



# APPLICATION COVER LETTER

Walnut Lane Apartments  
Property

Cotter, AR 72626  
Location (City & State)

This property has a total of 24 units.

A completed Rental Application is required. Additionally, you are required to sign an Authorization for Release of Information form to provide written permission to allow the Management Representative to verify all household income. Please find these forms enclosed hereto.

Rents may be based on a percentage of adjusted family income or household income.

Residents must meet all eligibility guidelines as established by USDA Rural Development, HUD and Section 42 of the Internal Revenue Code as applicable to this property.

For applicants with a Head of Household, or a spouse of the Head of Household, who has attained the age of 62, or having handicaps or disabilities, please complete pages 1, 2 and 4 of the Rental Application. (Certain properties may be the age of 55 depending on ownership.)

For applicants of families or other households, please complete pages 1, 3 and 4 of the Rental Application.

At the time the application is received, it will be reviewed and processed. You will be notified if the application is approved and your name has been placed on the Waiting List(s) or if the application is incomplete and what items are necessary to complete it.

If any information on your application has changed while your name is on the Waiting List, please inform the Management Representative. You are required to update your application every six (6) months to remain on the Waiting List. While your name is on the Waiting List, you have the right to make inquiries regarding the status of your application. However, due to Federal Regulation prohibitions, the Waiting List is not open for review.

In order to prevent eligible applicants from unnecessary delays in obtaining housing, we purge our Waiting List every six (6) months. This enables the property to maintain an updated list. Any applicant removed from the list will be notified in writing at the last known address and will be afforded appeal rights.

When an apartment is available, you will be notified. If you choose to accept the vacancy, you will be required to:

1. Sign a Lease Agreement.
2. Pay a Security Deposit in advance, except, in the event, you will receive Rental Assistance or HUD (Section 8 Subsidy) and cannot pay the full amount of Security Deposit. Payment arrangements may be made and you will be required to sign a pay-out agreement.
3. Pay the first months rent in advance.
4. Have the utility companies turn the utilities on in your name and provide a receipt to management.
5. Complete a Move-In Inspection of the unit with management.

**WARNING:** Section 1001 of Title 18, U.S. Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five (5) years, or both."

The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

WALNUT LANE APARTMENTS  
419 WALNUT LANE HILL  
COTTER, AR 72626-9776  
(870) 435-2881

## **TENANT SELECTION PLAN**

This guide is to be used when accepting applications, processing applications, adding to the waiting list and all steps involved in the Selection of Tenants.



## TENANT SELECTION PLAN WALNUT LANE APARTMENTS



Tenancy is open to all qualified eligible persons in accordance with the Fair Housing Act which prohibits discrimination in housing and housing related transactions based on race, color, religion, national origin, disability and familial status. Tenancy is also in accordance with Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color, or national origin in any program or activity receiving federal financial assistance from HUD. Finally, Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of any disability in any program or activity receiving federal financial assistance from HUD. We do not discriminate based upon age for any reason, excluding HUD program and project requirements. Tenancy is open to all qualified eligible persons in accordance with any State recognized protected classes.

A person, in order to be a tenant, must be capable of fulfilling the Lease requirements as well as Lease Addendums and attachments to the Lease such as, House Rules. This means that the applicant must be able to meet all his/her personal needs and be able to fulfill the Lease obligations with or without assistance. We do not provide, nor have the authority to provide, any care or supervised services. We do not accept or retrain any tenants who demonstrate any level of need for care and supervision services that cannot be provided by the tenant or aides who are supervised by the tenant, and we do not promise or make available in the future any assistance with personal activities of daily living.

All potentially eligible applicants will be considered in accordance with the marketing procedures of the HUD approved Affirmative Fair Housing Marketing Plan (AFHM) Multifamily Housing (HUD Form 935.2A). All applicants must comply with any applicable admission requirements in the revised HUD Handbook 4350.3 and including all changes.

The local HUD income limits apply for this county and applicants must meet specific income restrictions to be eligible for housing. Although we have Rural Development Income Limits, we must use the most restrictive which is HUD. Applicants must meet the Very Low or Extremely Low Income guidelines with 40% of vacant units per year being rented to Extremely Low Income applicants. Please refer to HUD 4350.3 for more information regarding income limits.

Owner also reserves the right to alter the Tenant Selection Plan at any time or as becomes necessary to abide by State or Local laws as well as changes in the HUD program requirements, if any. In such an event, Management will provide applicants with ample notice, in accordance with HUD Handbook 4350.3.

### PRIVACY POLICY

It is our policy to guard the privacy of individuals conferred by the Federal Act of 1974, and to ensure the protection of such individual's records maintained by the property. Therefore, neither the property nor its agents shall disclose any personal information contained in its records to any person or agency unless the individual for whom information is requested shall give written consent to such disclosure.

This privacy policy in no way limits the property's ability to collect such information as it may need to determine eligibility, compute rent, or determine an applicant's suitability for tenancy consistent with the intent of Section 504 of the Rehabilitation Act of 1973, any information on physical challenges will be treated in a confidential manner.



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### FALSIFYING INFORMATION

Any intentional misrepresentation of information relevant to a determination of eligibility or qualifications for tenancy including financial capacity or the ability to satisfy the other essential requirements of tenancy shall be grounds for applicant rejection and/or eviction.

### REASONABLE ACCOMMODATIONS

We will seek to identify and eliminate situations or procedures which create a barrier to Equal Housing for All. We do not discriminate against persons with disabilities. Furthermore, we do provide reasonable accommodations or reasonable modification. A reasonable accommodation is an exception made to the usual rules or policies made necessary because of a disability for the applicant or tenant to use and enjoy our apartment community. This includes the application process and tenancy period. For more information please refer to the management's Section 504 and Reasonable Accommodations policies. It shall be our policy to permit the prospective tenant to select the appropriate unit size to meet their needs as long as it does not cause overcrowding or underutilization of the unit. "Underutilization" of the unit is defined as having less than one person per bedroom occupying a unit. We will not require persons of different generations, opposite sex, and unrelated adults to share a bedroom. This will be the choice of the prospective tenant.

### PREFERENCES

We have permanently suspended Federal Preferences in accordance with HUD directives. However, preference must be given to individuals and families displaced by government action or a Presidentially declared federal disaster. Preferences affect only the order of applicant's on the waiting list. They do not make anyone eligible who was not otherwise eligible, and they do not change Management's right to adopt and enforce tenant screening criteria.

### EXTREMELY LOW INCOME (ELI)

If Management determines that following the waiting list in a standard chronological order may not, or will not, achieve the admissions necessary to meet the income-targeting requirement, then Management MUST implement procedures that will ensure compliance.

Management will implement the procedure of alternating between the ELI applicants on the waiting list and the applicant at the top of the waiting list. To implement this method, Management will select the first ELI applicant on the waiting list, which may mean "skipping over" some applicants with higher incomes for the available unit, and then select the next eligible applicant currently at the top of the waiting list, regardless of income level, for the next available unit. As subsequent units become available, tenant selection continues to alternate between the next extremely low applicant and the eligible applicant at the top of the waiting list until the 40% target is reached.

### INTERVIEWS

When the applicant completes the original application, his/her application will preliminarily be reviewed and logged onto the waiting list. The applicant will receive a notice in writing that his/her application has been placed on the waiting list. This initial review will be for completeness, to make sure that the application is legible and to determine, on the surface, if the applicant appears to qualify for our housing



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program. This in no way means that an applicant qualifies or is eligible. Eligibility can only be confirmed after all items which may have any bearing on the rent that the applicant may pay or subsidies he/she may receive are verified as well as income, assets, family composition, etc. The applicant must be determined eligible to be offered housing.

As an applicant's name approaches the top of the waiting list or when an applicant is being offered housing, a formal interview will be scheduled. At the time the applicant is being interviewed all items on the application will be discussed and confirmed. Each family member age 18 and over must sign Form HUD 9887 and Form HUD 9887A. Verification forms will be signed by the applicant authorizing management to verify all of these issues or items including consent to a background criminal history check. Management must make an attempt to verify all factors with "third party" written verification per HUD Regulations and Procedures. In absence of third party verifications within fourteen (14) days after attempting the third party verifications and no response being received, management will use "Review of Documents" to verify items and issues in accordance with HUD Handbook 4350.3.

### ADMISSIONS

Applicants will be considered on a first-received, first-reviewed basis, based on the day, date, and time the signed and completed application is received in the rental office. Admission to our apartment property is limited to those applicants whose incomes meet the specified HUD income limits of this area.

Our property is designated as Elderly, Handicapped, or Disabled. Units are all one (1) bedroom. Generally speaking, Tenant Selection is designed to meet needs of single or married, adults, age eighteen (18) years or older in which at minimum of one adult is elderly, handicapped, or disabled or a combination of those, with reasons being, due to the bedroom size of the unit, as discussed in the HUD Handbook 4350.3.

40% of the HUD Section 8 units that turnover in one year must be rented to applicants on the waiting list who are under the Extremely Low Income limits. This is accomplished, if necessary, by renting every other available unit to an Extremely Low Income applicant, beginning with an Extremely Low Income applicant each year. Refer to ELI for more information in HUD Handbook 4350.3.

