

BEAUVOIR MANOR APARTMENTS

264 STENNIS DR BILOXI, MS 39531

(228) 388-4537 PHONE

(228) 388-3158 FAX

- Please include clear, legible copies of all documents, (birth certificates, social security cards, id's), originals must be shown upon move-in.
- All adults must provide a copy of their government issued identification card and provide a county criminal background check from the county they reside in. (there is a sample from our county on the last page)
- All adults must sign every form. (even if there is only one place to sign)
- For each additional adult you will need to make a copy of the last form before the background check, the last HUD-9887 form, and fill out individually.
- Please sign included Landlord verification form, one per adult.
- Takes 5 stamps to mail back to us

BEAUVOIR MANOR APARTMENTS
264 STENNIS DR.
BILOXI, MS 39531
228-388-4537

Dear Applicant:

I will need the following verifications from you in order to process your application for housing at Beauvoir Manor. I can not accept your application without these verifications:

1. Birth certificates of ALL individuals in the household.
2. Social security cards for ALL individuals in the household.
3. A county criminal background check and a valid photo ID for ALL individuals 18 years of age or older.
4. A COMPLETED rental application.

We will process the application and run a credit report once we have all of the above information on hand. Once approved, you will be placed on the waiting list. When we come to your name and a unit is offered, you will be required to provide income and asset information to determine rent and security deposit amounts. We require this information because Beauvoir Manor is a HUD property and based on your income.

There is no application fee. All rent and deposit amounts must be paid by money order. We do not accept cash.

Sincerely,

Beauvoir Manor Management

Applications may be returned on:
Tuesdays from 1:00pm to 3:00pm
Thursdays from 9:00 am to 11:00am

This will be the ONLY time that we will accept applications.

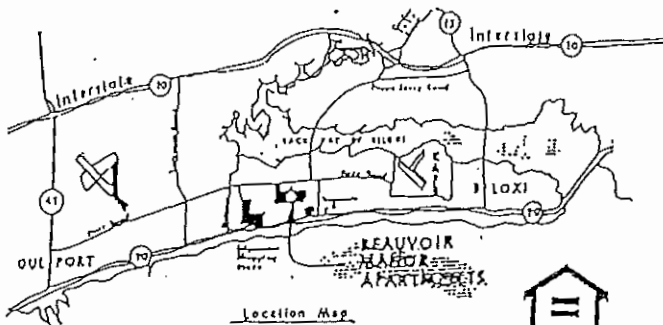
Beauvoir Manor

BEAUVOIR MANOR-invites you to the latest in apartment living on the Gulf Coast. Apartments containing 1, 2, 3 and 4 bedroom dwelling units for family living. Central air - conditioning, appliances, drapes and carpet are included in the reasonable rent based on family income. BEAUVOIR MANOR is conveniently located to churches, schools and two major shopping centers, only three miles from KEESLER AIR FORCE BASE (KAFB) gate #7.

FEATURES:

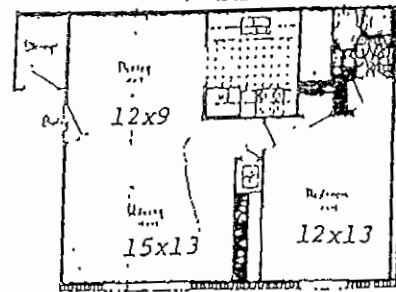
- *Total Electric Living
- *Hot Point Refrigerator
- *Hot Point Electric Range
- *Central Electric Heating
- *Central Electric Cooling
- *Wall-to-Wall Carpeting
- *
- *Common Greens
- *Patio Areas
- *Play Area for Children
- *Complete Laundry Facilities
- *Community Facilities Room

BEAUVOIR MANOR APARTMENTS
PASS ROAD
BILOXI, MISSISSIPPI
388-4537

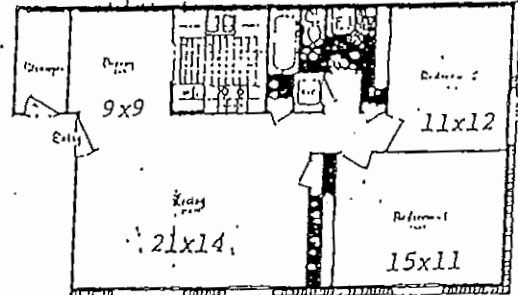


Built by: COLLINS BUILDING SERVICE

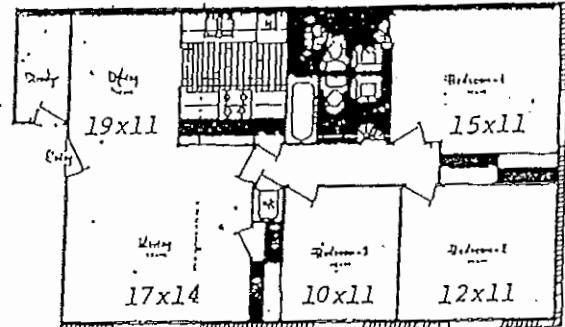
1 BEDROOM



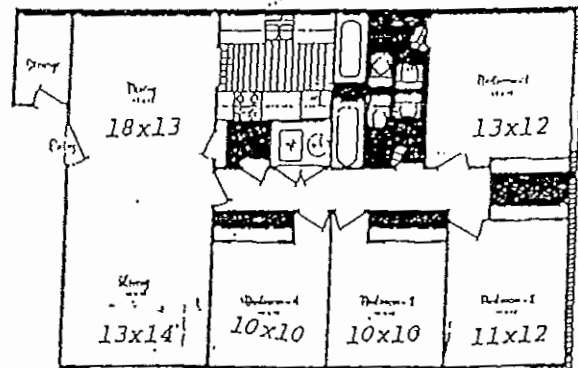
2 BEDROOMS



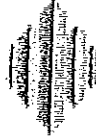
3 BEDROOMS



4 BEDROOMS



1 Bedroom	701 Sq. Ft.
2 Bedrooms	948 Sq. Ft.
3 Bedrooms	1,173 Sq. Ft.
4 Bedrooms	1,348 Sq. Ft.



**UNITED APARTMENT
GROUP**

APPLICATION FOR RENTAL

1. Head of Household _____ Age ____ Soc.Sec.#: _____

Note: The disclosure of social security numbers is required for the applicant and members of the applicant's household, except those household members who do not contend eligible immigration status. Documented evidence is required from applicants who were 62 years of age or older as of January 31, 2010, and who do not have a social security number, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is need in order o verify whether the applicant qualifies for the exemption from disclosing and providing verification of a social security number.

2. Race of Head of Household - Check one (Optional):
 White____ Black____ American Indian or Alaskan Native____ Asian or Pacific Islander____
 Hispanic____ Other____

3. Current Address: _____
(Address) (City) (State) (Zip)

How long have you lived there? _____ Phone No. _____
 Landlord's Name _____ Landlord's phone _____
 Landlord's Address _____
 Reason for moving? _____

Have you ever been displaced? ____ If so, from where and when? _____
 Have you ever applied for a government-subsidized unit before? _____
 Where? _____
 List all states you have lived in: _____

4. Residences for past three years:

ADDRESS	LANDLORD	PHONE	FROM	TO

5. Starting with head of household, list LEGAL NAMES of all members who will live in this apartment (indicate under OCCUPATION if full-time student):

DOB	FULL LEGAL NAME'	RELATIONSHIP	AGE	OCCUPATION	SS#

6. How did you hear about these apartments? _____
7. Why do you want to live here? _____
8. Current Source of Income: _____

List all income sources. This includes, but is not limited to, full and/or part-time employment, all income from welfare agencies, Social Security, Pension, SSI, Disability Compensation, Armed Force Reserves, unemployment compensation, baby-sitting, care-taking of elderly or disabled, alimony, child support, educational loans, scholarships and grants, income from rental property, interest on assets, dividends, annuities, regular contributions from people not residing with you.

