



Rental Application Package

At initial application you were provided with:

- Tenant Selection Plan
- Rental Application
- Race and Ethnicity forms
- Family Summary Sheet, Section 214 Act (Citizen Eligibility Form)
- Citizenship Declaration

_____ (Applicant Initials) Acknowledgement of receipt for:

- Resident's Rights and Responsibilities
- HUD fact Sheets
- Is fraud worth it?
- EIV & YOU Brochure
- VAWA 5380
- VAWA 5382

The Rental Application must have all areas filled out, signed and dated by all household members' 18 years of age and older. Incomplete applications will not be placed on the waiting list.

1). Documents required to bring with your application:

- Acceptable Social Security number verification for all household members. See TSP for acceptable forms of verification.
- Birth certificates and/or acceptable verification of age for all household members. See TSP for acceptable forms of verification.
- Current government issued I.D. card/driver's license for all adults (18 years of age or older).
- All proof of income/assets to the household (MUST BE CURRENT INFORMATION):
Employment – last six consecutive paycheck stubs, social security award letters, child support, TANF, pensions, full-time student status (to include all grants, scholarships, financial aid and schedule), checking account – last six bank statements, savings account – current statement, stocks, bonds, certificates of deposits, money market accounts, etc. and any other income.

2). Waiting List Criteria:

- Management will conduct an initial screening of the application for HUD eligibility requirements in regards to income limits and family composition. The Tenant Selection Plan is contained in the application packet for additional information on eligibility requirements. Please read thoroughly.
- After the initial screening process or a later date, if determination is made that the applicant does not meet the eligibility criteria and the application is denied, management will notify the applicant in writing within 15 days stating the reason for denial and giving the applicant fourteen days to respond to the denial. If a response is not received within 14 days, the applicant is removed from the active waiting list.
- Applicants are placed on the waiting list on a first-come first-serve basis without regard to race, color, religion, sex, age, national origin, disability or familial status.
- All applicants MUST contact **PINE CREEK APARTMENTS** Management at least once every **three (3) months** to update information and/or demonstrate continuing desire for residency. Management accepts calls at **903-586-1871** on **MONDAY, TUESDAY, WEDNESDAY, THURSDAY and FRIDAY** of every week for application status updates. Failure to comply will result in being removed from the active waiting list and placed in the inactive file.

ALL APPLICATIONS MUST BE RETURNED IN PERSON TO MOUNT CARMEL VILLAGE APARTMENTS MANAGEMENT OFFICE OR RETURNED VIA THE MAIL AS WE NEED ORIGINAL SIGNATURES.

PLEASE RETURN THE COMPLETED APPLICATION TO THE MANAGEMENT OFFICE ON WEDNESDAY BETWEEN 9 AM TO 3 PM. THE APPLICATION MUST BE COMPLETELY FILLED OUT/ SIGNED/DATED BEFORE MANAGEMENT WILL ACCEPT THE APPLICATION.



Should you have any questions or need assistance in completing the application, please contact the management office.

By signing this rental application letter, I/We acknowledge receipt of the Rental Application package and have read both and agree to the guidelines in the Resident Selection Criteria and Rental Application Letter.

Date Signature of Applicant

Date Signature of Co-Applicant

Eureka Multifamily Group 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. Persons with disabilities have the right to request reasonable accommodations. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Tami Hudson 1108 Lavaca St, Ste 110-348 Austin TX 78701 PH 512-222-1665 TTY 800-735-2989 / Voice 800-735-2988



Title VII of the FAIR HOUSING ACT makes it illegal to discriminate based on race, color, religion, sex, age, national origin, familial status or handicap in connection with the rental of multifamily housing. We do business in accordance with this law.

Protection Provided Through the Violence Against Women Act: HUD provides protections for victims of domestic violence, dating violence, stalking and sexual assault. This is true for women and men and is true for persons affiliated with the victims who experience imminent threat. Victims are still required to comply with the requirements set forth in the lease (including lease attachments). If you would like additional information about the property VAWA policy, please reference the House Rules, the VAWA policy is posted on the property bulletin board or contact the property staff. If you would like to exercise your VAWA protections, please contact the management within (10) days of the date of this notice.

