterbed and after providing proof of sufficient liability insurance. The insurance remain in force all during the term of lease agreement, or tenant agrees to provide Management written professional insurance coverage annually and upon request by Management.

#### **SECTION IV: HOUSE RULES**

*In regards to the unit/property/building/common areas, you and your guests/visitors are prohibited from the following actions/activities:*



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1. To operate a business from the unit/property/building/common areas.
2. To install satellite dishes/antennas in the unit/property/building/common areas.
3. To obstruct access to the use of elevators, stairwells, exterior doors (in addition to units) throughout the property/building/common areas.
4. The use of wheeled devices (non-motorized) throughout property/building/common areas. **Excluding medical devices.**
5. To conduct solicitation activity throughout the property/building/common areas.
6. From altering, disturbing, or interfering in any way with the grounds or landscaping without Management approval.
7. From vehicles parking/driving on the sidewalks, grass, and unauthorized areas of the property.
8. To scrap/paint (graffiti, etc.), burn, and deface any part of the unit/property/building/common areas.
9. To store personal items in any building or on any common areas throughout the property.
10. To copy key (s).
11. To have outdoor cooking equipment on the patio, balconies or other sections of the building/property. The local fire department and Management must approve outdoor grilling locations.
12. To tamper with the smoke alarms/detectors throughout your unit/property/building/ common areas. Report to Management immediately any smoke alarm/detector that is not operational.
13. To store flammable/hazardous/illegal materials anywhere in the unit/property/building/common areas.
14. To smoke in any unit and common area (s) (Lobby, Laundry Room, Community Room, or Stairwell) throughout the building that are not designated as authorized smoking areas.
15. To litter throughout the property/building/common areas.
16. TO install your own air conditioners in the unit/property/building/common areas.
17. To make repairs or alterations (i.e. change/add hardware/paint/wallpaper, etc.) to your unit/property/building/common areas.
18. To add cable, telephone jacks, lighting and electrical outlet/switches in your unit.
19. To allow visitor's pets in the unit or on the property/building/common areas.
20. Drinking and/or open containers of alcohol outside the unit and found while in the building or on the property/common area.
21. The Lobby is designated the Business Area for the following purposes: 1) Waiting area thirty minutes to one (1) hour for transportation pick-up or waiting for a ride. 2) Persons her to do business in the building or office. No eating, drinking or lounging is permitted in the Lobby Area.
22. Eating and/or drinking in Common Area, Lobby, Halls, Laundry Room and Stairwells.
23. Alcoholic beverages and drugs shall NOT be consumed outside the apartment, on the grounds or in the parking lot. This also includes the Community Room, Laundry Room and Lobby.
24. Tenant, any member of the tenant's household, or a guest or other person under the tenant's control shall not engage in criminal activity, including drug-related criminal activity, on or near the property premises. "Drug- related criminal activity" means the illegal manufacture, sale, distribution, use or possession with intent to manufacture, Controlled Substance Act (21 U.S.C.802)
25. Profanity, excessive noise, yelling, screaming or fighting and any unseeingly behavior is prohibited. Violations may result in termination of tenancy and ort being arrested.



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- 26. No solicitation is permitted on the property without prior approval from Residential Manager/Management.
- 27. Visitors are to enter and exit the lobby only.

## SECTION V: RESIDENT CHARGES

### A) LEGAL AND COURT FEES:

Non Section 8 Project Based residents may be charged all **actual legal charges**.

### B) **SPECIAL MANAGEMENT SERVICES:**

- 1) Residents will be charged actual cost **for every key** replaced either during their tenancy or at move out.
- 2) Residents will be charged the actual time and material charged to the property for damages caused by the resident, resident household member, or representatives associated to resident (guests, family, etc.). Documentation of these charges will be sent to the resident and filed in resident's property file.

### C) **CHARGES AT MOVE-OUT:**

- 1) At the time of move-out, any remaining resident charges will be deducted from the security deposit first.

