

The Summit at Orton Hill/The Summit at Plaza Drive
2817 EJ Campbell Blvd
Nacogdoches, TX 75961



Rental Application Package

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:

- a. Social security cards for all household members, or any of the following documents can be used to verify social security number. Original social security card, original document issued by a federal or state government agency which contains SSN, any other identifying information for the individual, driver's license with SSN, ID card issued by a medical insurance provider or by an employer or trade union, earning statements on payroll stubs, bank statement, form 1099, benefit award letter, retirement benefit letter, life insurance policy, or a certification that no number has been issued.
- b. Any of the following documents can be used to determine eligibility/proof of age: birth certificates, baptismal certificates, military discharge papers, valid passport, census document showing age, naturalization certificate, social security administration benefits printout.
- c. Current government issued I.D. card/driver's license for all adults (18 years of age or older).
- d. 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:

- a. Management will conduct an initial screening of the application for **HUD eligibility requirements** in regards to income limits and family composition. The **Resident Selection Criteria** is contained in the application packet for additional information on eligibility requirements. Please read thoroughly.
- b. 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.
- c. 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.
- d. All applicants **MUST** contact Management at least once every **three (3) months** to update information and/or demonstrate continuing desire for residency. 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 THE MANAGEMENT OFFICE OR RETURNED VIA THE MAIL AS WE NEED ORIGINAL SIGNATURES. THE MANAGEMENT OFFICE WILL ONLY ACCEPT APPLICATIONS TUESDAYS AND THURSDAYS BETWEEN 10-12PM AND 2-4 PM. PLEASE CALL THE MANAGEMENT OFFICE MON-FRI 9:00 TO 4:00 TO SCHEDULE AN APPOINTMENT TO RETURN AND/OR REVIEW YOUR APPLICATION. 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.

This will acknowledge I am in receipt of the additional RENTAL APPLICATION PACKAGE materials not provided at initial application:

- ___ Rental Application
- ___ Race and Ethnicity forms
- ___ Family Summary Sheet, Section 214 Act (Citizen Eligibility Form)
- ___ Citizenship declaration
- ___ Applicant/Resident Income/Expense verification
- ___ Certification of Zero income (if applicable)
- ___ Owner's notices for applicant's family
- ___ Certification of student eligibility
- ___ Verification of disability (if applicable)
- ___ Emergency Contact Information

- ___ Acknowledgement of receipt for:
 - Resident's Rights and Responsibilities
 - HUD fact Sheets
 - Is fraud worth it?
 - EIV & YOU Brochure
 - House Rules
 - Deposit and refund information
 - VAWA 5380 5382

Date Signature of Applicant

Date Signature of Co-Applicant

The Summit at Orton Hill/The Summit at Plaza Drive 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.

Arnold-Grounds 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 the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Karon Arnold 920 S. Main Street, Ste. 200, Grapevine, TX 76051 817-488-2011 x 102 TTY 800-735-2989 / Voice 800-735-2988

"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 a 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)."

For Office Use Only

Date: _____

Time: _____

Size: _____





Rental Application

FOR OFFICE USE ONLY

Property Name: The Summit at Orton Hill/The Summit at Plaza Drive

Address: 2817 EJ Campbell
City/State/Zip: Nacogdoches, TX 75961
Phone #: PH 936-569-8533

Date Rec'd:
Time Rec'd:
Received by:
Apt Size Requested:

HOUSEHOLD SUMMARY INFORMATION (List each household member applying to reside in the apartment.)
Please complete & attach a separate Applicant Information Addendum for each household member.

First Name	MI	Last Name	Relationship to Head Options are: Spouse Co-head Dependent Live-In aide Foster child/adult Other family member	Are you enrolled as student at an institute of higher education? Part of Full time?	Se
			Head of Household		

*Options for sex are 'Male', 'Female' or 'Chose not to Respond'

How did you hear about us?

Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next year? Yes No

Does Head of Household share custody of children who will reside in the household? Yes No If you answered "yes", what percentage of time does the child(ren) reside in your home?

CERTIFICATION OF APPLICANTS

I/We certify the information given in this application is accurate and complete. I/We understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application. I/We, by signature below, authorize the Owner/Agent to request and complete a criminal background check, rental history check, credit check, through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records, criminal background, credit records, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive and denied applications will be held for three years as required by federal regulation.

Signatures of Adult Members

Date



Rental Application



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.

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on individual needs.

Si usted est'a incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Ingl'es, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

Arnold-Grounds 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 the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Karon Arnold 920 S. Main Street, Ste. 200, Grapevine, TX 76051 817-488-2011 x 102 TTY 800-735-2989 / Voice 800-735-2988

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.



Applicant Information Attachment

Page 1 of 5 of Addendum for _____ (insert household member name here)

Head of Household _____ (insert Head of Household name here)

DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

TO BE COMPLETED FOR EACH HOUSEHOLD MEMBER, REGARDLESS OF AGE

Name:			Date of Birth:	
First	MI.	Last	/	/
Alias/Other Names:			SSN:	
Street Address:			Home Phone: () []	
City:			Work Phone: () []	
State		ZIP	Cell Phone: () []	

On the line below, list of all states you have ever resided in (regardless of duration)

If you have no Social Security Number, were you 62 years of age or older as of January 31, 2010? ☐ Yes ☐ No Were you receiving HUD rental assistance at another location on January 31, 2010? ☐ Yes ☐ No If yes, where? _____

This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of SSN.

Are you subject to a state sex offender lifetime registration requirement? ☐ Yes ☐ No If yes, which state? _____

Do you require an accessible unit due to a disability? ☐ Yes ☐ No

Are you a U.S. military veteran? ☐ Yes ☐ No

How did you hear about our community?

Please tell about your current housing circumstances (Check all that apply to your current situation): ☐ substandard housing ☐ standard ☐ conventional public housing ☐ lack a fixed nighttime residence ☐ fleeing/attempting to flee violence ☐ displaced due to a presidentially declared disaster

Race (Choose all that apply)

☐ American Indian ☐ Alaska Native
☐ Asian ☐ African American
☐ Native Hawaiian ☐ Pacific Islander
☐ White ☐ Other

Ethnicity

☐ Hispanic or Latino
☐ Not Hispanic or Latino

Check here if you choose not to disclose your race and ethnicity ☐

Race and ethnicity selections have no bearing on eligibility or selection. Rather, it is demographic information gathered to assess the effectiveness of the property's affirmatively fair housing marketing plan.

INCOME SOURCE(S) FOR THIS MEMBER (Indicate gross income before any deductions/garnishments occur)

Employment Income <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, () Full Time () Part Time	Start Date	Monthly Wages:
Employer			Employer Phone:
Full Street Address			

Add'l Employment Income-Other Sources <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, () Full Time () Part Time	Start Date	Monthly Wages:
Employer			Employer Phone:
Full Street Address			
Unemployment <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Issuing Gov't Agency	Monthly Amt.	
	State	Monthly Amt.	



Applicant Information Attachment

Page 2 of 5 of Addendum for _____ (insert household member name here)

Head of Household _____ (insert Head of Household name here)

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	Monthly Amt
Dual Entitlement <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amt
For Dual Entitlement, please provide the SSN for individual you are receiving benefits for SSN:	
Federal SSI <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amt
SSP (State portion of SSI) <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amt
Long/Short Term Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amt
Retirement <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amt
Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amt
Business Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Net Amt
Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amt
Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amt
General Assistance (TANF) <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amt
Other <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amt
Is anyone helping you with paying bills on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amt
If you answered yes above, please provide the name/address/phone of the individual assisting you.	
Name	Address
	Phone ()