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

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)**

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

Notice and Consent for the Release of Information

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

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

| | | |
|---|---|--|
| HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): | O/A requesting release of information (Owner should provide the full name and address of the Owner.): | PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): |
| | Eureka Multifamily Group 1108 Lavaca St Ste 110-348 Austin, TX 78701 | |

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

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income 1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

| | |
|--|--|
| 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. | |

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

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

Signature of Applicant

Date

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

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



For Office Use Only

Date Received: _____

Time Received: _____

By: _____

Application for Housing Section 8

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

Each adult applicant must complete their own application. Please print clearly using an ink pen only. All sections must be completed or the Application will not be accepted.

| | | |
|---|--|---|
| Applicant Name | | |
| How did you hear about us? | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose | |
| Citizenship Status | <input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non – Citizen <input type="checkbox"/> Ineligible Non - Citizen | |
| What is your relationship to the Head of Household? | <input type="checkbox"/> Head of Household <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move-in) <input type="checkbox"/> None of the Above | |
| Current Address | | |
| Address Line 2 | | |
| City, State, Zip | | |
| Home Phone | | |
| Cell Phone | | |
| Email Address | | |
| Work Phone <input type="checkbox"/> N/A | | |
| May we contact you at work? <input type="checkbox"/> N/A | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Birth Date | | |
| Social Security Number | | |
| If you have no Social Security Number, you claim you are exempt because: | | <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10 |
| Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any applicant household members a veteran of the U.S. Military? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please list please the household member(s) names: | | |
| Are you a victim of a recent presidentially declared disaster? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently receiving housing assistance from HUD or a PHA? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If the head-of-household or co-head/spouse is not 62 or older, do you claim eligibility because the head-of-household or co-head /spouse is disabled? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a student enrolled in an institute of higher education? | | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, circle Part Time or Full Time |
| Have you ever been convicted of a crime? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both. | | <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor |
| Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, when? | | |
| Are you currently using marijuana for recreational or medicinal purposes? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any applicant household member(s) in a custody arrangement (full, joint, etc.) of any children in the household? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please indicate your current housing circumstances: | | <input type="checkbox"/> Standard <input type="checkbox"/> Substandard <input type="checkbox"/> Conventional <input type="checkbox"/> Public Housing <input type="checkbox"/> Lacking a Fixed Nighttime Residence <input type="checkbox"/> Fleeing/Attempting to Flee Violence |

Please indicate each state where you have lived: This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.

 AL AK AZ AR CA CO CT DE FL GA HI ID IN IA KS KY LA ME
 MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK
 OR PA RI SC SD TN TX UT VT VA WA WV WI WY Washington D.C

PREFERENCES

The owner/agent places household in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for a unit transfer or working family preference.

I currently live on this property: Yes No Unit Number _____
 I am currently working: Yes No

RENTAL HISTORY

| | |
|---|--|
| Are you currently homeless? If yes, please skip the section about your current landlord and answer questions related to previous landlord(s). Management must confirm your rental history for the last three years. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|--|--|
| Present Landlord | |
| Address | |
| Address 2 | |
| City, State, Zip | |
| Contact Name (if known) | |
| Phone Number | |
| How long have you lived at this address? | |
| Reason for leaving? | |
| Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (Includes roaches, bed bugs, rodents, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you currently have any outstanding overdue balances owed to this landlord? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you given this landlord notice that you will be moving? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you been evicted or is this landlord attempting to evict you or another person living with you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you even been asked, by this landlord, to sign a repayment agreement to return money to HUD? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| Previous Landlord | |
| Address | |
| Address 2 | |
| City, State, Zip | |
| Contact Name (if known) | |
| Phone Number | |
| How long have you lived at this address? | |
| Reason for leaving? | |
| Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (Includes roaches, bed bugs, rodents, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you currently have any outstanding overdue balances owed to this landlord? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you given this landlord notice that you will be moving? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you been evicted or is this landlord attempting to evict you or another person living with you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you even been asked, by this landlord, to sign a repayment agreement to return money to HUD? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you lived anywhere else in the last three years? If yes, management will require the contact information for any additional landlord. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

UTILITY PROVIDERS

| | |
|---|--|
| Do you have any overdue/outstanding balances owed to any utility provider? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you receive any assistance in paying your utility bills? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any payments or allowances made under the HHS Low-Income Home Energy Assistance Program (LEAP)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| If no, the monthly amount you receive to assist with your utility bills. | \$ _____ <input type="checkbox"/> NA |

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

If you are Head of Household (HOH), please complete this section which provides information about other household members. You must indicate one of the HUD approved relationship codes for each household member. If you are not the HOH, please skip to the question about pets & assistance/companion animals.