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**PLEASE SIGN AND RETURN THIS PAGE TO THE OFFICE**



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*Miracle Village, Inc.*  
1208 Birmingham Street  
Tallahassee, Florida 32304

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This is to indicate that on the date listed below, I have received a copy of the above property's **HOUSE RULES**. I understand that these **HOUSE RULES** have been updated as of April 1, 2016. I further understand that failure to follow any of these **HOUSE RULES** will be considered a violation of the lease and a cause for eviction.

Unit # \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Effective Date: April 1, 2016.



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Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Received by: \_\_\_\_\_  
EL \_\_ VL\_\_

1208 Birmingham Street Tallahassee, Florida 32304

Phone: (850) 222-0561, Fax: (850) 222-1708

APPLICATION FOR ADMISSION

Applicant Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Other Names I have used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birth Place: \_\_\_\_\_

List any states you have resided in: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Alternate: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birth Place: \_\_\_\_\_

How did you learn about the facility? \_\_\_\_\_

Are you a former tenant of this facility? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List names, addresses, and telephone numbers of two (2) relatives or friends who generally know how to contact you and can be notified in case of an emergency:

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

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

### HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List all other members who will be living in the unit. Give the relationship of each family member to the head of the household.

Name ( First/ Last): \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_

Name (First/Last): \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_

### INCOME INFORMATION

List all income sources for each member of the household. Example of sources of income: Social Security, SSI, Unemployment, Disability, Pensions, Public Assistance, Employment, Retirement, etc.

Household Members	Monthly Amount	Sources

### EMPLOYMENT EARNINGS (PRESENT)

Name of Employer: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ How long have you been employed? \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

### ASSET INFORMATION

List all asset information for each household member. Example of assets: bank accounts, certificate of deposits, stocks, bonds, annuities, trust, real estate, etc.

Type of Asset	Value/Balance	Name of Bank	Account #

Do you own a home or real estate?

\_\_\_\_\_

Have you sold or given away any real property or assets the past two (2) years? \_\_\_\_\_

If yes, what is the current market value of the assets?

\_\_\_\_\_

### EXPENSES

Do you pay for a care attendant or for any equipment for the disabled member (s) of the family to permit that person or someone in the family to work? \_\_\_\_\_

If yes, describe expenses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have medical insurance? \_\_\_\_\_ If yes, what is the premium

\$ \_\_\_\_\_

Do you have any other kind of medical insurance? \_\_\_\_\_

Do you have any outstanding medical bills you are paying? \_\_\_\_\_

Do you expect to have any medical expenses during the next twelve (12) months? \_\_\_\_\_

If yes, list the amount of the medical expense \$ \_\_\_\_\_

**PRESENT LANDLORD**

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

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

Telephone: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

**MISCELLANEOUS**

Are you living in a government-subsidized unit? \_\_\_\_\_

Has your residency of government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures? YES / NO

Will this unit be your only place of residence? YES / NO

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

Do you own a motorized vehicle (car, truck, motorcycle, etc.)? YES / NO

If yes, License Number # \_\_\_\_\_

Are you or any other member listed on this application required to a lifetime state sex offender registration program: YES / NO If yes, what state? \_\_\_\_\_

(Failure to respond to this question may jeopardize the approval of the application)

Have you or any other household member listed on this application ever been convicted of a felony? YES / NO

**CREDIT REFERENCES**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**COMMENTS/ADDITIONAL INFORMATION**

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



APPLICATION RELEASE/CERTIFICATION

I/we understand that the information listed in the application is being collected to determine my/our eligibility for Miracle Village. I/we authorize the owner to verify all information provided on this application that may include but is not limited to, previous and current landlord inquiries, police reports, an/or other sources for credit and verification information which may be released to appropriate federal, state, or local agencies.

I/we certify that the statements made in this application are true and complete to the best of my knowledge and belief. I/we understand that false statements of information are punishable under federal law that my/our application could be rejected for providing false information.