CURRENT EMPLOYER OR AGENCY PROVIDING INCOME FOR LAST THREE YEARS
 NAME ADDRESS PHONE NUMBER

GROSS INCOME (rate of pay) _____ (check the appropriate frequency below):

- PER WEEK _____
- EVERY TWO WEEKS _____
- TWICE MONTHLY _____
- MONTHLY _____

9. Assets (List all assets, which include, but are not limited to, sums in checking accounts, savings accounts, safe deposit boxes and cash on hand; stocks and bonds; certificates of deposit; real estate; other investments.

Checking Acct: Bank _____ Acct.# _____ Amt.\$ _____
 Passbook Savings: Bank _____ Acct.# _____ Amt. \$ _____
 Savings Certificate: Bank _____ Acct.# _____ Amt. \$ _____

Credit Union Shares: Credit Union Name: _____
 Address: _____ Amt. \$ _____

Current Eppicard Balance (Value):\$ _____ (from any of the following sources: TANF, Child Support, Social Security, SSI, Foster Care, Unemployment)

Stocks & Bonds (Value):\$ _____

War Bonds (Value):\$ _____

Do you now own real estate? Yes _____ No _____

If yes, give full address of property: _____

Have you disposed of any assets for less than Fair Market Value in the past two (2) years?
 Yes _____ No _____

10. Childcare Expenses:
 Do you pay for baby-sitting due to employment? Yes _____ No _____

If yes, child care provider's name: _____
 Provider's address: _____ Phone: _____
 Cost: Per Week \$ _____ or Per Month \$ _____

11. Medical Expenses:

Are you covered by Medicare or Medicaid: _____?

Do you pay for any medical insurance/hospitalization, such as Blue Cross, etc? (Do not include life insurance policies) Yes_____ No_____

If yes, give name of insurance company and policy number:

Name of Ins. Co.: _____ Policy No. _____

If paid directly to you, indicate amount of premium and how often paid: _____

Do you take prescription drugs on a regular basis: Yes_____ No_____

Do you anticipate any health care related expenses for the next 12 months which are not covered by health insurance? _____ If yes, explain: _____

12. Handicap/Disability Information - Optional

NOTE: YOU ARE NOT REQUIRED TO DISCLOSE INFORMATION PERTAINING TO A HANDICAP/DISABILITY STATUS, EITHER FOR YOURSELF OR FOR A FAMILY MEMBER. HOWEVER, THIS INFORMATION MAY HAVE A BEARING ON YOUR ELIGIBILITY FOR ASSISTANCE, MAY INFLUENCE YOUR MONTHLY RENTAL RESPONSIBILITY, AND MAY QUALIFY YOU FOR AN ACCESSIBLE UNIT.

Do you or any family members on this application for rental have a condition which may be considered a physical or mental disability or handicap? Yes_____ No_____

Please list:

Name _____ Relationship _____ Does this condition require an accessible apartment unit? ___yes ___no (check one)

Do you pay for any care or apparatus required by a handicapped or disabled individual? Yes_____ No_____

If so, explain and indicate cost: _____

Cost per week _____ or cost per month _____

13. Have any criminal charges or complaints ever been filed against you or any member of the household for actions against people or property? Yes_____ No_____ (If "Yes", list where?)
City _____ County _____ State _____

14. Are you or any member of the household currently engaged in the illegal use of any drugs or controlled substances? Yes_____ No_____

Have you or any member of the household recently been or are you currently undergoing rehabilitative treatment for drug or alcohol addiction? Yes_____ No_____ If "Yes", please provide name of treatment center and attending physician:

(Treatment Center)

(Physician's Name)

15. Are you as applicant or any member of your household subject to a lifetime registration requirement under any state sex offender registration program? Yes ____ No ____

If you checked "Yes" please provide details below. Failure to respond to this question may jeopardize the approval of the application.

16. References:

Checking ____ Bank: _____
 Savings ____ (Name and Phone Number)
 Loan ____

 (Bank Address) (Account Number)

17. Monthly payments you must make:

NAME & ADDRESS OF COMPANY	ACCT. NO.	MO. PAYMENTS
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Automobiles:

Make ____ Model ____ Year ____ Lic. No. ____ TDL # ____
 Make ____ Model ____ Year ____ Lic. No. ____ TDL # ____

19. Personal References:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

20. In case of an emergency, please notify:

NAME	RELATIONSHIP	PHONE	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____

NOTE:

- (1) This application and information contained therein must be renewed by calling the office **EVERY 6 MONTHS TO KEEP YOUR POSITION ON THE WAITING LIST.**
- (2) Deposit made for an apartment is refundable prior to signing of the lease. The owner/agent has 30 days in which to refund the deposit.
- (3) Copies of birth certificates and social security cards will be required on all household members prior to initial occupancy.

- (4) Applicants **MUST** provide a complete list of all states in which any household member has lived. Failure to provide accurate information to Owner/Agent is grounds to deny the application
- (5) Regardless of when the applicant and all household members move in, if any household member engages in criminal activity (including sex offenses) while living on the property, termination of the lease contract and eviction will be pursued to the extent allowed by the lease, HUD regulations and the state/local law.

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

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

PENALTIES FOR MISUSING THIS CONSENT:

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

This property does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

_____/_____
 Signature of Head of Household / Date

_____/_____
 Signature of Spouse or Co-Aplicant / Date

**BELOW FOR OFFICE USE ONLY
 APPLICATION RETURNED:**

Time: _____ Date: _____ Bedroom Size: _____

PROPERTY MANAGER: INITIAL, DATE, AND NOTE COMMENTS WHEN CONTACTED BY PROSPECTIVE RESIDENT, AS APPLICABLE, ON THE WAITING LIST.



Applicant's and Resident's Right to Request a Reasonable Accommodation

If you have a disability and you need:

- a *change or waiver in the rules or policies* of the property to make it easier to live in your unit, use the common facilities or participate in special program located on the property;
- a *physical modification* in your apartment or to some other feature of the property which would make it easier for you to reside in your unit or use the facilities located on the property; or
- a *more effective means of communication* to provide official information or permit you to contact the management office.

Then you can request these modifications or exceptions as to how the property conducts its operations by making a request for a Reasonable Accommodation. The right to request a Reasonable Accommodation is established under federal and state law.

If have a physical or mental limitation (disability) which meets the legal definitions under federal and state law and have a request that is not too expensive or difficult to arrange *and* this request will provide you with improved use of your unit or the common facilities of property, then we will try to fulfill your request.

You may make this request in writing using a Reasonable Accommodation Request Form or some other type of permanent and comprehensible document (e.g. a tape cassette) which answers all the questions on the Request Form. If you need assistance completing the Request Form, we can put you in touch with groups that can assist you. If you need more information about our procedures, we will be glad to explain them in a manner that is fully comprehensible by you. If this requires the use of sign language or another alternative form of communication, we will attempt to meet your needs.

We will give you an answer within fourteen (14) calendar days of our receipt of a Reasonable Accommodation Request unless there is a problem getting the information we require to verify the appropriateness of the request. If we require more time we will notify and explain the reason for the delay. We will let you know if we require more information or if we would like to propose an alternative solution which has a equal outcome to the accommodation requested.

If we turn down your accommodation request, we will provide a reason, and you will have an opportunity to provide additional information within fourteen (14) calendar days before we consider the matter closed.

You can obtain a Reasonable Accommodation Request Form at the site office.

RENTAL APPLICATION

For State or Federally Regulated Properties

PREFERENCES

According to the Federal Fair Housing Law, your application for housing will be selected based on your qualifications for any of the preferences listed below. This Management Company will treat all preferences EQUALLY and your place on the waiting list will be based on date of receipt of your application.

