



PARK PLACE ° 215 GRAND AVENUE ° MERRILL, WI 54452 ° 715-536-7386 ° FAX 715-539-0846
JENNY TOWERS ° 711 E FIRST STREET ° MERRILL, WI 54452 ° 715-536-3838 ° FAX 715-536-7378

NAME: _____
(Last Name, First Name, Head of Household only) Please Print

Your application will be verified for eligibility and your name placed on a waiting list based on date and time of completed application. The Merrill Area Housing Authority has a preference for individuals or families that live in the City of Merrill and Lincoln County. You will be contacted when your name reaches the top of the list. I am interested in having my name placed on a waiting list(s) for an apartment at the following complex(es):

ELDERLY/DISABLED (62 and Older or Disabled)

Jenny Towers () 1 Bedroom

FAMILY HOMES () 3 Bedroom

FAMILY DUPLEXES

603 – 705 Woodbine () 2 Bedroom

MULTI-FAMILY/DISABLED (No age preferences)

Park Place () 1 Bedroom

Stonebridge () 1 Bedroom () 2 Bedroom

Westgate Apartments () 2 Bedroom () 3 Bedroom () 4 Bedroom

Signed: _____

**VERIFICATION OF SOCIAL SECURITY CARDS FOR ALL MEMBERS OF THE HOUSEHOLD,
And DRIVERS LICENSE OR STATE ID'S FOR ALL ADULT MEMBERS OF THE HOUSEHOLD,
ARE REQUIRED BEFORE YOUR APPLICATION CAN BE PROCESSED**

Equal Housing Opportunity
Merrill Area Housing Authority
Park Place & Westgate LLC
Phone: (715) 536-7386 Fax: (715) 539-0846
Jenny Towers & Family Sites
Phone: (715) 536-3838 Fax: (715) 536-7378
TTY# 1-800-947-3529
Website: www.merrillha.com

Date: _____
Time: _____

OFFICE USE ONLY



MERRILL AREA HOUSING AUTHORITY APPLICATION FOR OCCUPANCY

Head of Household (Member #1) _____ SS#: _____

Maiden Name, Other Names Used, etc.: _____

Date of Birth: _____ Age: _____ Sex: _____

Race: White ___ Black/African ___ Indian – Ameri/Alas ___ Asian ___ Hispanic ___ Decline ___

Occupation: _____

Student: Full Time _____ Part Time _____ Neither _____ Dates Enrolled: _____

List all states you have resided in: _____

Spouse/Co-Head Name (Member #2): _____ SS#: _____

Maiden Name, Other Names Used, etc.: _____

Date of Birth: _____ Age: _____ Sex: _____

Race: White ___ Black/African ___ Indian – Ameri/Alas ___ Asian ___ Hispanic ___ Decline ___

Occupation: _____

Student: Full Time _____ Part Time: _____ Neither _____ Dates Enrolled: _____

List all states you have resided in: _____

Current Address:

(Street) (City) (State) (Zip Code)

Mailing Address:

(Street) (City) (State) (Zip Code)

Telephone Number: (____) _____ Cell Phone Number: _____

Work Number:

Message Number: (____) _____ Name: _____

Emergency Contact: Name & Phone number: _____

Do you currently have any pets? If _____
yes, describe _____

HOUSEHOLD INFORMATION:

List information for adults first, then children under age 18. List relationship of each person to the Head of Household. Mark each household member's race as:

(W) White (B) Black/African (I) Indian –American or Alaskan (H) Hispanic (A) Asian (O) Other

Last Name	First Name	Social Security #	Date of Birth	Sex M/F	Veteran Y/N	Race	Relationship
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Is there any member of the household that you would considered to be a disabled individual? _____ If so, who?

DISABLED/HANDICAP INFORMATION

Would any member of your household benefit from a wheelchair adapted/barrier free unit? _____ Yes _____ No

Tenants or Co-Tenants which meet the definition of disabled or handicapped qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. See information listed below which defines disabled or handicap. Do you feel that you qualify, and would you like to request this adjustment to your income? _____ Yes _____ No

If yes, list physician's name: _____

Address: _____

If you have indicated your desire to request this adjustment, we are required to obtain documentation from a physician confirming your qualification for this status. Failure to provide this information may result in the denial of these deductions.

INCOME INFORMATION

List all income earned or received by all individuals who will be living in your household.

This includes income from wages, self-employment, Social Security, disability payments (SSI), retirement or pensions, veteran's benefits, W2, alimony, child support, workman's compensation, unemployment benefits, etc.

<u>Household Member</u>	<u>Source and Address</u>	<u>Number of hrs worked/week</u> <u>Amount per hour/per month</u> <u>Monthly income amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILD SUPPORT

Was child support ordered to be paid? ____ Yes ____ No

If receiving child support, please list name of person paying the support: _____

Your File Number: _____

Name and address of agency from which you receive child support: _____

(Be sure to also list address above that child support is paid from. If receiving support directly from the payer, indicate their name/address. If receiving support through the Court, indicate County, Agency name/address.)

