

Date Received \_\_\_\_\_ Date Application Processed \_\_\_\_\_

Time Received \_\_\_\_\_ Date Application Approved or Denied \_\_\_\_\_

Staff Received \_\_\_\_\_



100 Regency Place, Hinesville, GA 31313  
T: 912-368-3466 | F: 912-876-2053

## HOUSING APPLICATION

Cedar Walk (I, II, III & IV)  
Regency Apartments

Please Note: If it becomes evident that you have falsified or otherwise misrepresent any facts in any matter that affects eligibility, preferences, applicant selection criteria qualifications, allowances or rental payment, your application will be denied. You will not be permitted to reapply for housing for four years.

Check the property that applies to you:

\_\_\_\_\_ **Cedar Walk - I, II, III, IV**

These are duplexes that are scattered out over five different streets through Hinesville.

(Olive Street, Rebecca Street, Gause Street, Norwood and Gassaway Street)

\_\_\_\_\_ **Regency Apartments**

Two story apartment complex

\_\_\_\_\_ **Both**

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

Telephone #1: \_\_\_\_\_ Telephone #2: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Ethnicity (check one):  Hispanic  Non-Hispanic

Race (check one):  White  African American/Black  American Indian

Asian  Spanish American  Other

Marital Status

(check one):  Married  Single  Widow  Divorced

How were you referred to know about our housing opportunities: \_\_\_\_\_Newspaper

\_\_\_\_\_ Radio \_\_\_\_\_Website\_\_\_\_\_Word of Mouth

Have you ever lived in federally subsidized housing? \_\_\_\_\_YES \_\_\_\_\_NO

If YES, provide Family Member's Name \_\_\_\_\_

Public Agency/Assisted Housing's Name \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

Do you owe any outstanding balances to any Housing Authorities or landlords?\_YES\_NO

If YES, how much? \_\_\_\_\_

Have you ever used another name other than the name being used for this application?\_\_\_\_\_YES\_\_\_\_\_NO

If YES, please explain\_\_\_\_\_

Have you ever used or been assigned another Social Security Number other than the number listed on this application? \_\_\_\_\_YES \_\_\_\_\_NO

Contact Information

Contact Name\_\_\_\_\_Telephone #1\_\_\_\_\_

Contact Name\_\_\_\_\_Telephone #2\_\_\_\_\_

Family Composition

Family Member	Full Name (First, Middle & Last)	Birth Date (mm/dd/yyyy)	Social Security Number	Relationship	Age	Sex	Marital Status (S, D, W, or M)
---------------	-------------------------------------	----------------------------	------------------------	--------------	-----	-----	-----------------------------------

1				HEAD			

Anticipated Change in Family Composition \_\_\_\_\_



List Family Members that are not United States Citizens:

Family Member's Name	Alien Registration Number

Are you, your spouse, or any household member over the age of 18 a full-time or part-time student at an accredited institution of higher learning?     \_\_\_YES     \_\_\_NO

Family Member's Name	Name of School	School Address	Phone Number

**Criminal Background**

All household members 18 years old with be subject to a criminal background check prior to being offer a unit with the Hinesville Housing Authority. Criminal background will reviewed on an individual basis.

Have you or any household member 18 years or older ever been ordered by the court of law to register as a sex offender?     \_\_\_YES     \_\_\_NO

Have you or any household member 18 years or older, ever been arrested for, charged with, or been imprisoned, been on probation, or been on parole for any offense(s) within the past three (3) years?     \_\_\_YES     \_\_\_NO     (Attach notes, if needed)

Are you or any house member now under charges for any violation of the law?     \_\_\_YES     \_\_\_NO

Have you or any family member ever been evicted from a Rental Assistance or Assisted Housing for violent or drug related activity?\_\_\_YES     \_\_\_NO

Have you or any family member ever been convicted of the manufacturer or production of methamphetamine on the rental assistance property or the premises?     \_\_\_YES     \_\_\_NO

Are patterns or actions displayed of alcohol or drug abuse?\_\_\_YES     \_\_\_NO

Has any household member successfully completed an approved, supervised drug rehabilitation program?     \_\_\_YES     \_\_\_NO



**List Source of Income & Amounts**

Please be informed that the Hinesville Housing Authority will be obtaining the applicant's credit and criminal background screening for admissions.