Please indicate below if you believe you qualify for any of the preferences below.

___ 1. I have been involuntarily displaced OR I have or will vacate my unit because of:

- A disaster such as fire or flood that makes the unit uninhabitable;
- Activity by government agency such as code enforcement or public improvement;
- Actions by the housing owner that are beyond my ability to control or prevent such as conversion to non-rental use. The action occurs despite my having met all previous conditions of occupancy and the action is other than a rent increase.
- Actual or threatened physical violence against myself or my family by spouse or other household member; (If applicant is rehoused in standard replacement housing, they do not qualify for the preference.)
- Applicants evicted for cause do not qualify.

___ 2. I am living in substandard housing.

A unit is substandard if it:

- Is dilapidated;
- Does not have operable indoor plumbing;
- Does not have a useable flush toilet or bathtub or shower inside for exclusive family use;
- Does not have electricity or has inadequate or unsafe electrical service;
- Does not have safe or adequate source of heat;
- Should have, but does not have, a kitchen;
- Has been declared unfit for habitation by an agency of the government;

** A homeless family as defined in the HUD Handbook 4350.3 is considered living in substandard housing.

___ 3. I am paying more than 50% of my gross monthly income for rent and utilities.

- Gross monthly income is 1/12 of annual income;
- Rent is the actual amount due on a monthly basis under a lease or occupancy agreement with the family's current landlord;
- Utilities are utilities purchased directly by tenants (excluding telephone) from utility suppliers;
- An applicant whose housing assistance was terminated in accordance with program requirements DOES NOT QUALIFY

I fully understand that Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false statements to any department or agency of the United States I therefore, certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquires to be made to verify the statements above.

Head/Applicant Signature

Other Adult Family Members Signature

Spouse/Co-Head/Co-Applicant Signature

Other Adult Family Members Signature



UNITED APARTMENT
GROUP

PERSONAL DECLARATION
(To be used at recertification and interim adjustments)

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household. All Adult members of the household must sign below certifying the information pertaining to them is correct. Please print.

1. **HOUSEHOLD COMPOSITION:** List all persons who will be living in your home. Listing head of household first:

ADULTS (Name)	BIRTH DATE	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #	MARITAL STATUS (optional)

CHILDREN (Name)	BIRTHDATE	RELATIONSHIP TO HEAD OF HOUSEHOLD

If separated or divorced, list name and address of spouse/ex-spouse as follows:

Name	Address, City-State, Zip Code	Social Security # (if known)
Name	Address, City-State, Zip Code	Social Security # (if known)

2. **TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household.

EMPLOYMENT: Name of household member who is employed: _____

Employer or Firm where employed: _____

Employment: _____

Phone	Address	City, State	Zip Code
-------	---------	-------------	----------

Other Family Member Employed: Name _____

Employer or Firm where employed: _____

Employment: _____

Phone	Address	City, State	Zip Code
-------	---------	-------------	----------



3. OTHER SOURCES OF INCOME:

TANF \$ _____
Child Support \$ _____
Social Security \$ _____
S.S.I (Supplement Check) \$ _____
V. A. Benefits \$ _____
Workers Compensation \$ _____
Unemployment Benefits \$ _____
Self: Odd jobs earnings \$ _____

Rental Property Income \$ _____
How often: _____
Stock Dividends \$ _____
How Often: _____
Savings Account \$ _____ % rate.
Bank Name: _____
Account #: _____
Checking Account Yes _____ No _____
Bank Name: _____
Account #: _____

Assets:

Have you disposed of any assets for less than fair market value within the past two years? Yes _____ No _____

If yes, please explain: _____

Current Paycard Balance (Value):\$ _____ (from any of the following sources: TANF, Child Support, Social Security, SSI, Foster Care, Unemployment)

4. OTHER QUESTIONS INCLUDING SSN AND CRIME INFORMATION

- a. Does anyone outside of your household pay for any of your bills or give you money?
Yes _____ No _____. If yes, please explain? _____
- b. Have you or any other adult family members ever used any names or Social Security numbers other than the one you are currently using? Yes _____ No _____
- c. Have you or any family member lived in assisted housing? Yes _____ No _____
- d. Have you or anyone in your household ever been convicted of any crime other than a traffic violation?
Yes _____ No _____. If yes, please explain? _____
- e. Are you or any member of your household subject to a lifetime registration requirement under any state sex offender registration program? Yes _____ No _____
If you checked "Yes" please provide details below. Failure to respond to this question may jeopardize the approval of this recertification.

- f. Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes _____ No _____. If yes, please explain?

5. VEHICLE INFORMATION:

Do you own a car? _____ Model/Year _____ License No. _____
Do you own a second car? _____ Model/Year _____ License No. _____
Do you drive someone else's car? _____ Model/Year _____ License No. _____

6. EXPENSES:

- a. Do you or anyone in your household pay for childcare or depended care? Yes _____ No _____
If yes, please provide approximate monthly amount: \$ _____



- b. Do you or anyone in your household pay for prescription medications which were not covered by Medicare or insurance? Yes ___ No ___.
If yes, please provide approximate monthly amount: \$ _____
- c. Do you or anyone in you household pay for medical equipment prescribed by your doctor and or not covered by Medicare or insurance. Yes ___ No ___.
If yes please provide approximate amount. \$ _____
- d. Do you or anyone in your household pay for outstanding medical bills, such as doctor/hospital which was not covered by Medicare or insurance? Yes ___ No ___.
If yes, please provide approximate monthly amount. \$ _____
Name of household member paying for the above expenses: _____

CERTIFICATION

I hereby swear and attest that all of the information above about me is true and correct. I understand that all changes in the income of any household member as well as any changes in the household composition must be reported to the management immediately.

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information.

_____	_____
Head of Household Signature	Date
_____	_____
Spouse Signature	Date
_____	_____
Adult Member Signature	Date
_____	_____
Adult Member Signature	Date

PENALTIES FOR MISUSING THIS CONSENT:

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

In case of an emergency who may we contact:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988.

Name: Patrice Walker, 7334 Blanco Rd. #300, San Antonio, TX 78216 Telephone - Voice: (210) 492-1570 Telephone - TTY: (800) 735-2989





UNITED APARTMENT
GROUP

NATIONAL CRIMINAL BACKGROUND CHECK AUTHORIZATION

Date: _____

To: _____

From: _____

RETURN THIS VERIFICATION TO THE PROPERTY LISTED ABOVE

SUBJECT: Verification of National Police/Criminal Background Check for the following person:

NAME: _____ Social Security # _____

ADDRESS: _____ APT #: _____ City, state, zip _____

Dear Sir/Madam:

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

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

VERIFICATION REQUESTED:

A. Please indicate in the space below whether and when any family members have been convicted or have any pending charges of any crimes related to the following:

- | | |
|-----------------------------|--|
| 1. Homicide/Murder | 8. Drug trafficking/use/possession |
| 2. Rape or child molesting | 9. Child abuse/domestic violence |
| 3. Burglary/robbery/larceny | 10. Public intoxication/drunk & disorderly |
| 4. Threats or harassment | 11. Receiving stolen goods |
| 5. Destruction of property | 12. Fraud |
| 6. Vandalism | 13. Prostitution |
| 7. Assault or fighting | 14. Disorderly conduct |



B. Please also indicate whether and when this person is listed on a lifetime registration requirement under any state sex offender registration program.

Family Member Names	S.S. #	Crime(s)	Date	Status/Disposition

Signature _____

Title _____ / Phone _____ / Date _____

RELEASE: *I hereby authorize the release of the requested information.*

Signature of Applicant/Resident _____ / Date _____

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

PENALTIES FOR MISUSING THIS CONSENT:

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

This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Patrice Walker
Address: 7334 Blanco Rd. #300
City, State, Zip: San Antonio, TX 78216
Telephone - Voice: (210) 492-1570
Telephone - TTY: (800) 735-2989

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.