I/we certify that if selected to move into this housing community the unit I/we will be occupying will be my/our only residence.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse (or other adult): \_\_\_\_\_ Date: \_\_\_\_\_

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



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

--	--

**Signature of Applicant**

**Date**

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

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

## Social Security and Supplementary Security Income Verification Form

PLEASE RETURN FORM TO: Miracle Village Complex

Name of Agency: \_\_\_\_\_

1208 Birmingham Street

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

Tallahassee, Florida 32304

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

### Area to be completed by the Social Security Administration

Name of original annuitant: \_\_\_\_\_ and Social Security Number of person receiving claim: \_\_\_\_\_

Indicate information needed by checking spaces below:

\_\_\_\_\_ The gross amount of the monthly social security benefit is: \$ \_\_\_\_\_

\_\_\_\_\_ The amount deducted for Medicare is: \$ \_\_\_\_\_

\_\_\_\_\_ The net amount of social security check each month is: \$ \_\_\_\_\_

\_\_\_\_\_ The above amount became effective \_\_\_\_\_

Month Year

Has the monthly payment been reduced for overpayment of previous benefits? If yes, by how much? \_\_\_\_\_

The monthly amount of the supplemental security income payment: \$ \_\_\_\_\_

The above amount became effective \_\_\_\_\_

Month Year

\*Please provide a copy of letter or list amount in the space provided.

Complete only if you are unable to verify information requested.

\_\_\_\_\_ Claim still pending. OR \_\_\_\_\_ No record based on identifying information.

\_\_\_\_\_  
Name and Title of Person  
Supplying the Information

\_\_\_\_\_  
Firm/Organization Supplying the Information

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note to Applicant/Tenant:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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

Please return form to the address listed above. Thank you





## **Acceptable forms of an Asset Verification:**

**NOTE:** HUD accepts three methods of verification. These are, in order of acceptability, third-party verification, review of documents, and family certification. If third-party verification is not available, owners must document the tenant file to explain why third-party verification was not available.

1. Asset verification form completed by a financial institution, broker, etc., indicating the current value of the assets and penalties or reasonable costs to be incurred in order to convert non-liquid assets into cash, or the cash value of the asset. Use current balance in savings account and average monthly balance in checking accounts for last 6 months.

**NOTE:** When financial institutions charge a fee to the applicant or tenant for providing verifications, the forms of verification in paragraph below would be the preferred method.

2. Account statements, passbooks, broker's quarterly statements showing value of stocks or bonds, etc., and the earnings credited to the applicant's account statements, or financial statements completed by a financial institution or broker;

**NOTE:** The owner must adjust the information provided by the financial institution to project earnings expected for the next 12 months.

**ASSET VERIFICATION FORM**  
Checking, Savings, Certificate of Deposit, and Money Market Accounts

Name of Financial Organization: \_\_\_\_\_

PLEASE RETURN FORM TO: MIRACLE VILLAGE COMPLEX  
1208 BIRMINGHAM STREET  
TALLAHASSEE, FLORIDA 32304

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

SUBJECT: Verification of Information Supplied by an Applicant/Tenant for Housing Assistance

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

**Area to be completed by Financial Organization**  
(Please answer all questions. Answer N/A if the question doesn't apply.)

**Checking Account**

Account # _____	Average Balance for Previous Six (6) Months: \$ _____	Interest Rate: _____	Date Account Opened: _____	Date Account Closed: _____
Account # _____	Average Balance for Previous Six (6) Months: \$ _____	Interest Rate: _____	Date Account Opened: _____	Date Account Closed: _____

**Savings Account**

Account # _____	Current Balance: \$ _____	Interest Rate: _____	Date Account Opened: _____	Date Account Closed: _____
Account # _____	Current Balance: \$ _____	Interest Rate: _____	Date Account Opened: _____	Date Account Closed: _____

**Certificates of Deposit**

Account # _____	Current Value _____	Rate of Interest: _____	Cash Value* _____
<i>*Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)</i>			
Account # _____	Current Value _____	Rate of Interest: _____	Cash Value* _____
<i>*Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)</i>			
Account # _____	Current Value _____	Rate of Interest: _____	Cash Value* _____
<i>*Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)</i>			