Applicants must meet certain criminal report standards. Management will obtain a criminal history report for each applicant and occupant age 18 years or older.

Applicants must provide good or acceptable references from all landlords, both current and previous that are listed on the application or found during the screening or application process.

Applicants must show he/she has the ability to fulfill all the Lease requirements, with or without care assistance, where applicable.

Applicants must have satisfactory housekeeping habits that will not jeopardize the health, safety, security, or welfare of the other tenants. Visits within thirty miles to the applicant's residence may be made to assess housekeeping habits.

Applicants must provide photo identification for all applicants 18 years or older and proof of citizenship, social security numbers for all applicants, regardless of age.



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All applicants age 18 years and over must sign an Authorization for Release of Information prior to receiving assistance and annually thereafter.

The unit for which the applicant(s) are applying must be his or her only place of residence.

An applicant must agree to pay the rent required by the program under which the applicant will receive assistance.

Only United States Citizens or eligible non-citizens may receive assistance under HUD Section 8, Housing Assistance Payments (HAP) programs. Verification of citizenship is required.

All information reported by the applicant(s) is subject to verification. Various subsidy or insurance programs may impose additional occupancy restrictions.

Occupied inspections will be made every other month or as deemed necessary by Management.

### WAITING LIST

The waiting list is not closed. Any applicant who appears to qualify after we review the application, but before any information is verified, and for whom a unit is not currently available, will be placed on the waiting list. The applicant is informed to the best of Management's ability of the approximate wait for a unit. It is the applicant's responsibility to report changes on the application in a timely fashion.

Any applicant on the waiting list is required to contact the Manager at the Rental Office every six (6) months to update their information by completing a revised application form when necessary. Contact may be initiated by Management in the form of a routine letter or postcard, as sent to all applicants on the waiting list, requesting updated information, asking if they wish to remain on the waiting list and stating that if their letter is not responded to within fourteen (14) days their name(s) will be removed from the waiting list and their Application shredded without further notice.

The first time an applicant is offered an apartment he/she may refuse for any reason and remain on the waiting list. A second refusal will cause the application to be rejected and the applicant's name to be removed from the waiting list unless the refusal is due to a disability. If the applicant is removed from the waiting list they may re-apply in the future.

When a unit becomes available, existing/in place tenants requiring a different unit size will be given a choice to move to the appropriate unit size before moving an applicant on the waiting list to that unit. This allows the choice of possible displacement through any action, to be the choice of the existing/current tenant.

Applicant's who are experiencing hardships due to health or financial reasons will not be removed from their original date on the waiting list if proper documentation is received by Management.

### REJECTION PROCEDURES

When an applicant is rejected by Management, the applicant will be notified of the decision in writing. The written statement will be sent in a timely fashion, will include the reason(s) for the rejection, and state that the applicant has the opportunity to request a meeting with the Manager/Owner or Owner's



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representative to discuss the rejection. The applicant will be further instructed to request a meeting or appeal in writing within fourteen (14) days of the date of the rejection letter.

If the applicant chooses to request a meeting, the applicant's written request should be mailed to the Manager/Owner within fourteen (14) days of the date of the rejection letter. Within five (5) business days after the meeting to discuss rejection of applicant Management/Owner must respond in writing to applicant of the final decision that was made concerning eligibility. All of this material, original application, rejection letter, applicant's request for a meeting, and the written letter of final decision must be kept for three (3) years in confidential files.

### PROOF OF CITIZENSHIP

All applicants and residents, regardless of age must declare their citizenship status. Management is required to verify with the Department of Homeland Security (DHS) the validity of documents provided by applicants of citizenship/immigration status if necessary. Applicants must submit required document of citizenship/immigration status no later than the date Management initiates verification of other eligibility factors. Because of the prohibition against delaying assistance to obtain verification of citizenship/immigration status, Owners/Management is advised to implement procedures to verify eligibility status in advance of other verification efforts.

Assistance in subsidized housing is restricted to the following:

United States Citizen

Non-citizens that have eligible immigration status as determined by HUD

### SOCIAL SECURITY NUMBERS

All applicants must provide proof of Social Security Numbers (SSNs) in order to be eligible for housing at our apartment property.

Adequate documentation means a valid Social Security Card issued by the Social Security Administration (SSA). Other acceptable evidence of the SSN that is acceptable by HUD and found as approved in the HUD transmittal 4350.3. If no SSN has been assigned to a particular applicant, the applicant, his/her parent/guardian must declare in writing that no SSN has been assigned. That statement must be notarized and Management must verify with the SSA the validity of that statement.

Individuals who have applied for legalization under the Immigration and Reform Control Act of 1986 will be able to disclose the SSNs assigned but will be unable to supply the SSN cards for documentation. SSNs are assigned to these persons when they apply for amnesty. The SSN cards will go to the Department of Homeland Security (DHS) until the persons are granted temporary lawful tenant status. Until that time, their acceptable documentation is a letter from the DHS indicating SSNs have been assigned.

Management must accept the certification and continue to process the individual's application. However, an applicant may not become a participant in the program unless the applicant submits the required SSN documentation to Management within ninety (90) days from the date on which the applicant certified that the documentation was not available.



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If Management has determined that the applicant is otherwise eligible for admission into the property and the only outstanding verification is that of the SSN the applicant may retain his/her place on the waiting list for the ninety (90) day period during which the applicant is trying to obtain documentation. After ninety (90) days if the applicant has been unable to supply the required SSN documentation, the applicant will be determined ineligible and removed from the waiting list (see paragraph 4-20A).

Management may extend the time period for an additional ninety (90) days if the applicant is at least 62 years old and unable to submit the required documentation within the first ninety (90) day period. This must be requested in writing from the applicant.

All members of the applicant household claiming eligible immigration status and requesting assistance, regardless of age, must disclose their complete and accurate SSN prior to admission. *Note: Applicants who cannot provide SSNs for all family members requesting assistance may retain their position on the waiting list. However, appropriate documentation of a SSN for all family members claiming eligible citizenship status must be provided before the household can be admitted.*

Each member of the applicant household requesting assistance must also provide documentation of their SSN. Adequate documentation means a Social Security card issued by the SSA, or other acceptable evidence of the SSN as determined by HUD.

There is one exception to the SSN disclosure requirement. Participants age 62 or older on January 31, 2010, whose initial determination of eligibility began *before* January 31, 2010, do not have to disclose a SSN. Both requirements have to be met to qualify for this senior exemption. A participant qualifies for this senior exemption at their current residence, and when moving to a new HUD-assisted property.

Applicants who have not disclosed and/or provided verification of SSNs for all non-exempt household members has ninety (90) days from the date they are first offered an available unit to disclose and/or verify the SSNs. During this ninety (90) day period, the applicant may, at its discretion, retain its place on the waiting list. After ninety (90) days, if the applicant is unable to disclose and/or verify the SSNs of all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list. The SSN requirements do not apply to applicant household members that do not contend eligible immigration status.

### SCREENING AND REJECTION CRITERIA

Prior to occupancy, ALL applicants will be screened in EIV, Existing Tenant Search. This will be used to determine if applicants are receiving subsidy at any other location.

All applicants age eighteen (18) years and older will be screened for rental history, criminal history, and general program eligibility prior to tenancy. This includes police officers and security personnel living on site as well as live-in aides and new additions to the household. An applicant may be rejected for any of the following:

1. The applicant does not meet program requirements.
2. Submission of false or untrue information on the application or failure to cooperate in the verification process.
3. The applicant has a history of unacceptable or unsatisfactory criminal history as reported by a law enforcement agency or organization. See Criminal History Screening Criteria for more information.





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4. Negative information from current or former landlords, including but not limited to late rent, non-sufficient funds checks (NSF), Lease violations, evictions, etc.
5. Failure to sign designated or required forms and or documents upon request by Management in order to process application or do the required move-in paperwork.
6. The applicant cannot pay the appropriate Security Deposit at move-in.
7. This will not be the applicant's only place of residence.
8. The applicant has been offered a housing unit on two (2) separate occasions and for other than verified medical reason(s) or disability, he/she has refused to take the offered unit on both occasions.
9. The applicant(s) are not a United States Citizen, national or eligible Non-Citizen as defined by HUD.
10. The applicant is not capable of fulfilling the Lease Agreement, with or without assistance.
11. A negative Criminal History as defined in the Criminal or Drug Related Activity and or Criminal Background Criteria of this Tenant Selection Plan.
12. By HUD formula, the household income exceeds HUD limits.
13. The applicant was unable to provide proof of Social Security Numbers as required by HUD and Management policy.
14. The applicant is a Student at an institution of higher education and fails to meet the required criteria for Section 8 HUD Assistance and/or meet the required criteria for the Low Income Housing Tax Credit (LIHTC) program.
15. The applicant did not complete his or her one (1) year Lease term with previous landlord(s), if required.
16. Any debt or balance owed to a prior Landlord, Management Company, or housing complex will need to be paid prior to moving into our apartment complex.

*Note: All applicants on one application will be processed as one applicant and will be approved or denied for an apartment. If any one of the applicants on the application have negative rental, criminal history, or other determining facts of ineligibility, ALL applicants will be denied.*

### CRIMINAL AND/OR DRUG RELATED SCREENING

All applicants age eighteen (18) years or older will be required to sign a Criminal History Release Form. Criminal history screening will be completed as required by HUD. Applicants will be denied housing at our apartment property for the following criminal and/or drug related activity by the applicant(s).