Applicant/Resident Income/Assets/Deductions Statement

In accordance with HUD Handbook 4350.3 regulations governing the gross annual income of all household members 18 years and older, I hereby certify that I do/do not receive, possess or qualify for the income/assets/or deductions listed below:

YES NO INCOME SOURCE(S):

___ ___ Gross amount of wages, salaries, overtime, commissions, fees, tips bonuses, and any other compensation received for personal services of all adults, including those under age 18 who is Head, Co-head, or Spouse

___ ___ Net income, salaries, and other amounts distributed from a business

___ ___ Welfare Assistance payments

___ ___ Gross amount of periodic Social Security payments

___ ___ Payments in lieu of earnings, such as unemployment, and disability compensation, worker's compensation, and severance pay

___ ___ Alimony and/or Child Support

___ ___ Full amount of annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts
Other _____

___ ___ Delayed periodic payments received because of delays in processing unemployment, welfare, or other benefits, but not SSI or SS payment

___ ___ Interest, dividends, and other income from net family assets

___ ___ Recurring monetary contributions or gifts regularly received from persons living outside your household

___ ___ Relocation Payments pursuant to Title II of the of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970

___ ___ Actual Income distributed from Nonrevocable Trust Funds

___ ___ I do not have any income of any type from any source at the present time

___ ___ I pay for childcare in order to attend school

___ ___ If employed, is child care paid to enable you to work or look for work?

___ ___ I pay for medical insurance premiums

___ ___ I have regular "out of pocket" medical expenses.

___ ___ I pay for handicap apparatus or care which enables an adult family member to work

ASSET INFORMATION:

___ ___ Savings Account

___ ___ Checking Account

___ ___ Cash held in safe deposit boxes, at home, etc.

___ ___ Stocks, Bonds, Treasury Bills, Certificates of Deposit, Money Market Accounts

___ ___ Individual Retirement and Keogh Accounts

___ ___ Other Accounts not listed above _____

___ ___ Revocable Trusts

___ ___ Equity in Rental Property or other Capital Investments

___ ___ Cash Value of Whole/Universal Life Insurance Policies

___ ___ Personal Property held as an Investment

___ ___ Lump sum or one time receipts (including but not limited to Inheritances, Lottery Winnings, Insurance Settlements)

___ ___ Mortgage or Deed of Trust

___ ___ I do not currently own any assets

___ ___ Have you disposed of any assets in the last two years?

WARNING: Title 18, Section 1001 of the U.S. Code states that any person is guilty of a felony for knowingly and willingly making false or fraudulent statements or misrepresentation to any Department or Agency of the U.S. Government as to any matter within its jurisdiction.

I hereby certify that the above statements are true and correct and I understand that I must immediately report any changes to the management pursuant to the regulations and conditions set forth by HUD.

Signature

Date



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may 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 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

Completing The Application When you answer application questions, you must include the following information:

- Income**
- All sources of money you or any member of your household receive (wages; welfare payments, alimony, social security, pension, etc.);
 - Any money you receive on behalf of your children (child support, social security for children, etc.);
 - Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);
 - Earnings from second job or part time job;
 - Any anticipated income (such as a bonus or pay raise you expect to receive)

- Assets**
- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:
 HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



RESIDENT SELECTION PLAN

The Beauvoir Manor Apartments are located at 264 Stennis Drive, Biloxi, Ms. 39531. The property consist of 19 separate buildings, eighteen (18) two-story in height which contain one hundred forty-three (143) subsidized apartments and six (6) non subsidized and one (1) non revenue used for courtesy officer, plus a one-story which contains the office, laundry facility, clubroom and maintenance shop. The apartments income limits are very low and extremely low for Beauvoir Manor Apartments.

1. FAIR HOUSING AND EQUAL OPPORTUNITY REQUIREMENTS STATEMENTS OF NONDISCRIMINATION

It is the policy of this property to comply fully with Title VI of the Civil Rights Act of 1968, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, Fair Housing Amendments Act of 1988, and any legislation protecting the individual rights of residents, applicants, or staff which may subsequently be enacted.

The property shall not discriminate because of race, color, sex, familial status, religion, handicap, disability, or national origin in the leasing, rental, or other disposition of housing in any of the following:

- a. deny to any household the opportunity to apply for housing, nor deny to any eligible applicant the opportunity to lease housing suitable to its needs,
- b. provide housing which is different than that provided others,
- c. subject a person to segregation or disparate treatment,
- d. restrict a person's access to any benefit enjoyed by others in connection with the housing program,
- e. treat a person differently in determining eligibility or other requirements for admission,
- f. deny a person access to the same level of services, or
- g. deny a person the opportunity to participate in a planning or advisory group which is an integral part of the housing program.

The Property will seek to identify and eliminate situations or procedures which create a barrier to equal housing opportunity for all. In accordance with Section 504, the property will make reasonable accommodations for individuals with handicaps or disabilities (applicants or residents). Such accommodations may include changes in the method of administering policies, procedures or services.

In reaching a reasonable accommodation with, or performing structural modification for otherwise a qualified individual with disabilities the Property is not required to:

- a. make structural alterations that require removal or altering of load-bearing structure,
- b. provide support services that are not already part of its housing programs,
- c. take any action that would result in a fundamental alteration in the nature of the program or service,
- d. take any action that would result in an undue financial and administrative burden on the Property, including structural impracticality as defined in the Uniform Federal Accessibility Standards (UFAS).

2. PRIVACY POLICY

It is the policy of the Property to guard the privacy of individuals conferred by the Federal Privacy Act of 1974 and to ensure the protection of such individuals' records maintained by the Property.

Therefore, neither the Property nor its agents shall disclose any personal information contained in its records to any person or agency unless the individual about whom information is requested shall give written consent to such disclosure.

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



3. QUALIFYING FOR ADMISSION

Based on Federal Regulations, the Property may not admit ineligible applicants for admission, Eligibility Criteria has been established in accordance with HUD guidelines. All applicants will be screened carefully and the following eligibility standards will be applied:

In order to be eligible, a household must meet six tests:

- a. must have previously demonstrated an ability to pay rent and adhere to a lease;
- b. must have an Annual income at or below program income limits;
- c. must have a Social Security Number for each household member, if no Social Security Number assigned they must sign a certificate stating this;
- d. the household size must be appropriate for the available apartments;

Occupancy Standards: Applicants must meet the established occupancy standards. As a general policy There should be a minimum of one person per bedroom and no more than two persons per bedroom. Management shall take into consideration mitigating circumstances in cases where applicants or residents have a verifiable need for a larger unit.

Any family placed in a unit size different than that defined in these Occupancy Standards shall agree to transfer to an appropriate size unit when one becomes available (in accordance with the Transfer Policy and Lease Addendum).

Dwelling units will be assigned in accordance with the following standards:

<u>Bedroom Size</u>	<u>Persons Per Household</u>	
	<u>Minimum</u>	<u>Maximum</u>
0	1	1
1	1	2
2	2	4
3	3	6
4	4	8

- e. must have citizenship, naturalization, and/or eligible immigration status; and
- f. must not have a criminal background that falls in the following Criminal Activity:
 1. **Eviction for Drug Related Criminal Activity:** If the applicant or any household member has been evicted from federally assisted housing for drug related criminal activity, the applicant will be rejected.
 2. **Illegal Drug Use:** If the applicant or any household member is currently engaged in illegal use of a drug or shows a pattern of illegal use that may interfere with health, safety, or right to peaceful enjoyment by other residents, the application is rejected.
 3. **Alcohol abuse:** If a determination is made that the applicant or any household member's abuse, or pattern of abuse, of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents, the application will be rejected.
 4. **Sex Offenders:** If the applicant or any household member has a conviction or adjudication other than acquittal, for any sexual offense, the applicant will be rejected.