**Money Market**

Account # _____	Current Value _____	Rate of Interest: _____	Cash Value* _____
<i>*Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)</i>			

Name and Title of Person Supplying the Information _____	Firm/Organization Name _____	Signature _____	Date _____
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RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would required the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature _____	Date _____
-----------------	------------

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

**NOTE TO APPLICANT/TENANT: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.**

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

**DISPOSING OF ASSET VERIFICATION/ CERTIFICATION**

This is to verify that I, \_\_\_\_\_ certify that neither I nor any family member who lives in my household did/did not dispose of any asset (s) at less than market value with the preceding two (2) years of my certification/recertification date.

**CERTIFICATION**

1. Assets disposed of for less than market value:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. Date asset (s) disposed of:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. Amount (s) family received:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date

**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)**Miracle Village****063EE034**

1208 Birmingham St, Tallahassee, FL 32304

Name of Property

Project No.

Address of Property

**FSPBS****202 PRAC**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

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

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

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.****Signature****Date**

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

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

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

### A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



## **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)**

---

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

## HUD-9887/A Fact Sheet

### 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

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): Latonya Wade 400 West Bay Street, Suite 1015 Jacksonville, FL 32202	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Miracle Village, Inc. 1208 Birmingham Street Tallahassee, FL 32304	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)

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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.**

---

Katrina Harvey

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Name of Project Owner or his/her representative

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Residential Manager

---

Title

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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.

MIRACLE VILLAGE, INC.  
1208 Birmingham Street  
Tallahassee, Florida 32304  
(850) 222-0561 Office  
(850) 222-1708 Fax

CONSENT FORM DISCLOSURE OF INFORMATION

A separate form must be completed for each household member over the age of 18.

Applicant Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Present Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone#: (\_\_\_\_) \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Previous Address: \_\_\_\_\_  
\_\_\_\_\_

I hereby give consent to management of the above named apartment community to obtain an investigative consumer report and to access any records pertaining to me, which may be on file at any:

Credit Agency  
Law Enforcement Agency  
City, State, or Federal Court

Local or State Agency  
State of Local Repository  
State or Local Sexual Offender Registry

**I understand that I do not have to sign this consent form if it is not clear who will provide the information or who will receive the information.**

I do understand that the investigation will include information from the law enforcement agencies, credit reporting agencies, and other documents of public records, and these reports will be used in making decisions about my potential tenancy. I hereby authorize any agency contacted to furnish any and all information required. This releases the aforesaid parties from any liability and responsibility for providing the above information at any time.

I further understand that this report will not be used in violation of any Federal or State Equal Opportunity Law or Regulation, and that, if any adverse action is to be taken based on the Consumer Report, a summary of my rights under the Fair Credit Reporting Act will be provided to me.

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

Information will be provided as follows:

**Provider:**

Edge Information Management, Inc.

**Receiver:**

MIRACLE VILLAGE  
1208 BIRMINGHAM STREET  
Tallahassee, FL 32304

Signature of Applicant: \_\_\_\_\_

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



**MIRACLE VILLAGE, INC.**

1208 BIRMINGHAM STREET  
TALLAHASSEE, FLORIDA 32304  
OFFICE (850) 222-0561 FAX (850) 222-1708

**LANDLORD REFERENCE**

APPLICANT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

Dear Landlord:

The person listed above has applied for an apartment at Miracle Village Apartments and has reported current or previous tenancy at your residence. The applicant's signature indicates their permission for you to supply the following information. Please complete this brief reference form and return it to the above address or fax as soon as possible.

Thank you.

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant's Signature)

Dates of tenancy residency: From \_\_\_\_\_ To \_\_\_\_\_.

1. Has the tenant paid rent on time? \_\_\_\_\_ Yes \_\_\_\_\_ No.
2. Is there any outstanding balance owed? \_\_\_\_\_ Yes \_\_\_\_\_ No.
3. Has housekeeping been acceptable? \_\_\_\_\_ Yes \_\_\_\_\_ No.
4. Have there been any complaints against the tenant, or members of their family, or guest?  
\_\_\_\_\_ Yes \_\_\_\_\_ No.