1. Registered sex offender.
2. Any conviction for criminal activity concerning sexual abuse or assault.
3. Any conviction for any crime of violence which establishes that the applicant's tenancy might constitute a direct threat to the health or safety of other individuals residing in the apartment community or could result in substantial physical damage to the property or the property of other residents is grounds for denial.
4. Illegal drug use, manufacture, or distribution of a controlled substance is grounds for denial. Any applicant that is currently engaging in illegal drug use will also be grounds for denial. Proof of violation will not require criminal conviction but shall be a preponderance of the evidence unless otherwise provided by law.
5. Any applicant(s) that are on parole or probation shall be grounds for denial, this includes up to twenty-four (24) months after the parole or probation has been completed.



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6. Applicant(s) that have a history or pattern of alcohol abuse that may interfere with the health, safety, or right to a peaceful enjoyment of the premises by other residents shall be grounds for denial.
7. Any felony conviction within the past fifteen (15) years unless described above which is for permanent rejection of applicant(s).

### VIOLENCE AGAINST WOMEN ACT OF 2005

On January 5, 2006, President Bush signed into law the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Public Law 109-162) and on August 12, 2006, signed into law technical corrections to the VAW) ( Public Law 109-271).

The VAWA protection applies to families applying for or receiving rental assistance payments under the project-based Section 8 program. The law protects victims of domestic violence, dating violence or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. The VAWA also provides that an incident of actual or threatened domestic violence, dating violence, or stalking does not qualify as a serious or repeated violation of the Lease nor does it constitute good cause for terminating the assistance, tenancy, or occupancy rights of the victim. Furthermore, criminal activity directly relating to domestic violence, dating violence, or stalking is not grounds for terminating the victim's tenancy.

Owners/Managers may bifurcate a Lease in order to evict, remove, or terminate assistance of the offender while allowing the victim, who is a tenant or lawful occupant, to remain in the unit.

In summary, the VAWA provides legal protections to victims of violence, dating violence, or stalking. These protections prohibit Owners/Managers from evicting or terminating assistance from individuals being assisted under a project based Section 8 program if the asserted grounds for such action is an instance of domestic violence, dating violence, or stalking.

We as Owners/Managers are required to attach HUD Form 91067 VAWA Lease Addendum to the Lease and it shall become a part of the Lease. All applicants age eighteen (18) years and over shall sign the Lease Addendum.

We as Owners/Managers agree to make all applicants/tenants aware of the HUD Form 91066 including page one (1) and page two (2). We shall encourage all persons who become victims of domestic violence, dating violence, or stalking to complete HUD Form 91066 including page one (1) and page two (2).

Owners/Managers will provide to all applicants or tenants, if they so request, as much as possible, all legal terms and definitions including HUD Forms 91066 and 91067 for their review.

### UNIT TRANSFERS

Management will allow in-house transfers within the same building in the following situations if written request is made by the tenant with back up verification:

1. A unit transfer is needed for medical reasons.
2. A unit transfer is a reasonable accommodation approved request.
3. A unit transfer based on the need for an accessible unit.



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4. A unit transfer from a unit due to renovations of that unit.

## ENTERPRISE INCOME VERIFICATION (EIV)

Enterprise Income Verification (EIV) must be completed for each applicant who is age eighteen (18) years or older and must be completed at each annual recertification and as shown in the Policy and Procedures and Rules of Behavior guidelines and also as explained and required by HUD as shown in HUD Transmittal 4350.3 and all other HUD publications pertaining to EIV.

The EIV system provides the Owner/Manager of the property income information and employment history. This information is used to meet HUD's requirement to independently verify your income and employment history, your social security number, and relative information as described in your "EIV and You" brochure, as well as in our Policy and Procedures, Rules of Behavior and HUD guidelines on EIV.

HUD has issued and we will provide to applicants/residents a pamphlet "EIV and You" which will better explain EIV and the use of EIV. Your signature as permission will be required on HUD Form 9887 prior to the EIV process. EIV information will not be released to anyone except to HUD authorized personnel, coordinators, and users of EIV.

The use of EIV provides Owners/Managers with information to determine the following:

- If all income has been correctly reported.
- The validity of reported Social Security Numbers.
- Failure to report or under report the income of a spouse or other household member.
- Receiving rental assistance at another property.

## GENERAL INFORMATION

All applicants are encouraged to read the Model Lease for Subsidized Housing programs, House Rules, Lease Addendum for Drug Free Housing, Lease Addendum for Violence Against Women Act of 2005, Student Eligibility Certification and requirements, "EIV and You" brochure, and ANY and ALL forms, addendums, rules, regulations, requirements, and all information necessary to be well informed of the rules, regulations, policies and procedures of this apartment property prior to accepting an apartment or entering into a one (1) year minimum Lease agreement.

## LEASE CO-SIGNER

Approved Lease Co-Signers are accepted and must sign the Lease and Addendums to ensure they are assuming liability and accepting responsibility to ensure the tenant(s) abide by those rules set forth in the Lease and attached Addendums. Co-Signers in no way make an applicant eligible who is otherwise ineligible as described in our Tenant Selection Plan or ineligibility as required by HUD.

## DEFINITIONS

### ELDERLY FAMILY

An elderly family includes, but is not limited to:

1. Families of two or more persons, in which the head of household (or his or her spouse) is 62 years of age or older.



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2. The surviving member or members of a family described in paragraph (1) living in a unit assisted under subpart E of this part (Section 202 loans) with the now deceased member of the family at the time of his or her death.
3. A single person who is 62 years of age or older; or
4. Two or more elderly persons living together or one or more such persons living with another person who is determined by HUD, based upon a licensed physician's certificate provided by the family, to be essential to their care or well-being.

### DISABLED FAMILY

A disabled family includes, but is not limited to:

1. Families of two or more persons, in which the head of household (or his or her spouse) is a person with disabilities (handicapped).
2. The surviving member or members of any family described in paragraph (1) of this definition living in a unit assisted under subpart E of this part (Section 202 loans) with the deceased member of the family at the time of his or her death.
3. A single person with disabilities (handicapped person) over the age of 18; or
4. Two or more persons with disabilities (handicapped persons) are living together, or one or more such persons living with another person who is determined by HUD, based upon a licensed physician's certificate provided by the family, to be essential to their care or well-being.

### NONELDERLY DISABLED (HANDICAPPED) FAMILY

A nonelderly disabled family means a disabled family in which the head of household (and spouse, if any) is less than 62 years of age at the time of the family's initial occupancy of a project.

### PROJECT ELIGIBLE NONELDERLY DISABLED (HANDICAPPED) FAMILY

A nonelderly disabled person or family who is only eligible for housing through this program in an accessible unit and requires the accessibility features of that unit.

### PERSON WITH A DISABILITY (HANDICAPPED PERSON) (24CFR 891.505 and 891.305)

A person with disabilities means:

1. Any adult having a physical, mental, or emotional impairment that is expected to be of long continued and indefinite duration, substantially impedes his or her ability to live independently and is of a nature that such ability could be improved by more suitable housing conditions.
2. A person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities and Bill of Rights Act (42 US> 6001(8), i.e., a person with a severe chronic disability that:
  - 1) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - 2) Is manifested before the person attains age 22;
  - 3) Is likely to continue indefinitely;
  - 4) Results in substantial functional limitation in three or more of the following areas of major life activity:  
Self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency, and
  - 5) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.



## TENANT SELECTION PLAN WALNUT LANE APARTMENTS



3. A person with a chronic mental illness, i.e., a person who has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

### LIVE-IN CARE ATTENDANT

A person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities, and who:

1. Is determined to be essential to the care and well-being of the person;
2. Is not obligated for the support of the person; and
3. Would not be living in the unit except to provide necessary supportive services.

A relative may be a live-in attendant but must meet all of the above requirements, and sign a statement to that effect. Management will verify this with a physician or recognized health care professional. The sole purpose of a live-in attendant is to provide the tenant with support services and will not qualify for continued occupancy in the event the tenant vacates the unit. Management may re-verify the need for a live-in attendant when necessary.

### INDEPENDENT STUDENT

To be classified as an independent student for Title IV aid, a student must meet one or more of the following criteria:

1. Be at least 24 years old by December 31 of the award year for which aid is sought; or
2. Be an orphan or a ward of the court through the age of 18; or
3. Be a veteran of the United States Armed Forces; or
4. Have legal dependents other than a spouse (for example, dependent children or an elderly dependent parent); or
5. Be a graduate or professional student; or
6. Be married.