| | |
|---|--|
| Will anyone else live in the unit with you? If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How many people will live in the unit? | Adults _____ Minors _____ |

| | | |
|--|------------------------------|---|
| Member # | Household Member's Full Name | Relationship to Head of Household |
| 2 | | <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move-in) <input type="checkbox"/> None of the Above |
| Social Security Number _____ - _____ - _____ | | Date of Birth ____ / ____ / _____ |
| Please indicate each state where this person has lived: _AL _AK _AZ _AR _CA _CO _CT _DE _FL _GA _HI _ID _IN _IA _KS _KY _LA _ME _MD _MA _MI _MN _MS _MO _MT _NE _NV _NH _NJ _NM _NY _NC _ND _OH _OK _OR _PA _RI _SC _SD _TN _TX _UT _VT _VA _WA _WV _WI _WY _Washington D.C | | |

| | | |
|--|------------------------------|---|
| Member # | Household Member's Full Name | Relationship to Head of Household |
| 3 | | <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move-in) <input type="checkbox"/> None of the Above |
| Social Security Number _____ - _____ - _____ | | Date of Birth ____ / ____ / _____ |
| Please indicate each state where this person has lived: _AL _AK _AZ _AR _CA _CO _CT _DE _FL _GA _HI _ID _IN _IA _KS _KY _LA _ME _MD _MA _MI _MN _MS _MO _MT _NE _NV _NH _NJ _NM _NY _NC _ND _OH _OK _OR _PA _RI _SC _SD _TN _TX _UT _VT _VA _WA _WV _WI _WY _Washington D.C | | |

| | | |
|--|------------------------------|---|
| Member # | Household Member's Full Name | Relationship to Head of Household |
| 4 | | <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move-in) <input type="checkbox"/> None of the Above |
| Social Security Number _____ - _____ - _____ | | Date of Birth ____ / ____ / _____ |
| Please indicate each state where this person has lived: _AL _AK _AZ _AR _CA _CO _CT _DE _FL _GA _HI _ID _IN _IA _KS _KY _LA _ME _MD _MA _MI _MN _MS _MO _MT _NE _NV _NH _NJ _NM _NY _NC _ND _OH _OK _OR _PA _RI _SC _SD _TN _TX _UT _VT _VA _WA _WV _WI _WY _Washington D.C | | |

Applicant Name _____

| | | |
|--|------------------------------|---|
| Member # | Household Member's Full Name | Relationship to Head of Household |
| 5 | | <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move-in) <input type="checkbox"/> None of the Above |
| Social Security Number _____ - _____ - _____ | | Date of Birth ____ / ____ / _____ |
| Please indicate each state where this person has lived: __AL __AK __AZ __AR __CA __CO __CT __DE __FL __GA __HI __ID __IN __IA __KS __KY __LA __ME __MD __MA __MI __MN __MS __MO __MT __NE __NV __NH __NJ __NM __NY __NC __ND __OH __OK __OR __PA __RI __SC __SD __TN __TX __UT __VT __VA __WA __WV __WI __WY __Washington D.C | | |

| | | |
|--|------------------------------|---|
| Member # | Household Member's Full Name | Relationship to Head of Household |
| 6 | | <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move-in) <input type="checkbox"/> None of the Above |
| Social Security Number _____ - _____ - _____ | | Date of Birth ____ / ____ / _____ |
| Please indicate each state where this person has lived: __AL __AK __AZ __AR __CA __CO __CT __DE __FL __GA __HI __ID __IN __IA __KS __KY __LA __ME __MD __MA __MI __MN __MS __MO __MT __NE __NV __NH __NJ __NM __NY __NC __ND __OH __OK __OR __PA __RI __SC __SD __TN __TX __UT __VT __VA __WA __WV __WI __WY __Washington D.C | | |

| | | |
|--|------------------------------|---|
| Member # | Household Member's Full Name | Relationship to Head of Household |
| 7 | | <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move-in) <input type="checkbox"/> None of the Above |
| Social Security Number _____ - _____ - _____ | | Date of Birth ____ / ____ / _____ |
| Please indicate each state where this person has lived: __AL __AK __AZ __AR __CA __CO __CT __DE __FL __GA __HI __ID __IN __IA __KS __KY __LA __ME __MD __MA __MI __MN __MS __MO __MT __NE __NV __NH __NJ __NM __NY __NC __ND __OH __OK __OR __PA __RI __SC __SD __TN __TX __UT __VT __VA __WA __WV __WI __WY __Washington D.C | | |