Family Member	Sources of Income (Wages, SSI, SS, TANF, Child Support)	Gross Amount (per month)

**C. Net Family Assets - Checking, Savings, CD, List all Banking Accounts**

Family Member	Description	Amount Value

**D. Deductibles and Allowances Medical Expenses**

Family Member	Description (Insurance Payments, Medicine, Medicare)	Cost (per month)

**G. Need for Accessible Unit:**

Do you need a fully handicapped accessible unit?     YES     NO

Will you require a live-in-aide?     YES     NO

If yes, who? \_\_\_\_\_

Can you and your family members use the stairs unassisted?     YES     NO

Explain the type of accommodations does this family member require? Please provide verification.

---



---



---



---



---



---



---



---



---



---



**Local Preferences**

- \_\_\_\_\_ Preference for Bridge Housing-Homeless Veterans & Veterans
- \_\_\_\_\_ Preference for Families that have been Involuntarily Displaced by Natural Disaster or Government Action (Involuntarily Displaced)
- \_\_\_\_\_ Preference for Working Families
- \_\_\_\_\_ Preference for Disabled Head of Household, Disabled Spouse or Disabled Co-head (Disability)

**I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE UNDERSTAND THAT, BY SUBMISSION OF THIS APPLICATION FOR TENANCY. I/WE AGREE TO PROVIDE CERTIFICATION OF CRIMINAL, CREDIT INCOME, ASSETS, AND HOUSEHOLD COMPOSITION, SIGN A LEASE AGREEMENT, AND SIGN AN OWNER'S CERTIFICATION OF COMPLIANCE WITH HUD'S TENANT ELIGIBILITY AND RENT PROCEDURES FOR HUD 50058/50059 WHEN REQUIRED BY THE HINESVILLE HOUSING AUTHORITY.**

**WARNING: 18 U.S.C. 1001 PROVIDES AMONG OTHER THINGS THAT WHOEVER KNOWINGLY AND WILLINGLY MAKES OR USES A DOCUMENT OR WRITING CONTAINING ANY FALSE FICTITIOUS OR FRAUDULENT STATEMENT OF ENTRY IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES BE FINED NOT MORE THAN 10,000.00 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

**PLEASE NOTE YOU MUST NOTIFY THIS AGENCY IN WRITING OF ANY CHANGES OF ADDRESS, PHONE**

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Co-Applicant's Name (Please Print)

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Co-Applicant's Signature Date



# Pre-Application for Housing Assistance Affordable Housing

(Completing this Pre-Application does not entitle you to rental assistance. Final determination of your eligibility will be completed later.)

<u>Head of Household Information</u>  Social Security Number <input style="width: 100%; height: 15px;" type="text"/>  _____ Date of Birth (mm/dd/yy)  (____) _____ Area Code Telephone Number  (____) _____ Area Code Telephone Number		<u>Name &amp; Address of Head of Household</u>  _____ Last Name First Name MI  _____ Mailing Address (Street)  _____ Apt #  _____ City State Zip	
<u>Sex</u>  Female Male <input style="width: 30px; height: 15px;" type="text"/>	<u>Race</u> ___Black/African American ___White ___Asian/Pacific Islander ___Indian/Alaskan ___Other (please specify) _____	<u>Ethnicity</u> Hispanic <input style="width: 15px; height: 15px;" type="checkbox"/> Non-Hispanic	<u>Bedrooms needed</u> (based on family composition)  _____ (enter#)
<p><b>Preference*</b></p> <p>Are you, your spouse or co-head of household currently employed? _____</p> <p>If yes: # of months employed=_____Average Hours worked per week=_____</p> <p>Are you, your spouse or co-head of household age 62 or older? _____</p> <p>Do you claim veteran status as outlined on page 2-#5 under "Things You Should Know"?                  _____</p> <p>*You will be required to submit specific documentation for verification of your preference at the time your Pre-Application is selected from the waiting list and you are scheduled for a processing session. Please <u>do not</u> indicate a preference if you are unable to provide the required documentation.</p>			

# Fraud Prevention Letter To All Applicants and Residents

It has come to the attention of our Housing Authority and the U.S. Department of Housing and Urban Development that the amount of fraud in the public housing has been increasing nationwide. The notice is being provided to you as a reminder of the responsibilities you have to report changes to the Housing Authority management. If you fail to meet these responsibilities, you may be referred to the appropriate law enforcement officials for investigation and prosecution of a federal and/or state crime.