### ELIGIBILITY OF STUDENTS ENROLLED IN AN INSTITUTE OF HIGHER EDUCATION

A student enrolled in an institute of higher education as defined by the Higher Education Act of 1965-Amended 1998 will be deemed eligible for assistance if the student meets all other eligibility requirements, passes screening criteria and is:

1. Living with parents/guardian; or
2. Disabled and was receiving assistance as of November 30, 2005; or
3. Over 23 years of age; or
4. A veteran of the United States Armed Forces; or
5. Married; or
6. Has a dependent child; or
7. Can prove independence of parents including providing certification that the parents did not claim the student on the most recent tax return; or
8. Has parents who are income eligible for the Section 8 program
9. Classified as Vulnerable Youth; A student meets HUD's definition of a vulnerable youth when:
  - a. The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years old or older;
  - b. The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;



## TENANT SELECTION PLAN WALNUT LANE APARTMENTS



- c. The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) (42 U.S.C. 11431 et seq.) or as unaccompanied, at risk of homelessness, and self-supporting, by
  1. A local educational agency homeless liaison, designated pursuant to the McKinney-Vento Homeless Assistance Act;
  2. The director of a program funded under the Runaway and Homeless Youth Act or a designee of the director;
  3. The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act (relating to emergency shelter grants) or a designee of the director; or
  4. A financial aid administrator; or
- d. The individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances;
  1. If a student does not meet the eligibility criteria above, but can prove independence from parents under HID rules, then the student would meet HID's student eligibility criteria.
  2. If an ineligible student applies for or is a member of an existing household receiving Section 8 assistance, the assistance for the household will not be prorated but will be terminated.

Any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965 from private sources or an institution of higher education (as defined under the Higher Education Act of 1965) shall be considered income to the individual. There are two (2) exceptions to this income calculation requirement. No financial assistance that an individual receives under the Higher Education Act of 1965 from private sources or an institution of higher education (as defined under the Higher Education Act of 1965) shall be considered income if the student is:

1. Living with his/her parents/guardian; or
2. A person over the age of 23 with dependent children.

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595.*

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*



# ACKNOWLEDGEMENT

HUD Form 5380, Notice of Occupancy Rights &  
HUD Form 5382, Certification of Domestic Violence and Alternate Documentation

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

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

I, \_\_\_\_\_ have received and read the following forms:  
(Printed Name)

- HUD Form 5380, Notice of Occupancy Rights under the Violence Against Women Act
- HUD Form 5382, Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595.*

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*



### **Professional Property Management<sup>1</sup>**

### **Notice of Occupancy Rights under the Violence Against Women Act<sup>2</sup>**

#### **To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>3</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Section 515/538 is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

#### **Protections for Applicants**

If you otherwise qualify for assistance under Section 515/538, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

#### **Protections for Tenants**

If you are receiving assistance under Section 515/538, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under Section 515/538 solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

#### **Removing the Abuser or Perpetrator from the Household**

Professional Property Management may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If Professional Property Management chooses to remove the abuser or perpetrator, Professional Property Management may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, Professional Property Management must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

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<sup>1</sup> The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD's program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

<sup>2</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>3</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.





Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

In removing the abuser or perpetrator from the household, Professional Property Management must follow Federal, State, and local eviction procedures. In order to divide a lease, Professional Property Management may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, Professional Property Management may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, Professional Property Management may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

Professional Property Management will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

Professional Property Management's emergency transfer plan provides further information on emergency transfers, and Professional Property Management must make a copy of its emergency transfer plan available to you if you ask to see it.

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

Professional Property Management can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from



Professional Property Management must be in writing, and Professional Property Management must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. Professional Property Management may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to Professional Property Management as documentation. It is your choice which of the following to submit if Professional Property Management asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by Professional Property Management with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that Professional Property Management has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, Professional Property Management does not have to provide you with the protections contained in this notice.

If Professional Property Management receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), Professional Property Management has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, Professional Property Management does not have to provide you with the protections contained in this notice.

### **Confidentiality**

Professional Property Management must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA. Professional Property Management must not allow any individual administering assistance or other services on behalf of Professional Property Management (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law. Professional Property Management must not enter your information into any shared database or disclose your information to any other entity or individual. Professional Property Management, however, may disclose the information provided if:



- You give written permission to Professional Property Management to release the information on a time limited basis.
- Professional Property Management needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires Professional Property Management or your landlord to release the information.

VAWA does not limit Professional Property Management’s duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

**Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, Professional Property Management cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking. The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if Professional Property Management can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property. If Professional Property Management can demonstrate the above, Professional Property Management should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

**Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

**Non-Compliance with the Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with your RD State Office located at:

U.S. Department of Housing and Urban Development  
Little Rock Field Office Region VI  
425 West Capitol Avenue, Suite 1000  
Little Rock, AR 72201-3488

Phone: 501-918-5700  
Fax: 501-324-6142  
TTY: 800-877-8339



### For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

Additionally, Professional Property Management must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact Professional Property Management at 870-425-6076.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). For local law enforcement contact information, please contact the rental office or Professional Property Management at 870-425-6076.

For help regarding sexual assault, you may contact the Rape, Abuse & Incest National Network's National Sexual Assault Hotline, 1-800-656-HOPE (4673) or <https://ohl.rainn.org/online>. For local law enforcement contact information, please contact the rental office or Professional Property Management at 870-425-6076.

Victims of stalking seeking help may contact the National Center for Victims of Crime's Stalking Resource Center, 855-4-VICTIM (855-484-2846), or <http://victimsofcrime.org/our-programs/stalking-resource-center/help-for-victims>. For local law enforcement contact information, please contact the rental office or Professional Property Management at 870-425-6076.

**Attachment:** Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation Form, HUD-5382

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595.*

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*



**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

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

OMB Approval No. 2577-0286  
Exp. 06/30/2017



**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.



**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

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

OMB Approval No. 2577-0286  
Exp. 06/30/2017



**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_
2. Name of victim: \_\_\_\_\_
3. Your name (if different from victim's): \_\_\_\_\_
4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_  
\_\_\_\_\_
5. Residence of victim: \_\_\_\_\_
6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_  
\_\_\_\_\_
7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_
8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_  
\_\_\_\_\_
9. Location of incident(s): \_\_\_\_\_

|   |
|---|
| <p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.



**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

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

OMB Approval No. 2577-0286  
Exp. 06/30/2017



Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595.*

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*



# RENTAL APPLICATION



Complex(s) Applying For:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Do Not Mark In This Space**  
 Date Rec'd: \_\_\_/\_\_\_/\_\_\_  
 Time: \_\_\_\_\_  
 Application Number: \_\_\_\_\_

Please fill out this application completely, leaving no blank spaces. If the question does not apply to you, please indicate with "NONE".

|  | Full Name | Birth Date | How Related | SS# |
|--|-----------|------------|-------------|-----|
| Head of Household:                             |           |            |             |     |
| Co-Head:                                       |           |            |             |     |
| Other Members who will live in this apartment: |           |            |             |     |
|  |           |            |             |     |

Copies of birth certificates or other proof of age may be required on all household members prior to initial occupancy.

Current Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_

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

How Long at this Address?: \_\_\_\_\_ Rent Paid: \$ \_\_\_\_\_ Are Utilities Included?: YES  NO

Is your Current Housing:  Standard  Conventional Public Housing  Sub-Standard  Lacking a Fixed Nighttime Residence, or

Fleeing/Attempting to Flee Violence Are you now in a Government subsidized rental unit? YES  NO

Landlord: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Have you notified your present landlord you are moving? YES  NO  May we contact your present landlord for a reference? YES  NO

If not, please explain \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Have you ever been evicted? YES  NO  If yes, please explain: \_\_\_\_\_

If you have NOT lived at the above current address 3 YEARS OR MORE, you MUST complete the following section.

List your residential history for the past three years leading up to your current residence status below:

Residence Address                      Landlord Name / Address /Telephone                      FROM                      TO (Include Month & Year)

\_\_\_\_\_

Marital Status (check one):  Single  Married  Divorced  Separated  DECLINE TO DISCLOSE

Custody Arrangement of any children in the household:  Full  Joint  Not Applicable  Other \_\_\_\_\_

Would you or anyone in your family benefit from special features for persons with disabilities? YES  NO

Are you applying for persons with disabilities status? YES  NO

Management will provide reasonable accommodations to persons with disabilities, unless doing so would cause undue administrative/financial burden.

Do you or any members of your household require an apartment that permits smoking? YES  NO

Smoking is not permitted in designated non-smoking apartments.

Have you or any member of your household, ever been arrested? YES  NO  Have you ever had, or do you currently have a police

record? YES  NO  Have you ever been convicted of a Felony? YES  NO  If yes to any of the above, please explain in

detail: \_\_\_\_\_

If you were 62 or older as of 1/31/2010 and do not have a Social Security Number, were you receiving HUD rental assistance at another

location on 1/31/10? YES  NO  NOT APPLICABLE

Do you have a pet? YES  NO  If yes, will the pet be staying with you? YES  NO

Make/Model of vehicle: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Make/Model of vehicle: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**Persons over 62 years old or Persons with Disabilities Applicants Must Complete Pages 2, 3 & 5; All Others Complete Pages 2, 4 & 5.**



**TAX CREDIT:**

- Check here if there are or have been any full-time students in your household in the current calendar year. If so, please complete items A – F. (Full Time is five (5) months per year, twelve (12) credit hours per semester.)
- If not, please sign and date below at “Applicant/Resident Signature.”