PETS & ASSISTANCE/COMPANION ANIMALS

Please review the property NO Pet Policy and Assistance Animal Policy. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an animal in the unit? Yes No

If no, please move to the next section. If yes, please provide the following information.

| Animal Type (i.e dog, cat, turtle, etc) & Name | Breed (if applicable) | Height | Weight |
|--|-----------------------|--------|--------|
| | | | |

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member? Yes No

UNIT SIZE

The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance with HUD handbook 4350/3 Revision 1. Please indicate unit size preferences below. If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

Unit Size

| | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Efficiency |
| <input type="checkbox"/> | 1 Bedroom Unit (Towne Tower Only) |
| <input type="checkbox"/> | 2 Bedroom Unit (Valley Terrace Only) |
| <input type="checkbox"/> | 3 Bedroom Unit (Valley Terrace Only) |
| <input type="checkbox"/> | 4 Bedroom Unit (Valley Terrace Only) |

Special Features

| | |
|--------------------------|---|
| <input type="checkbox"/> | Mobility Accessible Unit |
| <input type="checkbox"/> | Communication Accessible Unit (Hearing) |
| <input type="checkbox"/> | Communication Accessible Unit (Visual) |
| <input type="checkbox"/> | Other Special Features: |
| | ○ _____ |

INCOME AND ASSEST INFORMATION

In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

| | |
|--|---|
| Are you employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide the name and address of you present employer below. | |
| Employer #1 | |
| Address | |
| Address 2 | |
| City, State, Zip | |
| Phone | |
| How much employment income do you expect to receive in the next 12 months? | \$ |
| How do you receive your income? | <input type="checkbox"/> Paper Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-Paid Card |
| Employer #2 | |
| Address | |
| Address 2 | |
| City, State, Zip | |
| Phone | |
| How much employment income do you expect to receive in the next 12 months? | \$ |
| How do you receive your income? | <input type="checkbox"/> Paper Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-Paid Card |

Please complete the following questionnaire for other income. Please write 0.00, NA or None if you will receive no income from these sources. THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.

| | | |
|------------------------------|---|----|
| Monthly Social Security? | <input type="checkbox"/> Paper Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-Paid Card | \$ |
| Monthly SSI? | <input type="checkbox"/> Paper Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-Paid Card | \$ |
| Monthly SSP? | <input type="checkbox"/> Paper Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-Paid Card | \$ |
| Monthly Retirement Benefits? | <input type="checkbox"/> Paper Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-Paid Card | \$ |
| Monthly VA Benefits? | <input type="checkbox"/> Paper Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-Paid Card | \$ |
| Monthly Public Assistance? | <input type="checkbox"/> Paper Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-Paid Card | \$ |

| | | |
|--|---|--|
| Are you entitled to Child Support? If yes, Monthly Child Support Amount? | <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-Paid Card | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ |
| Are you entitled to Child Support? If yes, Monthly Child Support Amount? | <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-Paid Card | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ |
| Income from a pension or annuity or other asset? | | \$ |
| Regular contributions from organizations or from individuals not living in the unit? | | \$ |
| Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits? | | \$ |
| Contributions from family for rent, child care or other bills? | | \$ |
| Any lump sum amounts from delay of payments for SSI or VA Disability? | | \$ |
| Do you receive financial aid for education assistance? If yes, annual amount of education assistance? | | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ |
| Other? | | \$ |
| Other? | | \$ |
| Other? | | \$ |