IF YOU ARE CLAIMING ZERO INCOME

Are you receiving help on a regular basis from someone not living in your household to help you pay rent, buy household and personal items, or pay any other bills? If so, complete the following:

NAME OF PERSON OR PERSONS HELPING YOU OUT FINANCIALLY:

ADDRESS: _____

PHONE NUMBER: _____

ASSET INFORMATION - List All Information for Tenant, Spouse, Co-Tenant

Cash on Hand-List Amount on Hand at Present Time: \$ _____
(Include Cash on Hand in Safety Deposit Boxes, etc.)

Checking Accounts

Bank Name: _____ \$ _____
(Approximate Balance in Account at Present Time)

Bank Address: _____

Bank Name: _____ \$ _____
(Approximate Balance in Account at Present Time)

Bank Address: _____

Saving Accounts

Bank Name: _____ \$ _____
(Approximate Balance in Account at Present Time)

Bank Address: _____

Bank Name: _____ \$ _____
(Approximate Balance in Account at Present Time)

Bank Address: _____

CD's or IRA's

Bank Name: _____ \$ _____

Stock and/or Bonds

Type: _____ Number Owned _____ Dividend Rate: _____ Value: \$ _____

Type: _____ Number Owned _____ Dividend Rate: _____ Value: \$ _____

Annuities and/or Trusts

Type: _____ Number Owned _____ Dividend Rate: _____ Value: \$ _____

Type: _____ Number Owned _____ Dividend Rate: _____ Value: \$ _____

Real Estate Owned at Present Time or Sold Within the Last 2 Years

_____ Market Value: \$ _____ Owed Against Property \$ _____

Type of Property If sold within last 2-year period, list amount sold for \$ _____

Is Property Owned Jointly? _____ If so, List name _____

_____ Market Value: \$ _____ Owed Against Property \$ _____

Type of Property If sold within last 2-year period, list amount sold for \$ _____

Is Property Owned Jointly? _____ If so, List name _____

Property Sold Under Land Contract

Original amount of land contract: \$_____

Outstanding balance at present time: \$_____

Terms of Land Contract:

\$_____per month or \$_____per year Annual Interest Rate_____%

List All Other Assets Owned

(Funeral Trusts with Revocable Interest, Whole Life Insurance Policies, Etc.)

Type:_____ Name of Bank:_____ Value: \$_____ Interest Rate:_____%

Type:_____ Name of Bank:_____ Value: \$_____ Interest Rate:_____%

**MEDICAL EXPENSES (To be completed for Elderly/Disabled/Handicapped households only)
If you or any member of your household is 62 years of age or older; handicapped; or disabled;
AND if any household member pays for medications, medical/dental treatments, supplemental
insurance premiums, or prescriptions which are not reimbursed, list information below:**

Medical Expense	Provider Name
Medicare Premium: \$ _____	_____
Prescriptions: \$ _____	_____
\$ _____	_____
\$ _____	_____
Medical Bill Pymts: \$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
Supplemental Insurance: \$ _____	_____
Dental Insurance: \$ _____	_____
Vision Insurance: \$ _____	_____
Eyeglasses/Hearing Aid: \$ _____	_____
Hearing Aid: \$ _____	_____

CURRENT HOUSING EXPENSES

_____ Rent \$ _____ Monthly for rent \$ _____ Monthly for utilities
_____ Own \$ _____ Monthly for pymt \$ _____ Monthly for utilities

Present Landlord: _____

Landlord Address: _____ Phone #: _____

of Bedrooms _____ # of People _____

Are you responsible to pay utilities? _____ Which utilities? _____

Are you currently delinquent with rent or utilities payments? _____

In process of eviction were utilities being disconnected? _____

Have you been evicted in the last 5 years? _____ Yes or _____ No

CHILD CARE EXPENSES

List amount paid by family for the care of minor children under 13 years of age when such care is necessary to enable a family member to further education or to be gainfully employed.

\$ _____ Monthly Child Care Provider's Name: _____

Address: _____

Phone: _____

REFERENCES

Previous Landlord Name: _____

Landlord Address: _____

Landlord Phone: _____

Rental Unit Address: _____

Occupancy Dates: _____

Previous Landlord Name: _____

Landlord Address: _____

Landlord Phone: _____

Rental Unit Address: _____

Occupancy Dates: _____

Has any member of the household rented from the Merrill Area Housing Authority in the past: _____ No

If Yes Occupancy Dates: _____

Which apartment building? _____

Has any member of the household received any rental assistance in the past? (Section 8 Voucher, NEWCAP, Rural Housing, rental assisted housing with any other Housing Authority)

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CHARGED WITH ANY FELONIES? If so, who? _____

List dates, charges, city and state _____

HAVE YOU OR ANY MEMBER OF THE HOUSEHOLD EVER BEEN CHARGED WITH ANY DRUG RELATED OR VIOLENT CRIMINAL ACTIVITY? Yes _____ No _____

If so, who? _____

List dates, charges, city and state _____

IS ANY MEMBER OF THE HOUSEHOLD REQUIRED TO REGISTER AS A SEX OFFENDER?