**STATEMENT OF APPLICANT/RESIDENT:**

- A. \_\_\_\_\_ At least one (1) member of the household receives assistance under the Title IV of the Social Security Act (i.e. payment under AFDC).
- B. \_\_\_\_\_ At least one (1) member of the household is currently enrolled in a job training program that receives assistance under the Job Training Partnership Act (JTPA) or is funded by a state or local public agency.
- C. \_\_\_\_\_ The Head of Household is a single parent with children and neither the parent nor the children is dependant of another individual. A current Tax Return must be attached for each year of residency.
- D. \_\_\_\_\_ The members of the household are married and file a joint Federal Income Tax Return. A current Tax Return must be attached for each year of residency.
- E. \_\_\_\_\_ The household is not made up entirely of full-time students. Names of non-student household members:  
 \_\_\_\_\_  
 \_\_\_\_\_
- F. \_\_\_\_\_ None of the exceptions listed above are applicable and the entire household is comprised of full-time students.

**HUD/RURAL DEVELOPMENT:**

- Check here if any household member is an adult student (full or part time) under age 24? (Full Time is five (5) months per year, twelve (12) credit hours per semester.)
- If “yes” to the above, list which household member(s): \_\_\_\_\_

- If “yes” to the above, is the adult student(s) (Check all that apply):
- A dependent of a parent who is living in the unit
  - A veteran
  - Married  **DECLINE TO DISCLOSE**
  - A parent with a dependent child living in the unit
  - A disabled individual who was receiving HUD rental assistance prior to November 30, 2005
  - Independent from your parents, including that you have lived on your own for at least one year and are not a dependent on their tax return.

I/We hereby certify that the statement above is true and complete to the best of my/our knowledge.

\_\_\_\_\_  
Applicant/Resident Printed Name    Applicant/Resident Signature    Date

\_\_\_\_\_  
Applicant/Resident Printed Name    Applicant/Resident Signature    Date

|  |       |                        |
|--|-------|------------------------|
| <b>TO BE COMPLETED BY MANAGEMENT REPRESENTATIVE</b>  |       |                        |
| _____ The unit may be eligible, if all other Tax Credit eligibility requirements are met (Items A, B, C, D or E applies).  |       |                        |
| _____ The unit is not eligible (Item F applies).   |       |                        |
| I have verified and processed documentation supporting the applicant's/resident's statement. Nothing has been provided causing me to believe this information is inaccurate. |       |                        |
| Management Representative  | Title | ____/____/____<br>Date |

**THIS PAGE APPLIES TO PERSONS OVER 62 YEARS OLD OR PERSONS WITH DISABILITIES ONLY**

**CURRENT SOURCE OF INCOME:**

Please check all income sources that apply:

|                 |       |                  |           |               |
|-----------------|-------|------------------|-----------|---------------|
| Social Security | _____ | Amount: \$ _____ | Mo. _____ | /or Yr. _____ |
| Social Security | _____ | Amount: \$ _____ | Mo. _____ | /or Yr. _____ |
| SSI Disability  | _____ | Amount: \$ _____ | Mo. _____ | /or Yr. _____ |
| Pension         | _____ | Amount: \$ _____ | Mo. _____ | /or Yr. _____ |
| Pension         | _____ | Amount: \$ _____ | Mo. _____ | /or Yr. _____ |
| Part-Time Emp.  | _____ | Amount: \$ _____ | Mo. _____ | /or Yr. _____ |
| Other Income    | _____ | Amount: \$ _____ | Mo. _____ | /or Yr. _____ |

Do you have a Checking Account? YES  NO  Current Bal: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ %

Name of Bank: \_\_\_\_\_ Bank Telephone Number: \_\_\_\_\_

Do you have a Savings Account? YES  NO  Current Bal: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ %

Name of Bank: \_\_\_\_\_ Bank Telephone Number: \_\_\_\_\_

Do you have CD's? YES  NO  Value: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ %

Value: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ %

Do you own a house or other real estate? YES  NO

If yes, list full address and asset value of property: \_\_\_\_\_

Is there income (rent, etc.) from this property? YES  NO  Amount \$ \_\_\_\_\_

List any other assets you may have such as stocks, bonds, mutual funds, IRA's (include value and annual interest earned):

Have you DISPOSED of any assets during the last two years? YES  NO

If yes, complete the following: Asset Value: \$ \_\_\_\_\_

Date of Disposal: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**MEDICAL EXPENSES:**

Do you take prescriptions which are not paid by insurance? YES  NO

If yes, give an estimated amount you pay: \$ \_\_\_\_\_ Per Mo. \_\_\_\_\_ or Yr. \_\_\_\_\_

Do you have the Medicare Premium deducted from your Social Security? YES  NO

If yes, amount: \$ \_\_\_\_\_ Per Mo. \_\_\_\_\_ or Yr. \_\_\_\_\_

Do you pay a Premium for Supplementary Insurance? YES  NO

If yes, amount: \$ \_\_\_\_\_ Per Mo. \_\_\_\_\_ or Yr. \_\_\_\_\_ or Qtrly. \_\_\_\_\_

Do you ANTICIPATE any healthcare related expenses for the next 12 months, which are NOT covered by health insurance (eye care, dental, in home health care)? Include over the counter medical supplies (Depends, needles, etc.).

YES  NO  If yes, complete the following:

Description: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Description: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Description: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Description: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Use this space for any additional information you feel necessary to report: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS PAGE IS FOR FAMILIES / HOUSEHOLDS / OTHER**

**CURRENT SOURCE OF INCOME:** Please complete all income sources that apply:

**Head of Household PRESENT Employment:**

Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Amount: \$ \_\_\_\_\_ Hrly: \_\_\_\_\_ Wkly: \_\_\_\_\_

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

Address: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

**Co-Head of Household PRESENT Employment:**

Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Amount: \$ \_\_\_\_\_ Hrly: \_\_\_\_\_ Wkly: \_\_\_\_\_

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

Address: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

If you have not been employed by the above employer for 3 YEARS OR MORE, you MUST complete the following. List your employment history leading UP TO your current place of employment below for all employed members of household.

**Head of Household PREVIOUS Employment:**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Co-Head of Household PREVIOUS Employment:**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Unemployment: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Mo: \_\_\_\_\_/or Wkly: \_\_\_\_\_

Child Support: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Mo: \_\_\_\_\_/or Wkly: \_\_\_\_\_

Alimony: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Mo: \_\_\_\_\_/or Wkly: \_\_\_\_\_

AFDC: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Mo: \_\_\_\_\_/or Wkly: \_\_\_\_\_

Social Security: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Mo: \_\_\_\_\_/or Wkly: \_\_\_\_\_

Grants/Loans: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Mo: \_\_\_\_\_/or Wkly: \_\_\_\_\_

Armed Forces: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Mo: \_\_\_\_\_/or Wkly: \_\_\_\_\_

Other Income: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Mo: \_\_\_\_\_/or Wkly: \_\_\_\_\_

Do you have a checking Account? YES  NO  Current Bal: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ %

Do you have a Savings Account? YES  NO  Current Bal: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ %

Do you own a house or other real estate? YES  NO

If yes, list full address and asset value of property: \_\_\_\_\_

Is there income (rent, etc.) from this property? YES  NO  Amount \$ \_\_\_\_\_

List any other assets you may have such as stocks, bonds, mutual funds, IRA's (include value/annual interest earned): \_\_\_\_\_

Have you DISPOSED of any assets during the last two years? YES  NO

If yes, complete the following: Asset Value: \$ \_\_\_\_\_ Date of Disposal: \_\_\_/\_\_\_/\_\_\_

**CHILDCARE EXPENSES:**

Do you pay for baby-sitting due to employment or schooling? YES  NO  If yes, complete the following:

Care Provider's Name: \_\_\_\_\_ Per Week \$ \_\_\_\_\_

Address: \_\_\_\_\_ Per Month \$ \_\_\_\_\_

\_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Use this space for any additional information you feel necessary to report: \_\_\_\_\_

**EVERYONE MUST COMPLETE THIS PAGE**

**CREDIT REFERENCES** A background and credit check is done through **Acutraq Rental Screening** with the personal information you provide.

**PERSONAL REFERENCES** (Give two (2) persons **NOT** related to you, that you have known one (1) year or more.)

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

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

Telephone No: (\_\_\_\_) \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

How did you hear about this apartment community? \_\_\_\_\_

I/We, the applicant(s), certify that the housing I/we will occupy is/will be my/our permanent residence. I/We further certify that I/we do not and will not maintain a separate subsidized rental unit in a different location.

I/We, the applicant(s), agree to give management/owner the authority to investigate my / our credit rating, my/our current and past rental record, my/our police record, and all other information necessary to determine eligibility. I/We understand that any misrepresentation of information on this form will disqualify me from consideration for leasing and may be grounds for eviction.

I/We hereby affirm that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Head of Household \_\_\_\_\_ / /  
Date

\_\_\_\_\_  
Signature of Co-Head \_\_\_\_\_ / /  
Date

**NOTE:** Applicant(s) will be notified in writing whether or not he/she have been selected for immediate occupancy, placed on a waiting list, or ineligible.