Being eligible, however is not an entitlement to housing. In addition, every applicant must meet the Resident Selection Guidelines. The Resident Selection Plan Guidelines are used to demonstrate the applicant's suitability as a resident using verified information on past behavior, to document the applicant's ability, either alone or with assistance, and to comply with essential lease provisions and any other rules and regulations governing residency.

4. APPLICATION INTAKE AND PROCESSING

It is the Property's policy to accept and process applications in accordance with applicable HUD Handbooks and Regulations when applicable.



All applications are taken on site at the property. All communications with applicants will be by First Class Mail. Failure to respond to letters may result in withdrawal of an application from further processing. Management may make exceptions to the procedures described herein to take into account circumstances beyond the applicant's control (for example, medical emergencies or extreme weather conditions).

Every application must be completed and signed by the head of the household, spouse, and every adult household member 18 years and older. All other members of the household will be listed on the Application. Staff assistance might take the form of answering questions about the Application, helping applicants who might have literacy, vision, or language challenges, and, in general, make it possible for interested parties to apply for assisted housing.

5. PRIORITIES FOR ACCESSIBLE OR ADAPTABLE APARTMENTS

For apartments accessible to, or adaptable for, persons with mobility, visual, or hearing impairments, households containing at least one person with such impairment will have first priority (as applicable for a particular apartment feature). NOTE: Current residents in good standing, requiring accessible/adaptable apartments, shall be given priority over applicants requiring the same type apartment. Where persons without disabilities are moved into apartments designed to meet special needs, they shall do so only after agreeing to move to an apartment with no such design features should an applicant or current resident require an accessible apartment of the type currently occupied by the persons without disabilities.

6. WAITING LIST SELECTION PROCEDURES

NOTE: Current residents, in good standing, who may qualify for rental assistance or who meet the qualifications listed in the Transfer Policy for transfer to a different unit shall be given priority over applicants. It is likely that there will be more applicants for housing than can be assisted. In order to select those families most in need of housing, the following categories will be the basis of selecting from among all applicants:

- a. Handicapped or disabled eligible families when units are designed for their use.
- b. Forty percent (40%) of all available (moved-out) units will be set aside for those families whose total gross family income does not exceed 30% of the median income as established by HUD.
 1. Applicants will be taken from the waiting list in order EXCEPT, if, at any time, the admission of the next on the waiting list would cause the property to fall below the 40% under 30% requirement, the next applicant who meets the under 30% income level requirement will be moved to the top of the list and admitted. The testing procedure will be applied to all admissions during the year and records regarding this procedure will be kept on an annual basis and in the rental office. The determination of compliance will be made annually and the documentation will be kept on file in the rental office.
 2. Marketing of these units will be targeted towards potential residents who have incomes that do not exceed 30% of the median income.

7. WAITING LIST MANAGEMENT

It is the policy of Management to administer its Waiting List as required by HUD handbooks and regulations.

a. Opening and Closing Waiting Lists

In order to maintain a balanced application pool, Property may, at its discretion, restrict application taking, suspend application taking, and close Waiting Lists in whole or part. Property will also update the Waiting List by removing names of those who are no longer interested in or no longer qualify for housing.



If Property has sufficient applications, it may elect to:

- 1) close the Waiting List completely,
- 2) close the Waiting List during certain times of the year, or

Decisions about closing the waiting list will be based on the number of applicants available for a particular size and type of apartment and the ability of Property to house an applicant in an appropriate apartment within a reasonable period of time. Closing the Waiting Lists, restricting intake, or opening the Waiting Lists will be publicly announced. Property will use a one year waiting period to determine whether the Waiting List may be closed.

During the period when the Waiting List is closed, Property will not maintain a list of individuals who wish to be notified when the Waiting List is reopened.

b. Change In Priority Status While on the Waiting List

Occasionally households on the Waiting List who did not qualify for a priority when they applied will experience a change in circumstances that qualifies them for Priority. In such cases, it will be the household's duty to contact the Property so that their change in status may be verified to reflect the Priority.

To the extent the verification determines the household does now qualify for a Priority, they will be moved up on the Waiting List in accordance with the Priority and their date of application.

c. Removal of Application from the Waiting List

Property will not remove an applicant's name from the Waiting List unless:

1. the applicant request that the name be removed,
2. the applicant was clearly advised, in writing, of the requirement to tell Property of his/her continued interest in housing by a particular time and failed to do so,
3. property made a reasonable effort, in writing, to contact the applicant to determine if there was continued interest in housing but has been unsuccessful, or
4. property has notified the applicant, in writing, of its intention to remove the applicant's name, because the applicant no longer qualifies for assisted housing, or
5. applicant refused offer of unit for other than medical reason.

8. INTERVIEWS AND VERIFICATION PROCESS

As applicants approach the top of the waiting list, they will be contacted to schedule an application interview. The interview shall be conducted in accordance with the HUD Handbook 4350.3.

No decisions to accept or reject applications shall be made until all information presented by the applicant on the Application has been verified.

9. VERIFICATION REQUIREMENTS

Property shall obtain verifications in compliance with requirements set forth in the HUD Handbook 4350.3. No decision to accept or reject an application shall be made until verifications keyed by the application form have been collected and any necessary Follow-up interviews have been performed.



a. Types of Verification Required

All information relative to the following items must be verified as described in these procedures:

1. Eligibility for Admission, such as
 - a) income, assets, and asset income
 - b) household composition
 - c) Social Security Numbers of household members or certification that Social Security has not been assigned
 - d) citizenship and/or legal status
2. Allowances, such as
 - a) age, disability, or handicap of household members
 - b) full time student status
 - c) child care costs
 - d) handicap expenses
 - e) medical costs (for elderly/handicap households only)
3. Priorities, Such as
 - a) income less than 30% of median income limits
4. Compliance with Resident Selection Plan Guidelines, such as
 - a) proof of ability to pay rent
 - b) previously demonstrated adherence to Lease
 - c) positive prior landlord reference, rent paying, caring for a home
 - d) history of criminal activity of any household member
5. Credit checks will be processed through approved credit bureaus with an approved credit rating. Exceptions include:
 - a) Medical collections.
 - b) Proof of satisfactory dispute of credit rating.
 - c) Applicant shows period of credit problems which have been corrected.
 - d) Applicant has proof of repayment of debt. Proof must be a statement of satisfaction from creditor, court, or other legal proof.
6. Special Program Requirements, such as
 - a) special needs housing based on disability
7. Current status as a HUD recipient

All the above information must be documented and appropriate verification forms or letters placed in the applicant or resident file.

b. Period for Verification

Only verified information that is less than 120 days old may be used for verification or recertification. Verified information not subject to change (such as a person's date of birth) need not be re-verified.

c. Forms for Verification – documentation required, as part of the verification process, may include:

- 1) checklists completed as part of the interview process and signed by the applicant
- 2) verification forms completed and signed by third parties
- 3) reports of interviews
- 4) documentation, i.e., award letters, pay stubs, bank statements, etc
- 5) notes of telephone conversations with reliable sources
- 6) facsimile, e-mail and internet

At a minimum, such reports will indicate the date and time of the conversation, source of the information, name and job title of the individual contacted, and a written summary of the information received.



Management staff will be the final judge of the credibility of any verification submitted by an applicant. If the staff considers documentation to be doubtful, it will be reviewed by Management staff who will make a ruling about its acceptability. Management staff who will continue to pursue credible documentation until it is obtained or the applicant is rejected for failing to produce it.