Yes _____ No _____

If so, who? _____

DO YOU CURRENTLY OWE ANY CURRENT OR PREVIOUS LANDLORD FOR DAMAGES, UNPAID RENT OR UTILITY BILLS? _____

“The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation or marital or family status. (Not all prohibited bases apply to all programs) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tape, etc.) should contact USDA’s TARGET center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.”

APPLICANT CERTIFICATION: I understand that the above information is being collected to determine my eligibility and that the information provided will be verified and may be released to appropriate Federal, State or local agencies. I/we certify that the answers and information given on this application are true and complete to the best of my/our knowledge and belief and I/we authorize inquires to be made of pertinent third parties to verify our income and deductions. I/we understand that false statements or information are punishable by fine or imprisonment under Federal and State Law.

In addition to verifying income, assets and other information, a criminal background check is conducted before any applicant is approved.

I also certify that the unit applied for will be my household's permanent residence and I do not/will not maintain a separate subsidized rental unit in a different location.

Applicant's Signature

Spouse/Co-Tenant

Date

Date

Social Security #

Social Security #

“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.

Race: (Mark one or more)

- | | |
|--|------------------------------------|
| 1. _____ American Indian/Alaska Native | 2. _____ Hispanic |
| 3. _____ Asian | 4. _____ Black or African American |
| 5. _____ Native Hawaiian or Other Pacific Islander | 6. _____ White |

Gender: _____ Male _____ Female

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I/we hereby authorize Merrill Area Housing Authority to obtain information it deems necessary in the processing of my application or continuing occupancy, including credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, utility payment and consumption information, and any other relevant information for purposes of determining my eligibility for participation in the following affordable housing programs: Tax Credit Programs, HUD Housing – Section 8, and Rural Development programs; and release Merrill Area Housing Authority, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information.

I understand that the Merrill Area Housing Authority will deny admission and or assistance to my family because of drug-related or violent criminal activity by any member of my family. I understand that the Housing Authority will check state and local law enforcement records to obtain this information. Furthermore, I understand that if anyone in my family is registered as a lifetime sex offender, my family will be denied admission/assistance for housing.

Additionally, I understand that if a prospective landlord makes a written request to the Merrill Area Housing Authority for information relevant to my rental history or my ability to comply with material standard lease terms or any history of drug trafficking, the Housing Authority is authorized to release this information to the landlord.

This consent to disclose of confidential information may be revoked by me at any time. If, at any time, I revoke my consent, I understand that the information already released with my consent may continue to be used to complete actions already initiated.

Signature of Applicant/Tenant: _____

Social Security Number: _____

Signature of Spouse/Co-Applicant/Tenant: _____

Social Security Number: _____

Date: _____

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.

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.): 310 W Wisconsin Avenue Ste 950 Milwaukee, WI 53203	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Merrill Area Housing Authority 101 E 1st Street Merrill, WI 54452	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.): Merrill Area Housing Authority
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

_____	_____
Head of Household	Date
_____	_____
Spouse	Date
_____	_____
Other Family Members 18 and Over	Date
_____	_____
Other Family Members 18 and Over	Date

Additional Signatures, if needed:

_____	_____
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

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.

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

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

Property Manager

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.

Original is retained on file at the project site (02/2007)

ref. Handbooks 4350.3 Rev. 1, 4571.1, 4571.2 & 4571.3
and HOPE II Notice of Program Guidelines

form **HUD-9887-A**

Optional and Supplemental 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.

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.	

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.

DISPOSED ASSET VERIFICATION

This will certify that I/we have ___or have not ____disposed of any Assets for less than the fair market value during the two (2) years preceding the date of this certification.

(Please place an "X" in the appropriate blank above.)

Date signed: _____

Head of Family

Social Security Number

Co-Head of Household

Social Security Number

If the answer is YES, please complete the following:

Date assets were disposed of: _____

Amount received for assets: _____

Fair market value of assets at the time of disposition: _____

Social Security and SSI Administration Verifications

The Social Security Administration office no longer allows us to verify your Federal Social Security or SSI.

Therefore, you must provide us with a copy of your most recent Benefit Statement from them showing what your monthly benefit is for the current year.

If you do not have this Benefit Statement, you may contact them to request a Proof of Income letter. You may call them toll-free at 1-800-772-1213. When asked for the reason you are calling say “Benefit Statement”, when asked again what you are requesting say “Proof of Income”. From there follow their prompts to request this letter.

Instead, you may create a *my* Social Security account on their website, www.socialsecurity.gov, to view and print this information. However, to do so, **you must be able to verify some information about yourself and:**

- Have a valid E-mail address,
- Have a Social Security number,
- Have a U.S. mailing address, and
- Be at least 18 years of age.

If you wish to access your information through their website, you sign on to their homepage, www.socialsecurity.gov, click on “create an account”, and “create an account” on the next page, agree to the terms listed and hit “next”. From there complete the information requested and continue to hit the next button to complete the registration process.

Once you receive this information, please provide it to our office as soon as possible as we cannot continue on your paperwork or renew your lease until we receive it. Thank you.



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. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410