I/We understand in order to remain active on the waiting list, I/we will be required to update my application every six (6) months upon notification from management. \_\_\_\_\_ (Initials)

**FAMILY HOUSEHOLD COMPOSITION:**

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: A. Hispanic or Latino  B. Not Hispanic or Latino  **C. DECLINE TO DISCLOSE**

Race: (Mark one or more) 1. American Indian/Alaska Native  2. Asian  3. Black or African American   
4. Native Hawaiian or Other Pacific Islander  5. White  **6. DECLINE TO DISCLOSE**

Gender: Male  Female  **DECLINE TO DISCLOSE**

**FINAL STATUS OF APPLICATION:**

This application was (Check One): Accepted  Ineligible

\_\_\_\_\_  
Management Representative \_\_\_\_\_ / /  
Date

Independence Village Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

**WARNING:** Section 1001 of Title 18, U.S. Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five (5) years, or both."  
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# THE FAMILY SUMMARY SHEET WALNUT LANE APARTMENTS



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

| Member No. | Last Name of Family Member | First Name | Relationship to Head of Household | Sex | Date of Birth |
|------------|----------------------------|------------|-----------------------------------|-----|---------------|
| Head       |                            |            |                                   |     |               |
| 2          |                            |            |                                   |     |               |
| 3          |                            |            |                                   |     |               |
| 4          |                            |            |                                   |     |               |
| 5          |                            |            |                                   |     |               |
| 6          |                            |            |                                   |     |               |
| 7          |                            |            |                                   |     |               |
| 8          |                            |            |                                   |     |               |
| 9          |                            |            |                                   |     |               |
| 10         |                            |            |                                   |     |               |
| 11         |                            |            |                                   |     |               |
| 12         |                            |            |                                   |     |               |

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*

# Checklist for Income, Assets, and Allowances

The Checklist must be completed at initial certification and at each annual and interim recertification. Each Adult member of the household (age 18 or older) must complete and sign a separate form. Failure to comply could result in denial or termination of assistance.

---

|           |            |      |
|-----------|------------|------|
| Last Name | First Name | M.I. |
|-----------|------------|------|

Yes    No    Answer Yes or No to Each Item:

**NON-ASSET INCOME**

- |            |            |   |
|------------|------------|---|
| <u>   </u> | <u>   </u> | I have a child under the age of 18 with non-employment income. Name: _____                                      |
| <u>   </u> | <u>   </u> | I am employed. List all of the companies you work for: _____  |
| <u>   </u> | <u>   </u> | I receive tips, bonuses or commissions.   |
| <u>   </u> | <u>   </u> | I am currently working overtime, or expect to work overtime in the next 12 months.                              |
| <u>   </u> | <u>   </u> | I am self employed. Type of business: _____   |
| <u>   </u> | <u>   </u> | I own my own small business. Name of business: _____  |
| <u>   </u> | <u>   </u> | I am currently a student, but expect to be employed during the summer months.                                   |
| <u>   </u> | <u>   </u> | I receive income from military employment.  |
| <u>   </u> | <u>   </u> | I receive unemployment or Worker’s compensation benefits.   |
| <u>   </u> | <u>   </u> | I receive Social Security.  |
| <u>   </u> | <u>   </u> | I receive Supplemental Security Income.   |
| <u>   </u> | <u>   </u> | I receive quarterly payments from the Family Independence Agency for the State-paid portion of SSI.             |
| <u>   </u> | <u>   </u> | I receive Veteran’s Administration benefits or benefits from the GI Bill.                                       |
| <u>   </u> | <u>   </u> | I receive disability or death benefits other than Social Security.  |
| <u>   </u> | <u>   </u> | I receive Public Assistance (welfare).  |
| <u>   </u> | <u>   </u> | I receive alimony.  |
| <u>   </u> | <u>   </u> | I receive child support. How many providers? _____ Is it paid directly to Social Services? _____                |
| <u>   </u> | <u>   </u> | I receive regular cash contributions or gifts (including utility, phone, cable, or rent payments paid for you). |
| <u>   </u> | <u>   </u> | I receive income from annuities, an inheritance, or a nonrevocable trust fund.                                  |
| <u>   </u> | <u>   </u> | I receive regular payments from insurance policies. List all policies: _____                                    |
| <u>   </u> | <u>   </u> | I receive income from retirement funds. List all companies: _____   |
| <u>   </u> | <u>   </u> | I receive income from one or more pensions. List all pensions: _____  |
| <u>   </u> | <u>   </u> | I receive periodic payments from lottery winnings.  |
| <u>   </u> | <u>   </u> | I am currently having a benefit reduced to adjust for a prior overpayment.                                      |
| <u>   </u> | <u>   </u> | I received a cash settlement or a lump sum receipt in the last 12 months, or expect to in the next 12 months.   |
| <u>   </u> | <u>   </u> | I have received a delayed periodic receipt. List agency: _____  |
| <u>   </u> | <u>   </u> | I have income from other sources not listed above. Explain: _____   |



Yes    No    Answer Yes or No to Each Item:

**ASSET INCOME**

\_\_\_ \_\_\_ I have cash held in my home or in a safety deposit box.

\_\_\_ \_\_\_ I have assets held in another state. Type: \_\_\_\_\_ List state(s): \_\_\_\_\_

\_\_\_ \_\_\_ I have assets held in a foreign country. Type: \_\_\_\_\_ List country(s): \_\_\_\_\_

\_\_\_ \_\_\_ I own real estate. How many properties? \_\_\_\_\_ Name location(s): \_\_\_\_\_

\_\_\_ \_\_\_ I have equity in rental property or other capital investments. Name: \_\_\_\_\_

\_\_\_ \_\_\_ I receive rental income from real estate. Name location(s): \_\_\_\_\_

\_\_\_ \_\_\_ I receive income from rental or farm land. Name location(s): \_\_\_\_\_

\_\_\_ \_\_\_ I receive income from oil or gas rights. Name location(s): \_\_\_\_\_

\_\_\_ \_\_\_ I own a land contract, mortgage or deed of trust. Name: \_\_\_\_\_

\_\_\_ \_\_\_ I have a vacant house or land that currently receives no income. Name location(s) \_\_\_\_\_

\_\_\_ \_\_\_ I own a mobile home. I receive \_\_\_\_\_ monthly rental income from it. It is vacant \_\_\_\_\_

\_\_\_ \_\_\_ I own a funeral account. It is revocable. \_\_\_\_\_ It is nonrevocable. \_\_\_\_\_

\_\_\_ \_\_\_ I own personal property for investment purposes (gems, jewelry, antique cars, coin or stamp collections)

\_\_\_ \_\_\_ I have a revocable trust.

\_\_\_ \_\_\_ I have a savings accounts. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_

\_\_\_ \_\_\_ I have checking accounts. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_

\_\_\_ \_\_\_ I have time certificates. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_

\_\_\_ \_\_\_ I have certificates of deposit. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_

\_\_\_ \_\_\_ I have money market accounts. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_

\_\_\_ \_\_\_ I have IRA's or Keogh's. How many? \_\_\_\_\_ List: \_\_\_\_\_

\_\_\_ \_\_\_ I have stocks.. List all companies: \_\_\_\_\_

\_\_\_ \_\_\_ I have bonds. List all types: \_\_\_\_\_

\_\_\_ \_\_\_ I have treasury bills.

\_\_\_ \_\_\_ I have a retirement or pension account.

\_\_\_ \_\_\_ I have a life insurance policy(ies). It is a "whole life" (has cash value)policy. \_\_\_\_\_ It is a "universal life" (term)policy. \_\_\_\_\_

\_\_\_ \_\_\_ I have assets other than what are listed above. Explain: \_\_\_\_\_

\_\_\_ \_\_\_ My name is on accounts not effectively owned by me. Explain: \_\_\_\_\_

\_\_\_ \_\_\_ I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as Power of attorney, in case I become incompetent. These other persons do not own the assets and receive No income from the assets.

\_\_\_ \_\_\_ I have joint ownership on one or more of the above assets.

**DIVESTITURE**

\_\_\_ \_\_\_ I have sold, given away, or otherwise transferred an asset(s) for less than it was worth within the last two years. Explain: \_\_\_\_\_



Yes    No    Answer Yes or No to Each Item:

**ALLOWANCES**

- \_\_\_    \_\_\_    I am a full time student and am 18 or older. The school I attend is \_\_\_\_\_
- \_\_\_    \_\_\_    I am elderly (62 or older), handicapped or disabled.
- \_\_\_    \_\_\_    I pay for medical insurance.
- \_\_\_    \_\_\_    I pay expenses relating to a handicap or disability.
- \_\_\_    \_\_\_    I pay medical expenses out of my own pocket.
- \_\_\_    \_\_\_    I pay child care expenses out of my own pocket.
- \_\_\_    \_\_\_    I pay attendant care expenses out of my own pocket.
- \_\_\_    \_\_\_    I pay medical, child care or attendant care expenses, for which I am reimbursed by an outside source or Governmental agency.

**CERTIFICATION**

I certify that to the best of my knowledge, all statements made on this checklist form are true and complete. I understand the false or incomplete statements made on this form could result in denial or termination of housing assistance.

---

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

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595.*

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





# Walnut Lane Apartments Cotter, AR

## Disposal of Assets Certification

To most eligibility and rent determination it is required by Federal Regulations that the head of the household and spouse certify in writing as to whether they have disposed of any assets for less than fair market value during the two years preceding the effective date of certification/recertification of tenant eligibility.