- d. Sources of information – Sources of information to be checked may include, but not be limited to:
1. the applicant by means of interviews
 2. present and former housing providers
 3. present and former employers
 4. credit checks and management record services
 5. household social workers, parole officers, court records, drug treatment centers, physicians, clergy, INS
 6. law enforcement
 7. The Enterprise Income Verification System (EIV) provided by HUD
 8. The Department of Human Services
 9. The Social Security Administration (SSA)
 10. Medicare/Medicaid

In addition, HUD provides the owner/agent with information about an applicant's current status as a HUD housing assistance recipient. The Owner/agent will use the Enterprise Income Verification System to determine if the applicant or any member of the household is currently receiving HUD assistance. Nothing prohibits a HUD housing assistance recipient from applying to this property. However, the applicant must move out of the current property and/or forfeit any voucher before HUD assistance on this property will begin (please also see Single Residence Criteria). Special Consideration applies to minor children where both parents share 50% custody. If the applicant or any member of the applicant's household fails to fully and accurately disclose rental history, the application may be denied on the applicant's "misrepresentation of information."

- e. Preferred Forms of Verification- Verifications shall be attempted in the following order:
1. Third – party written
 2. Enterprise Income Verification
 3. third – party oral with record kept in files
 4. copies of third party documents provided by the household (i.e. Social Security or agency printout, award letter, pay stubs, bank statements, pharmacy printouts, payment book stubs for medical insurance premium, etc.)
 5. in the absence of any of the above, affidavits from the household

Each file will be documented to show that the Property staff attempted to obtain third-party written documentation before relying on some less acceptable form of information.

10. ATTEMPTED FRAUD

Any information provided by the applicant that verification proves to be untrue may be used to disqualify the applicant for admission on the basis of attempted fraud. The Property considers false information about the following to be grounds for rejecting an applicant:

1. income, assets, household composition
2. Social Security Numbers
3. preferences and priorities
4. allowances
5. previous residence history or criminal history
6. citizenship, naturalization, and/or eligible immigration status

Unintentional errors that do not cause preferential treatment will not be used as a basis to reject applicants.



11. DETERMINATION OF APPLICANT ELIGIBILITY

Information needed to determine applicant eligibility shall be obtained, verified, and the determination of applicant eligibility performed, in accordance with HUD and property eligibility requirements.

12. DETERMINATION OF APPLICANT QUALIFICATION

The Applicant Screening Policy

All applicants for HUD regulated housing will be screened according to the criteria set forth in these Resident Selection Guidelines. The following guidelines, which are based on those set forth in the HUD Regulations, relate to the individual behavior of each applicant household:

- a. Past performance in meeting financial obligations, especially rent.
- b. A record of disturbances of neighbors, destruction of property, or housekeeping habits at prior residences which may adversely affect the health, safety, or welfare of other residents or cause damage to the apartment or community.
- c. Involvement in criminal activity on part of any applicant household member which would adversely affect the health, safety or welfare of other residents.
- d. A record of eviction from housing or termination from residential programs.
- e. An applicant's ability and willingness to comply with the terms of the Property's Lease and community's policies.
- f. An applicant's misrepresentation of any information related to eligibility, allowances, household composition, or rent.

HUD REGULATORY PREFERENCES

Under HUD regulation related to applicants who have been displaced by government action or presidential declared disaster.

The applicant must provide the Property with written verification that they are eligible for the Preference.

13. How Applicant's History Will be Checked

Listed below are the methods by which every applicant's performance, relative to each of the five criteria, will be checked:

1. Past performance meeting financial obligations, especially rent:
 - a. Credit check with Credit Bureau.
 - b. Contacting the current landlord and at least one prior landlord. The Landlord Verification Form will be used to gather previous rental history information,
 - c. The reason for checking with prior housing providers is that current housing providers of dangerous, destructive, or costly applicants may misrepresent information about them to get the Property to take over their problems. Contacts with all prior housing providers for at least the past 10 years are to be pursued.
 - d. If verified records of timely rental payments are received from management (s), no further documentation of past performance in meeting financial obligations, especially rent, need to be collected.

Otherwise eligible households who apply for housing with outstanding balances owed to the Property must pay any balance owed within 120 days of filling an application prior to being placed on the Waiting List. Failure to pay within the allotted time will result in the application being rejected.



2. Disturbance of neighbors, destruction of property, or living or housekeeping habits that would pose a threat to other residents:
 - a. Staff will check for potential problems with the current management and at least one former management using the Landlord Verification Form.
 - b. If the applicant is not currently living under a lease with a management, the housing provider will be asked to verify the applicant's ability to comply with Property lease terms as it relates to these guidelines. Any area for which the applicant has upkeep responsibility will be inspected.
 - c. An applicant's behavior toward Property Manager will be considered in relation to future behavior toward neighbors. Physical or verbal abuse or threats by an applicant toward Property Staff will be noted in the file.
3. Involvement in criminal activity on the part of any applicant household member which would adversely affect the health, safety, or welfare of other residents.
4. Criminal history checks of convictions and outstanding warrants with local, state and possibly federal authorities.
5. A record of eviction from housing or termination from residential programs will be considered:
 - a. Property Manager will check Property records, management records, and other records to determine whether the applicants have been evicted from the Property, any other assisted housing, or any other property in the past.
 - b. Records of eviction from residential programs will be checked with service agencies and with housing providers referred by applicant
 - c. Circumstances of any past eviction or termination in determining its relevance to Property tenancy.
6. Ability and willingness to comply with the terms of the Lease and Community Policies:
 - a. If an applicant is able to document that he/she is complying with Lease terms and Community Policies in current and former residences, through a combination of management references and the home visit, of applicable, this criterion will be considered to have been satisfied.
7. An applicant's misrepresentation of any information related to eligibility, award of priority for admission, Allowances, household composition, or rent.
 - a. If, during the course of processing an application, it becomes evident that an applicant has falsified or otherwise misrepresented any facts about his/her current situation, criminal history, or behavior in a manner that would affect eligibility. Federal preferences, priorities, application selection criteria qualification, allowances, or rent, the application shall be rejected.

14. OBTAINING APPLICANT RELEASES

When applicants are interviewed prior to the eligibility and reference determination, all adult household members must sign the necessary releases required for gathering information needed to determine eligibility.

15. REVIEW OF RECOMMENDATIONS FOR ADMISSION OR REJECTION

- a. If the applicant requests an additional interview to determine whether mitigating circumstances or reasonable accommodations would make it possible to accept his/her application, Management will do so based on Section 504 of the Rehabilitation Act of 1973.
- b. If an applicant is clearly eligible and passes the screening guidelines, admission shall be authorized. Likewise, if the applicant is ineligible, rejection shall be authorized.
- c. Management will follow the grievance process on compliance with requirements set forth in the HUD Handbook 4350.3.



16. APPLICANTS WITH DISABILITIES OR HANDICAPS

Management must consider whether to reconsider a rejection of an applicant if he/she has a disability and the reasons for the rejection could be overcome by management's reasonable accommodation of the applicant's disability. For reasonable accommodations to apply there are several requirements. First, the applicant must have a verifiable disability (mental or physical impairment that substantially limits one or more major life activities). The disability must have a direct correlation to the reason the applicant would be rejected. The applicant must request the reasonable accommodation and provide verification of his/her disability and his/her need for the accommodation. Finally, for the accommodation to be reasonable it cannot result in a financial or administrative burden to the property. In some situations, even with reasonable accommodations, applicants with disabilities cannot meet essential program requirements. In these situations the applicant is not eligible and the applicant will be rejected. Examples of such situations are where the behavior or performance in past housing caused a direct threat to the health or safety of persons or property; past history or other information that shows the applicant's inability to comply with the terms of the Property's lease; or an objective determination that the applicant would require services from management that represent an alteration in the fundamental nature of the Property's program.

1. If an applicant makes a request, management will provide a reasonable accommodation if the applicant has a verifiable disability that is directly related to the request and providing the reasonable accommodation will not result in a financial or administrative burden to management.