What was the reason for vacating the unit? \_\_\_\_\_

Are there any other comments? \_\_\_\_\_

Landlord Signature: \_\_\_\_\_

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

Name of Business and/or Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**TENANT SELF-CERTIFICATION of ABILITY TO RESIDE IN A FACILITY THAT  
PROVIDES NO DAILY CARE ASSISTANCE**

I have reviewed the Facility Resident Selection Plan and hereby certify that I am capable, by myself, or with the assistance of (1) an aide, attendant, or other outside support service which I arrange for (2) the provision of reasonable accommodation, and/or (3) a reasonable modification of the premises of meeting the requirements of tenancy in a facility that does not offer any daily or living services such as those involving the following:

- \*food preparation
- \*housekeeping
- \*medication administration or assistance
- \*toileting
- \*decision making
- \*shopping
- \*financial management
- \*bathing
- \*dressing
- \*grooming
- \*hygiene

I further understand that I am responsible for making this assessment of my daily living skills and the landlord is not responsible for arranging or maintaining any need outside assistance on my behalf. I hereby accept responsibility for arranging for any needed outside assistance on my behalf. I hereby accept responsibility for arranging any for any needed services prior to or by the time of move-in.

I have read and understand the above information.

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

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

\_\_\_\_\_  
**Manager/Designee**

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

## VERIFICATION OF NEED FOR ACCESSIBLE UNIT

Applicant's Name \_\_\_\_\_

I do not need an accessible unit \_\_\_\_\_

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

If you need an accessible unit, please complete your portion of the remainder of this form and have your practitioner complete his/her portion.

Our facility offers a limited number of units designed with accessibility features for persons with impairments. To qualify for such a unit, you must have your attending practitioner (physician, physical therapist, or ophthalmologist) or any other professional having pertinent information on your condition or needs can complete this form.

Applicant's Name: \_\_\_\_\_

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

City/State/Zip code: \_\_\_\_\_

I HEREBY AUTHORIZE RELEASE OF THE REQUESTED INFORMATION.

Applicants Signature: \_\_\_\_\_

APPLICANT: PLEASE HAVE THE PROFESSIONAL FILL OUT, SIGN, DATE AND RETURN THIS FORM TO YOU. MAKE SURE YOU BRING THIS COMPLETED FORM TO YOUR INTERVIEW.

To Whom It May Concern:

\_\_\_\_\_ (Applicant) has applied for occupancy at Miracle Village Apartment and has requested an accessible unit. The unit applied comes with the following special features: a handicapped accessible shower, kitchen, stove and kitchen sink.

In addition, the applicant is entitled to have reasonable modifications and accommodations made if they are necessary to allow the applicant full use and enjoyment of the property.

When an applicant requests an accessible unit, the U.S. Department of Housing and Urban Development (HUD) allows inquiries to be made to determine whether an applicant is qualified for a dwelling available only to persons with handicaps or a particular type of handicap, 24 C.F.R. 100.202 © (2). In order to be eligible for occupancy the above named individual must be handicapped according to the following definition.

The person must be determined to have an impairment which is (1) expected to be long continued and indefinite duration.  
(2) Substantially impedes the person's ability and could be improved by more suitable housing conditions.



Based upon your professional judgement and knowledge of the above named individual:

1. Does he/she have an impairment that is expected to be of long-continued and indefinite duration?

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

2. If so, does the impairment impede this individual's ability to live independently?

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

3. Would living in more suitable living conditions improve this individuals' ability to live independently?

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

4. Would this individual benefit from the availability of specific design features such as those particularly described above designed to provide accessibility to persons with impairments?

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

Thank you for your assistance.

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

**Title and Professional License:** \_\_\_\_\_

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

**City/State/Zip:** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE APPLICANT**

**ATTENTION:** It is unlawful to make willful false statements intentional misrepresentations to any department or agency of the United States regarding any matter within its jurisdiction. 16U.S.C. 1001.