PLEASE CHECK ONE OF THE THREE BOXES BELOW:

I certify that I have not disposed of any assets for less than fair market value in the past two years.

\_\_\_\_\_

Head of Household

\_\_\_\_\_

Date

I certify that I have not disposed of any assets for less than fair market value in the past two years.

\_\_\_\_\_

Spouse

\_\_\_\_\_

Date

I certify that I have disposed of the following asset(s) for less than fair market value in the past two years.

Type of Asset: \_\_\_\_\_

Date Disposed of Asset(s): \_\_\_\_\_

Amount Received for Asset(s): \_\_\_\_\_

Market Value of the Disposed Assets: \$ \_\_\_\_\_

(at the time of disposition)

\_\_\_\_\_

Head of Household

\_\_\_\_\_

Date

\_\_\_\_\_

Spouse

\_\_\_\_\_

Date

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*

## EXHIBIT D – UNDER \$5000 ASSET CERTIFICATION

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

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

Household Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

**1. My/Our household assets include:**

| (A)<br>Cash Value* | (B)<br>Int.<br>Rate* | (AxB)<br>Annual<br>Income | Source   | (A)<br>Cash Value* | (B)<br>Int.<br>Rate* | (AxB)<br>Annual<br>Income | Source              |
|--------------------|----------------------|---------------------------|--|--------------------|----------------------|---------------------------|---------------------|
| \$                 |                      | \$                        | Savings Account                                    | \$                 |                      | \$                        | Checking Account    |
| \$                 |                      | \$                        | Cash on hand                                       | \$                 |                      | \$                        | Safety Deposit Box  |
| \$                 |                      | \$                        | Certificates of Deposit                            | \$                 |                      | \$                        | Money Market funds  |
| \$                 |                      | \$                        | Stocks   | \$                 |                      | \$                        | Bonds               |
| \$                 |                      | \$                        | IRA Accounts                                       | \$                 |                      | \$                        | 401K Accounts       |
| \$                 |                      | \$                        | Keogh Accounts                                     | \$                 |                      | \$                        | Trust Funds         |
| \$                 |                      | \$                        | Equity in RealEstate                               | \$                 |                      | \$                        | Land Contracts      |
| \$                 |                      | \$                        | Lump Sum Receipts                                  | \$                 |                      | \$                        | Capital Investments |
| \$                 |                      | \$                        | Life Insurance Policies (Excluding Term):          |                    |                      |                           |                     |
| \$                 |                      | \$                        | Other Retirement/Pension Funds<br>Not named above: |                    |                      |                           |                     |
| \$                 |                      | \$                        | Personal Property held<br>As an investment**:      |                    |                      |                           |                     |
| \$                 |                      | \$                        | Other (List):                                      |                    |                      |                           |                     |

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

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

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. DO NOT include necessary personal property such as, but not necessarily limited to, household furniture, daily use of autos, clothing, assets of an active business, or special equipment for use of disabled.

2.  Within the past 2 years, I/We have sold or given away assets (including cash, real estate, etc.) for more than \$1,000. below the fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_, the difference between Fair Market Value (FMV) and the amount received, for each asset on which this occurred.
3.  I/We have NOT sold or given away any assets (including cash, real estate, etc.) for less than Fair Market Value (FMV) during the past 2 years.
4.  I/We DO NOT have any assets at this time.

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

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

|                              |      |                              |      |
|------------------------------|------|------------------------------|------|
| Applicant/Resident Signature | Date | Applicant/Resident Signature | Date |
| Applicant/Resident Signature | Date | Applicant/Resident Signature | Date |

**STUDENT CERTIFICATION**

Applicant/Resident \_\_\_\_\_ Date \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Property \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT / RESIDENT**

**Yes      No**

**Are you a student at an institution of higher education?**      

*\*Institutes of higher education include post-secondary vocation institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

**If you have answered no, please skip the following questions and sign below**

**If you answered yes, please complete the following questions:**

| <b>If you answered yes, please complete the following questions:</b> | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1. Are you a full-time student?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a graduate or professional student?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you at least 24 years of age?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a veteran of the United States military?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you married?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a dependent child?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have dependents other than a child or spouse?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Were you an orphan or a ward of the court through the age of 18?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will you be living with your parents?                             | <input type="checkbox"/> | <input type="checkbox"/> |

**If no:**

- a. Are your parent receiving or eligible to receive Section 7 assistance?
- b. Are you claimed as a dependent on your parent's tax return?
- 10. Are you receiving any financial assistance to pay for your education ?

**PENALTIES FOR MISUSING THIS FORM**

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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 and 42 U.S.C. (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h.

Print Name \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_



## Resident Selection Plan Section 8

### **Eligibility of Students Enrolled at an Institute for Higher Education for Assisted Housing Under Section 8 of the US Housing Act of 1937**

Eligibility of Students for Section 8 assistance is determined at the following times:

- 1) Move-in
- 2) Initial Certification
- 3) Annual Certification
- 4) Interim Certification if the household reports a change in student stats

Assistance shall be provided under Section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f) to any individual who is enrolled as a student at an institution of higher education (as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)) if any of the following criteria apply. A student who is otherwise eligible and meets screening requirements is eligible if the student:

- 1) Is residing with his/her parents/guardians or
- 2) Is living independent of his/her parent/guardians
- 3) Is 24 years of age or older
- 4) Is a veteran or
- 5) Is married or
- 6) Has a dependent child or
- 7) Is disabled and was receiving Section 8 assistance as of November 30, 2005 or
- 8) Has parents who, individually or jointly, are eligible, to receive assistance under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f)

For purposed of determining the eligibility of a person to receive assistance under section 8 of the United States Housing Act of 1937, any financial assistance (in excess of amounts received for tuition) that an individual receives under the Higher Education Act of 1965 from private sources or an institution of higher education (as defined under the Higher Education Act of 1965) shall be considered income to that individual, except for:

- 1) A person over the age of 23 with dependent children or
- 2) A person living with his/her parents

If, at any time, a household member is identified as an ineligible student, assistance for the entire household will be terminated. The household will not be evicted based on inclusion of an ineligible student and the household will have the option to remove the ineligible student and re-apply for assistance.



U.S. Department of Housing and Urban Development

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

**This Package contains the following documents:**

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

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

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

### What Verification Involves

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

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

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

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

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

### Customer Protections

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

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

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

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

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

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

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

### Consequences for Not Signing the Consent Forms

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

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

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

### Programs Covered by this Fact Sheet

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

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

# Notice and Consent for the Release of Information

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

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

|   |   |  |
|---|---|--|
| HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): | O/A requesting release of information (Owner should provide the full name and address of the Owner.): | PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): |
|---|---|--|

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

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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



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

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

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

## Instructions to Owners

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

## Instructions to Applicants and Tenants

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

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

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

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

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

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

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

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

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

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

**Failure to Sign the Consent Form**

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

**Conditions**

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Title

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

**Penalties for Misusing this Consent:**

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

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

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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

**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.



# PRIVACY ACT POLICY WALNUT LANE APARTMENTS



The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member.

**Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

**Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of 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.

**Penalty:** You must provide all of the information requested by the owner, including all Social Security Numbers you, and all other household members have and use. Giving the Social Security Numbers of all household members is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

---

Resident Printed Name

---

Apartment Number

---

Resident Signature

---

Date

---

Management Representative Signature

---

Date

Walnut Lane Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595.*

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*

Walnut Lane Apartments  
**Authorization for Release of Criminal History**

I hereby consent to allow Walnut Lane Apartments through its designated agent and its employees, to obtain and verify my past criminal history, including past/current records of disturbances, with or without convictions, and all other information necessary for the purpose of determining whether or not to lease an apartment to me. I understand that should I lease an apartment, Walnut Lane Apartments and it's agents shall have the continuing right to review my criminal history, record of complaints and or disturbances, with or without convictions, in order to ensure continued compliance is being met.

Please Print Clearly

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Any other names ever used: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

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

Drivers License Number \_\_\_\_\_

Are you subject to a lifetime registration requirement under a state sex offender program?

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

Are you currently on parole or probation? Yes or No \_\_\_\_\_

Has Applicant ever been arrested? This includes all traffic violation, suspended imposition of sentencing, guilty and not guilty pleas. The question is, has applicant ever been arrested NOT has applicant ever been found guilty. Yes or No \_\_\_\_\_

List crimes, arrests, etc. include dates, city and state: \_\_\_\_\_

\_\_\_\_\_

This consent is freely given this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_

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

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*



# DECLARATION OF CITIZENSHIP WALNUT LANE APARTMENTS



INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

## DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_



## DECLARATION OF CITIZENSHIP WALNUT LANE APARTMENTS



2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, *\*Permanent Resident Card\**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) *\*Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.\**



# DECLARATION OF CITIZENSHIP WALNUT LANE APARTMENTS



If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

### REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595.

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*





# VERIFICATION OF NON-CITIZENSHIP WALNUT LANE APARTMENTS



INSTRUCTIONS: Complete this format for each non-citizen family member who declared eligible immigration status on the \*\* Citizenship\*\* Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

## CONSENT

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

## NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

Independence Village Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

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

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595.*

**Race and Ethnic Data Reporting Form**

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

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

**Name of Property** **Project No.** **Address of Property**

**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

**Name of Head of Household** **Name of Household Member**

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

| Ethnic Categories*                        | Select One            |
|---|-----------------------|
| Hispanic or Latino                        |                       |
| Not-Hispanic or Latino                    |                       |
| Racial Categories*                        | Select All that Apply |
| 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.