17. REJECTION OF INELIGIBLE OR UNQUALIFIED APPLICANTS

The Property complies with applicant rejection set forth in the HUD Handbook 4350.3. Management reserves the right to reject applicants for admission if it is determined that the applicant or any member of the household falls within any one or more of the following categories:

- a. **Misrepresentation:** Willful or serious misrepresentation in the application procedure for the apartment or certification process for any government assisted dwelling unit.
- b. **Records of Disturbance of Neighbors, Destruction of Property or Other Disruptive or Dangerous Behavior:** Includes behavior or conduct which adversely affects the safety or welfare of other persons by physical violence, gross negligence or irresponsibility, which damages the equipment or premises in which the family resides; or which is disturbing or dangerous to neighbors or disrupts sound family and community life.
- c. **Violent Behavior:** Includes evidence of acts of violence or of any other conduct, which would constitute a danger or disruption to the peaceful occupancy of neighbors.
- d. **Non-compliance with Rental Agreement:** Includes evidence of any failure to comply with the terms of rental agreements at prior residences, such as failure to recertify as required, providing shelter to unauthorized persons, keeping pets, or other acts in violation of rules and regulations.
- e. **Owing Prior Landlords:** Applicants who owe a balance to present or prior landlords will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the contributing causes for nonpayment of rent or damages have changed sufficiently to enable the family to pay rent and other charges when due.
- f. **Owing Utility Providers:** Applicants who owe a balance to the local utility provider for present or prior residences will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the contributing causes for failure to pay the utility bill have changed sufficiently to enable the family to pay and maintain utilities in the name of the head of household.
- g. **Unsanitary or Hazardous Housekeeping:** Includes generally creating any health or safety hazard through acts of neglect and causing or permitting any damage to or misuse of premises and equipment, if the family is responsible for such hazard, damage or misuse; causing or permitting infestation, foul odors or other problems injurious to other persons' health, welfare or enjoyment of the premises; depositing garbage improperly; failing to use in a reasonable and proper manner all utilities, facilities, services, appliances and equipment within the dwelling unit or failing to maintain them in a clean condition; or any other conduct or neglect which could result in health or safety problems or in damage to the premises.



- h. **Credit History:** A consistent, severe or recent history of deficiencies in overall credit or rent payment which indicate the family will be unable or would otherwise fail to pay when due rent for the apartment and other expenses relating to occupancy of the apartment.
- i. **Criminal Activity:** Management has established a policy to reject all applications where the applicant or any household member has engaged in criminal activity. The activities that will be grounds for rejection of an application are as follows:
 - a. Any conviction or adjudication other than acquittal within the 25 years which involved injury to a person or property.
 - b. Any conviction or adjudication other than acquittal for the sale, distribution or manufacture of any controlled or illegal substance.
 - c. Any conviction or adjudication other than acquittal within the 25 years involving illegal use or possession of any controlled or illegal substance.
 - d. Any current illegal user or addict of a controlled or illegal substance.
 - e. Any act which results in the person's tenancy constituting a threat to the health or safety of other individuals, result in substantial physical damage to the property of others, or interfere with the peaceful and quiet enjoyment of the premises. Any criminal offense that is a felony and misdemeanor one (1), a misdemeanor two (2) under 10 years old, and a misdemeanor three (3) under 5 years old.
 - f. Any conviction or adjudication other than acquittal, for any sexual offense.
 - g. Any conviction or adjudication other than acquittal, which involved bodily harm to a child.
 - h. **Eviction for Drug Related Criminal Activity:** If the applicant or any household member has been evicted from federally assisted housing for drug related criminal activity, the application will be rejected.
 - i. **Alcohol Abuse:** If a determination is made that the applicant or any household member's abuse, or pattern of abuse, of alcohol interferes with the health, safety or right to peaceful enjoyment of the premises by other residents, the application will be rejected.

Management reserves the right to require criminal background checks at any time during residency if in receipt of credible and verifiable information.

18. ACCEPTANCE AND MOVE-IN OF ELIGIBLE AND QUALIFIED APPLICANTS

- 1. Determination for Rent and Security Deposit
- 2. Monthly rent and security deposit amount will be determined in accordance with the Federal regulations governing the housing program and state law.

19. OFFERING AN APARTMENT

When an apartment becomes available for occupancy, it will be offered to the applicant at the top of the Waiting List for that apartment type. If the applicant cannot be contacted within five (5) working days, the offer will be cancelled and the apartment will be offered to the next applicant on the Waiting List.

In that event the first applicant will be sent a letter requesting confirmation of its interest in remaining on the Waiting List. If the applicant replies affirmatively, its application will retain its position on the Waiting List. If the reply is negative, or if no reply is received within five (5) working days, the applicant will be withdrawn.

If an applicant rejects an offer twice, the applicant is removed from the Waiting List.

20. PRIOR TO MOVE-IN

- 1. Management will explain the HUD regulations regarding the following:
 - a. Security Deposits
 - b. Annual Recertification's
 - c. Interim Recertification's



- d. Unit Inspections
- e. Community Policies
- f. Transfer Policy

2. All adult members, age 18 and older, of the household will sign the lease, Community Policies, and related documents.
3. The applicant and management will inspect the apartment and sign the Move-In Inspection form.
4. The applicant will pay the Security Deposit.
5. The applicant will pay the rent for the first month, as set forth in the Lease.
6. The applicant will be given a copy of the Lease, the Move-in Inspection form, Community Policies, and the receipt for Security Deposit and first month's rent.

21. TRANSFER POLICY

1. The following reasons for transfer will be reviewed and may be granted:
 - a. Because of a Reasonable Accommodation due to a disability of a household member, a household may require an apartment that is larger than the apartment size provided in the Property's Occupancy Guidelines.
 - b. A change in the household size requiring an increase or decrease in the apartment size to accommodate the new household size.
 - c. Because of an increase in family composition for additional occupancy.
 - a. Determine appropriate unit size
 - b. Determine whether a transfer is required.
2. Residents requesting transfer for the above reasons will be placed on a transfer list based on apartment size requested.
3. Residents with disability(ies) will be given priority for an apartment with accessible features.
4. Transfers should occur after the completion of the initial lease term (except if based on accessibility needs) completed in the middle of the month, and are limited to 30 days, to move out of the current apartment, and to move in to the new apartment.
5. When a household transfers to a new apartment, management may:
 - a. transfer the existing deposit, or
 - b. close out the existing deposit, deduct resident charges, and determine a new security deposit on the new TTP or program requirement.

NOTE: Current residents, in good standing, who may qualify for rental assistance or who meet the qualifications listed in the Transfer Policy for transfer to a different unit shall be given priority over applicants.

22. AT MOVE-IN – Keys to the apartment will be issued to the household.

23. FAILURE TO MOVE-IN ON TIME

If a household fails to move in on the agreed date, the application will be declined and the apartment will be offered to the next household on the Waiting List.