Whenever someone from this Housing Authority interviews you, you will be asked information about you and our family's income and composition. These questions are asked in order that your eligibility, rent, and appropriate unit size can be determined. Be sure to provide the interviewer with complete and correct information.

**Be sure to:**

1. Let the Housing Authority know about ALL income received by members of your household and all that you might be expected to receive within the next 12 months.
2. Let the Housing Authority know the correct name of everyone that is expected to be living in your household and possible additions that are expected within the next 12 months.

It is very important and require by your lease that report all income or composition changes in your family household. Your lease requires that all changes be reported within 10 days of the change. We urge you to be sure that you are meeting these responsibilities. This will the Housing Authority to correctly determine your rent and unit size.

If you have any cases of possible program violation by any other families, please contact the Property Management staff.

---

Signature

---

Date

# Attention Applicants

**THE HINESVILLE HOUSING AUTHORITY WILL PERFORM THE FOLLOWING CHECKS ON ALL APPLICANTS WHO SUBMIT AN APPLICATION FOR ALL HOUSING RENTAL ASSISTANCE PROGRAMS.**

**1. RENTAL HISTORY BACKGROUND CHECK:** You must provide address and telephone numbers for the past two landlords for whom you rented. If you cannot do so, we will require three character letters. One letter has to be on letter head paper.

**2. CREDIT CHECK:** We perform a credit check on all applicants over 18 years of age. Each credit check will be reviewed on an individualized basis.

**3. Criminal Background Check:** A criminal background check will be performed on each applicant over 18 to determine if there is a history of violent crime or drug activity.

---

Head of Household

Date

---

Co-Head of Household or  
Adult Member of Household

Date

---

Adult Member of Household

Date



# Resident Survey

1. Head of Hold Highest Level of Education

- GED
- High School Diploma
- Certificate
- Diploma (Trade School)
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Ph.D./Ed.D
- Pursuing a G.E.D

2. Which barriers are you experiencing that stops you from making progress?

---

---

---

---

3. List five goals that you would like to achieve.

---

---

---

4. Which programs or services do you need to grow personally and professionally?

---

---

---

---

# Five Year Rental History

Please provide a minimum of FIVE (5) YEARS of LANDLORD/RENTAL HISTORY. If you cannot provide five (5) years landlord history, you must explain why below.

Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Landlord's Address: \_\_\_\_\_

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

Date Rented From: \_\_\_\_\_ To: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Why are you moving? \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord's Address: \_\_\_\_\_

Your Previous Address: \_\_\_\_\_

Date Rented From: \_\_\_\_\_ To: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Why did you move? \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord's Address: \_\_\_\_\_

Your Previous Address: \_\_\_\_\_

Date Rented From: \_\_\_\_\_ To: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Why did you move? \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord's Address: \_\_\_\_\_

Your Previous Address: \_\_\_\_\_

Date Rented From: \_\_\_\_\_ To: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Why did you move? \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ When? \_\_\_\_\_

Where: \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_ I'm unable to provide five years rental history. Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this form, I am authorizing the Hinesville Housing Authority or the Hines House Leased Housing Corp. to obtain current/previous rental information from the above referenced landlords, property owners, housing agencies and other federally subsidized housing providers for screening purposes.

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<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.



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)**

---

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

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

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

### What Verification Involves

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

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

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

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

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

### Customer Protections

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

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

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

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

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

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

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

### Consequences for Not Signing the Consent Forms

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

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

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

### Programs Covered by this Fact Sheet

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

---

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

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

# Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	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 HUD 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  
Instructions to Owners

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

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.