# EIV INCOME VERIFICATION FORM

## Walnut Lane Apartments

\_\_\_\_\_  
NAME OF RESIDENT OR APPLICANT

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
AGE

\_\_\_\_\_  
LAST INCOME AMOUNT

\_\_\_\_\_  
Site Manager's Signature

\_\_\_\_\_  
Date



# Walnut Lane Apartments

## 419 Walnut Hill Lane, Cotter, AR 72626



### TENANT GRIEVANCE PROCEDURES

### RESIDENT RIGHTS & RESPONSIBILITIES

### HUD FACT SHEET AND HOW YOUR RENT IS DETERMINED

### HUD BROCHURE “EIV AND YOU”

Please answer the following questions as they apply to you. I have or have not received a copy of the following documents from Management at Heritage Heights, LHC, LLC.

Please answer each item, in writing, in the space provided with YES or NO.

- |   |           |
|---|-----------|
| 1. Tenant Grievance Procedures                    | YES or NO |
| 2. HUD Fact Sheet and How Your Rent Is Determined | YES or NO |
| 3. Resident Rights and Responsibilities           | YES or NO |
| 4. HUD Brochure “EIV and You”                     | YES or NO |
| 5. Is Fraud Worth It                              | YES or NO |

|                                     |      |
|-------------------------------------|------|
| Resident Signature                  | Date |
| Co-Resident Signature               | Date |
| Management Representative Signature | Date |

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*

# **Grievance Policy and Procedure**

## **APPLICANT GRIEVANCES**

24 CFR 880.603 uses the term "informal hearing" for applicant grievances. HUD Handbook 4350.3 uses the term "informal review." For clarity, we shall hereafter refer to the applicant grievance procedure as an "informal review."

### **Scope**

Applicants for participation in HUD Project-Based Program are entitled to an Informal Review of any decisions concerning:

- Ineligibility for participation in this program; or.
- Denial of preference status

### **Finality**

A decision arising from an Informal Review that addresses ineligibility for program participation or preference denial is a final administrative decision.

### **Notice**

Management shall provide applicants written notice within Ten (10) days of a decision to deny placement on a wait list or to deny assistance. The reason for denial and standard Notice of Denial is sent Certified mail.

The Notice must state the reason(s) for rejection and the applicant's right to request an Informal Review within fourteen (14) calendar days.

### **Person Designated to Conduct Informal Review**

Management must give the applicant the opportunity to be heard by someone other than the person who made or approved the determination under review or a subordinate of this person. HUD staff may serve as the hearing officer provided the above condition is met.

### **Scheduling the Informal Review (See HUD Handbook 4350.3. Section 2.30.)**

An applicant must present this grievance in writing to us within fourteen (14) calendar days from the date of the rejection notice. An applicant's failure to present the grievance or protest within this time frame waives any right by the applicant to an Informal Review of the dispute.

Upon timely receipt of the applicant's written request, the responsible property manager or other assigned staff shall, within two business days, contact the applicant to schedule an Informal Review. The meeting shall occur within the 80-day period following the determination of ineligibility or failure to meet applicant selection criteria. The meeting will occur at a mutually convenient and accessible time and place for the applicant and Management. Management will provide written notice of the meeting and oral notice as well, where possible.

Either the applicant or Management may postpone the Informal Review by providing written notice to the other party prior to the scheduled meeting. The duration of the postponement must be a reasonable time as determined by Management. Failure of an applicant to appear at the Informal Review without first requesting a postponement shall result in a waiver of the applicant's right to an Informal Review.

Within five (5) business days following the Informal Review, the Property manager or other responsible employee shall prepare and forward to the applicant the summary of the Informal Review, specifying the name of the applicant, the date of the meeting, the nature of the proposed disposition of the complaint, and the specific reasons for Management's determination. Management must also advise the applicant of their right to request a HUD review of Management's determination.

### **Applicant Rights During the Informal Review**

The application will be afforded an opportunity to present evidence rebutting the grounds for rejection. Applicants have the right to be represented by counsel at the Informal Review. The applicant must notify Management if counsel will be present.

### **Reversal of Management's Rejection Decision**

If, as a result of information presented by the applicant at the Informal Review, Management reverses its decision to reject the applicant, no new application is required. The application will be returned to the appropriate spot on the waiting list.

### **No Reversal of the Management's Rejection Decision**

If Management's decision for rejection is not overturned, a new application for admission may be submitted by the applicant after a period of six months has elapsed to permit the applicant to correct the behavior or situation that resulted in rejection.

### **Recordkeeping Requirements**

Applications, rejection notices, applicant replies, Management's final response and all supporting documentation must be maintained for three years.

### **TENANT GRIEVANCES**

Neither current HUD regulations nor Handbook 4350.3 require Management to provide a tenant an Informal Hearing for discretionary administrative determinations made by

Management. However, the regulations do require a less formal appeal process. This process is defined as an "Administrative Review." The person conducting the Administrative Review is typically the property manager or their supervisor. The rules governing who may conduct the applicant "Informal Review" do not apply.

### **Administrative Review for Terminations and Security Deposits**

Per 24 CFR 880.607(c), Management shall provide a tenant the opportunity to discuss a termination notice. The termination notice shall inform the tenant that he or she has ten (10) business days to request an Administrative Review of the decision. The tenant must request this discussion in writing.

Per HUD Handbook 4350.3 Section 4-9 (b), Management shall provide a tenant the opportunity to meet and discuss any disagreement he or she may have regarding Management's charges against their security deposit. Management shall provide the tenant a written list of any and all deductions, and advise the tenant of their right to meet with staff to discuss, in an Administrative Review, any tenant disagreements with the deductions.

In both cases Management staff will discuss how and why the decision was made. Management staff will provide the tenant with a written outcome of the meeting within ten (10) business days.

The failure of the tenant to object to the termination notice shall not constitute a waiver of the tenant's rights to thereafter contest the owner's action in any court proceedings (HUD Handbook 4350.8 (4-21(c))). This procedure does not preclude the family from exercising their rights under State and local law.

Management will keep a summary record of the meeting minutes in the tenant file for inspection by HUD.



# FACT SHEET

## For HUD ASSISTED RESIDENTS

### Project-Based Section 8

## “HOW YOUR RENT IS DETERMINED”

Office of Housing

September 2010

*This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.*

### Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

### OAs' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

### Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

### Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

### What is Annual Income?

Gross Income – Income Exclusions = Annual Income

### What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

### Determining Tenant Rent

### **Project-Based Section 8 Rent Formula:**

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
  - 10% of the family's monthly income
  - Welfare rent or welfare payment from agency to assist family in paying housing costs.
- OR
- \$25.00 Minimum Rent

## **Income and Assets**

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

### **Annual Income Includes:**

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except for lump-sum additions to

family assets, see Exclusions from Annual Income, below Welfare assistance

- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.

### **Assets Include:**

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

### **Assets Do Not Include:**

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant

or are held in an individual's name but:

- The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
- that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
  - Foreclosure
  - Bankruptcy
  - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

#### **Exclusions from Annual Income:**

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and

benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)

- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

#### **Federally Mandated Exclusions:**

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes

- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product liability litigation*
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

## **Deductions:**

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time.
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

## **Reference Materials**

### **Legislation:**

- Quality Housing and Work Responsibility Act of 1998, Public Law 105-276, 112 Stat. 2518 which amended the United States Housing Act of 1937, 42 USC 2437, et seq.

### **Regulations:**

- General HUD Program Requirements; 24 CFR Part 5

### **Handbook:**

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

### **Notices:**

**“Federally Mandated Exclusions” Notice 66 FR 4669, April 20, 2001**

### **For More Information:**

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>



# RESIDENT RIGHTS & RESPONSIBILITIES



## **Secretary of HUD**

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

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

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

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

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

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



## YOUR RIGHTS

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

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

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

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

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

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

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



## YOUR RESPONSIBILITIES

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

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

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

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

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





## YOUR RIGHT TO BE INVOLVED

### In decisions affecting your home

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

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



## ELIGIBILITY FOR ENHANCED VOUCHERS

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

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

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



## ADDITIONAL ASSISTANCE

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

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

### ON-LINE RESOURCES:

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





## RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# EIV & You

### ENTERPRISE INCOME VERIFICATION



**What YOU Should Know  
if You are Applying for or are Receiving  
Rental Assistance through the Department of  
Housing and Urban Development (HUD)**

### What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



### What income information is in EIV and where does it come from?

#### The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

#### The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

### What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

### Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

### Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

### What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



### Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

### Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
  - *Child support*
  - *AFDC payments*
  - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.



Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

### What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

### What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

### What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

### Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



### Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: [www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm](http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm).



JULY 2009



# APPLYING FOR HUD HOUSING ASSISTANCE?

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

## Do You Realize...

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

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

## Do You Know...

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

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

## So Be Careful!

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

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

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

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

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

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

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

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

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

## Ask Questions

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

## Watch Out for Housing Assistance Scams!

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

## Report Fraud

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



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