24. STUDENTS

1. Fiscal Year (FY) 2006 appropriations for HUD were recently enacted in Public Law 109-115(119 Stat. 2936), which was approved on November 30, 2005 (the act). HUD's appropriations are found in Title III of this law. Section 327 of the administrative provisions of Title III place restrictions on housing assistance that can be provided to students of higher educations under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Specifically, Section 327 of Public Law 109-115 (Section 327) provides as follows:
 - a. No assistance shall be provided under Section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f) to any individual who-



1. Is enrolled as a student at an institution of higher education (as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002);
 2. is under 24 years of age;
 3. is not a veteran;
 4. is unmarried;
 5. does not have a dependant child;
 6. Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible, to receive assistance under section 8 of the United States Housing Act 1937 (42 U.S.C. 1437f)
- a. For purposes of determining the eligibility of a person to receive assistance under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f), any financial assistance (in excess of amounts received for tuition) that an individual receives under the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), from private sources, or an institution (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002). Shall be considered income to that individual, except for a person over the age of 23 with dependant children.
- The new law is intended to address recent incidents of college students obtaining federal housing assistance without their educational financial assistance counting as income for purposes of income eligibility for federal housing assistance. The law also describes how educational financial assistance is to be treated in the calculation of income for purposes of determining eligibility.
- Section 327 of the Act directs HUD to issue a final rule to carry out this section no later than the 30 days from the date of the enactment of the law. Since HUD finds the restrictions largely set forth in the statute.
- HUD strongly encourages public housing agencies, owners, and management agents administering Section 8 programs to, as soon as it practicable, recertify existing Section 8 participants that have family members that may meet the requirements of Section 327 of the Act. Prompt recertification, in addition to careful applicant screening, will ensure compliance with the restrictions of the new law.

Students with disabilities receiving Section 8 as of November 30, 2005, exempt from Section 8 restrictions

On July 27, 2006, president Bush signed into law an amendment that exempts college students with disabilities from the restriction on providing Section 8 rental assistance to college students if the student with the disability was receiving the assistance as of November 30, 2005. The text of the amendment is as follows:

Section 1. Exemption of persons with disabilities from Section 8 Rental Assistance Prohibition

Subsection (a) of section 327 of Public Law 109-115 (119 Stat, 2466) is amended –

- (1) in Paragraph (5), by striking “and” at the end;
- (2) by re-designating paragraph (6) as paragraph (7); and
- (3) inserting after Paragraph (5) the following new paragraph:

“(6) is not a person with disabilities, as such term is defined in section 3 (b) (3) (E) of the United States Housing Act of 1037 (42 U.S.C. 1437a (b) (3) (E) 0 and was not receiving assistance under such section 8 as of November 30, 2005.”

The exemption is effective as of July 27, 2006. The offices of Housing and Public and Indian Housing will be issuing a notice to this effect in the near future.

25. IMPLEMENTATION OF THE VIOLENCE AGAINST WOMEN ACT

On September 30, 2008, HUD issued Notice H 08-07 regarding the requirements and implementation of the Violence Against Women Act (VAWA) passed in 2005. VAWA provides legal protections to victims of domestic violence, dating violence or stalking. These protections prohibit Owner/Agents from rejecting applicants, evicting, or terminating assistance from individuals being assisted under a project based Section 8 program if the asserted grounds for such action is an instance of domestic violence or stalking.



With the release of this Notice, HUD released two new forms for use in the implementation of VAWA:

1. Form HUD – 91066, Certification of Domestic Violence or Stalking. Residents must be provided the option to complete this form when an Owner/Agent is trying to determine whether the protections afforded under the VAWA are applicable.
2. Form HUD – 91067, Lease Addendum – Violence Against Women and Justice Department Reauthorization Act of 2005. This addendum revises the lease to reflect the statutory requirements of the VAWA that are related to the project-based Section 8 assistance programs.
 - Properties must include this VAWA Lease Addendum with the Model Lease. The addendum should be implemented immediately for all new move-ins, and no later than annual recertification for current residents.

26. INCOME QUALIFICATIONS

All applicants must provide household income information to determine eligibility for residency investments, gifts, interest and income from other sources must be claimed to determine eligibility.

Each applicant must provide information necessary to verify all income sources and allowable deductions to determine the eligibility of the applicant prior to move-in.

Use of the Enterprise Income Verification (EIV) system is mandatory and required effective January 31, 2010 and will be used to determine if applicants are receiving Section 8 subsidy from their current landlord (EIV Existing Tenant Report). Other required reports that will be used for each resident are: 1) Failed Verification Report; 2) Deceased Tenant Report; 3) and, Multiple Subsidy Report. A copy of the AAMCI EIV policy is available upon request.

Enterprise Income Verification (EIV) will then be used on all residents at the recertification to check 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)

I have been given the opportunity to ask any questions that pertain to the Resident Selection Guidelines. I/We by signing below certify that we have read and received a copy of these guidelines.

Applicant's Signature

Date

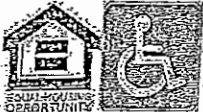
Applicant's Signature

Date

Grievance Procedure – When rejecting an application, management will:

1. provide notification in writing of reasons for rejection;
2. inform the applicant they have 14 days to request in writing a meeting to discuss the rejection;
3. participate through a representative in an informal meeting;
4. provide a written determination to the applicant within 5 days of meeting.

IT IS THE POLICY OF THIS COMPANY TO PROVIDE HOUSING ON EQUAL OPPORTUNITY BASIS; WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, FAMILIAL STATUS, NATIONAL ORIGIN OR HANDICAP.



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.

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

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

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

HUD Office requesting release of Information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): Department of Housing and Urban Development 100 West Capital St. Rm 910 Jackson, Ms. 39269	O/A requesting release of Information (Owner should provide the full name and address of the Owner.): Beauvoir Manor 264 Stennis Dr. Biloxi, Ms. 39531	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.): Navigate Housing 3020 I-55 N. Suite 230 Jackson, Ms. 39211-6324
---	---	---

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

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

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

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

1099-R Statement for Recipients of Retirement Plans W-2-G

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

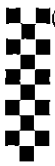
Signature & Date
cc: Applicant/Tenant
Owner file

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.



HARRISON COUNTY SHERIFF'S DEPARTMENT

TROY J. PETERSON
Sheriff

Post Office Box 1480 ♦ Gulfport, Mississippi 39502 ♦ 228-896-0606

Public Records Division
Phone: 228-896-0627
Fax: 228-896-0625

CRIMINAL BACKGROUND CHECK

I request a criminal background check from the Harrison County Sheriff's Department. I understand this criminal background check consists only of records of incarceration in the Harrison County Jail. I release the Harrison County Sheriff's Department from any liability regarding my criminal history.

Date: _____

Signature: _____

Print Name: _____

SSN: _____ Date of Birth: _____



LANDLORD VERIFICATION

TO: _____

DATE: _____, 20 ____

(address)

RE: Applicant Name: _____

(city, state and zip)

Address: _____

PROPERTY MANAGER/REGIONAL MANAGER/PROPERTY OWNER:

The person(s) herein identified is/are an Applicant/Resident for/in rental assisted housing, insured by the Federal Government. To become eligible, the Department of HUD requires the Owner to verify all aspects upon which eligibility is determined. That we may comply with HUD requirements we ask that you kindly provide the information herein requested. The information will only be used to determine eligibility status and will be kept in strict confidence. Your timely completion and return of this request will be highly appreciated. Stamped return envelope enclosed.

Beauvoir Manor
Apartment Community Name

Phone - 228-388-4537

264 Stennis Dr. Biloxi, Ms. 39531
Address, City, State, Zip

Fax - 228-388-3158

Amber L. Cunningham
Property Manager Name

RELEASE AND CONSENT:

I/We, the Applicant(s) tenant(s) agree to give the Management/Owner the authority to investigate my/our current and past rental record, tenant conduct, credit rating and all other information necessary to determine eligibility. I/We understand that any misrepresentation of information on my/our part will disqualify me/us from consideration for leasing and may be grounds for eviction.

Applicant/Resident Signature _____ Date _____

Current Landlord Previous Landlord Other _____

Dates of Applicant's Tenancy: From _____ To _____

1. RENT PAYMENT, PRACTICE

- A. Is/Was Applicant current on rent? _____ Rent Amount \$ _____
- B. Has/Had he/she ever been late? _____ How Late _____ How Often _____
- C. Have/Had you ever begun eviction proceedings for non-payment? _____
When _____

2. CARE OF UNIT, HOUSEKEEPING

- A. Does/Did the Applicant keep the unit clean and orderly? _____