| | |
|---|---|
| Have you sold, disposed of, or given away real property or any other assets for less than fair market value, exceeding \$1000.00 (including cash donations) in the past two years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you given any money to charities in the past two years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any benefits deposited in to a Direct Express Debit Card account? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a checking account? (If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the assets in accordance with HUD requirements. Please save your bank statements.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a savings account? Current Balance – Please write 0.00, NA or None if the account balance is zero. | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ |
| Do you have cash that is not deposited in an account? Current Value | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ |
| Do you have a 401K or other employment savings accounts? Current Value – Please write 0.00, NA or None if the account balance is zero. | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ |
| Do you own an IRA or other retirement account? Current Value – Please write 0.00, NA or None if the account balance is zero. | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ |
| Do any of your retirement accounts have a Required Minimum Distribution? Amount? | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ |
| Do you own a home or other property? Current Value – Please write 0.00, NA or None if the account balance is zero. | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ |
| Do you have business income? Current Value of Business – Please write 0.00, NA or None if the account balance is zero. | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ |
| Do you own stocks/bonds/certificates of deposit (CD)? Current Value – Please write 0.00, NA or None if the account balance is zero. | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ |
| Do you own a life insurance policy? Current Value – Please write 0.00, NA or None if the account balance is zero. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Whole <input type="checkbox"/> Term <input type="checkbox"/> Universal \$ |
| Do you own an annuity? Current Value – Please write 0.00, NA or None if the account balance is zero. | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ |
| Is there a trust fund in your name or have you established a trust fund for someone else? Current Value – Please write 0.00, NA or None if the account balance is zero. | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ |
| Do you have a safety deposit box? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have access to any other assets, property, insurance policies, businesses, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide a description of the asset(s) and the current asset value: | |

DEDUCTIONS

Household income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expenses below.

Medical Expenses: Households in which the head-of-household, co-head of household or spouse are disabled or at least 62 years old qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following.

| | |
|---|--|
| Health Insurance 1 – Annual Premium | \$ |
| Health Insurance 1 – Annual Deductible | \$ |
| Health Insurance 2 – Annual Premium | \$ |
| Health Insurance 2 – Annual Deductible | \$ |
| Dr. visit/medical treatments – Annual out-of-pocket expense | \$ |
| Prescription Drugs – Annual out-of-pocket expense | \$ |
| Do you have an HMO, a medical plan, or health insurance policy, which pays all or part of the cost of your medications? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please give the name of the HMO, plan, or insurance company: | |
| What amount (or percentage) of the cost must YOU pay? | \$ _____ % _____ |
| If you must pay for the medications yourself, are you later reimbursed all or part of the cost? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, who reimburses you? | |

| | |
|---|----|
| Over-the-counter medical expenses to treat a specific medical condition, Annual out-of-pocket expense? (i.e. aspirin to treat a heart or calcium supplements to treat osteoporosis) | \$ |
| Personal use items, Annual out-of-pocket expense (i.e. glasses, incontinent supplies, hearing aids) | \$ |
| Cost/Care for Assistance/Companion Animals, Annual out-of-pocket expense | \$ |
| Mileage to and from medical appointments | \$ |
| Other | \$ |
| Other | \$ |

Child Care: HUD allows you to deduct a certain amount of child care expense to allow a resident living in the unit to work, look for work or go to school. Please indicate any child care expense for any child listed on HUD Form 50059 who is 12 years of age or younger. Expenses for children 13 or older are not allowed as part of the deduction unless the child is disabled and such expense is necessary to allow an adult household member to work (see Disability Assistance Expense below).

| | |
|--|--|
| Do you pay for Child Care for a minor 12 years of age or younger? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child #1 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek Employment <input type="checkbox"/> Go to School | Monthly Amount \$ _____ |
| Child #2 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek Employment <input type="checkbox"/> Go to School | Monthly Amount \$ _____ |
| Child #3 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek Employment <input type="checkbox"/> Go to School | Monthly Amount \$ _____ |
| Child #4 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek Employment <input type="checkbox"/> Go to School | Monthly Amount \$ _____ |

Disability Assistance Expense: Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and “auxiliary apparatus” for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work by the attendant care or auxiliary apparatus.

| | |
|--|--|
| Do you pay for care or expenses for a disabled family member that allows any adult family member to work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Monthly Amount | \$ _____ |
| Name of Family Member who can work as a result of such an expense: | _____ |
| Do you pay for equipment that allows any adult family member to work? E.g. costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Monthly Amount | \$ _____ |
| Name of Family Member who can work as a result of such an expense: | _____ |

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification for 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 office 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 208 (a) (6), (7), and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that that statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I would like to request a complete copy of the owner/agents resident selection criteria. Yes No
 If yes, which option do you prefer? Paper Copy Electronic Copy

Applicant Name (please print) _____

Signature _____ Date _____

Mount Carmel Village Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Persons with disabilities have the right to request reasonable accommodations. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Tami Hudson 1108 Lavaca St, Ste 110-348 Austin TX 78701 PH 512-222-1665 TTY 800-735-2989 / Voice 800-735-2988