ASSETS FOR THIS MEMBER			
Checking Yes <input type="checkbox"/> No <input type="checkbox"/>	Financial Institution	Single <input type="checkbox"/> Joint <input type="checkbox"/>	Balance
Savings Yes <input type="checkbox"/> No <input type="checkbox"/>	Financial Institution	Single <input type="checkbox"/> Joint <input type="checkbox"/>	Balance
CD Yes <input type="checkbox"/> No <input type="checkbox"/>	Financial Institution	Single <input type="checkbox"/> Joint <input type="checkbox"/>	Balance
Money Market Yes <input type="checkbox"/> No <input type="checkbox"/>	Financial Institution	Single <input type="checkbox"/> Joint <input type="checkbox"/>	Balance



Applicant Information Attachment

Page 3 of 5 of Addendum for _____ (insert household member name here)

Head of Household _____ (insert Head of Household name here)

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Trusts (revocable or irrevocable)	Financial Institution	Single [] Joint []	Balance
Mutual Funds Yes [] No []	Financial Institution	Single [] Joint []	Balance
Stocks/ Bonds Yes [] No []	Financial Institution	Single [] Joint []	Balance
Whole Life Ins. Yes [] No []	Insurance Provider	Single [] Joint []	Balance
Direct Express Debit Card Yes [] No [] (If you select "No", yet receive SSA benefits, you must provide a copy of the paper benefit checks your receive)			Balance
Debit Card: Child Support, Payroll, TANF Yes [] No []			Balance
Cash on Hand [] Yes [] No []			Amt.
Do you own real estate (home, land, etc)? [] Yes [] No []		Estimated Market Value \$	
Do you own a collection held as an investment? [] Yes [] No []		Estimated Market Value \$	
Have you disposed of any assets for less than fair market value within the last two years? [] Yes [] No []			
Estimated Market Value \$			
If "Yes", provide date of disposal ____/____/____		Amt. Received \$	
MEDICAL EXPENSES			
Is the Head, Spouse, or Co-Head of your household either age 62+ or disabled? [] Yes [] No []			
If you answered no, skip to the next section.			
If you answered yes, only list out-of-pocket expenses <u>this member</u> pays on a regular basis for which he/she is not reimbursed.			
Monthly Medicare premiums: \$	Monthly prescription copay costs \$		
Monthly Medical Insurance: \$	Hospital bill installment payments paid in the last 12 months \$		
Installment Payments on Doctor Bills: \$	Other medical expenses		

Is member under 18 years of age? [] Yes [] No If yes, skip this section.

DO YOU PAY CHILD CARE EXPENSES for the care of children in this household (under the age of 13) to enable you to work, seek employment, or further your education? [] Yes [] No

Name of Child(ren) receiving care:

Below, provide the name of the caretaker(s) to include address (Street, City, State, Zip) and phone number



Applicant Information Attachment

Page 4 of 5 of Addendum for _____ (insert household member name here)

Head of Household _____ (insert Head of Household name here)

DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

Provider #1:

Provider #2:

NA []

Total Combined Amount Paid for all dependents \$ [] Weekly [] Monthly

Is member under 18 years of age? [] Yes [] No If yes, skip this section.

CREDIT HISTORY (Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies. Lack of credit history will not be considered a negative factor.)

Have you ever filed bankruptcy? [] Yes [] No If yes, Court & Case #: _____

Are you party to any lawsuits? [] Yes [] No If yes, please describe: _____

Are there any judgments against you? [] Yes [] No If yes, please describe: _____

Is member under 18 years of age? [] Yes [] No If yes, skip this section.

BACKGROUND AND CRIMINAL HISTORY (A Public Records search will be conducted on each adult applicant/occupant.)

Do you have any felonies or misdemeanors involving the below? If yes, identify the year the incident occurred

[] Yes [] No	Sexual misconduct?	Year: _____
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[] Yes [] No	Illegal possession, manufacture, sale and/or distribution of a controlled substance?	Year: _____
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[] Yes [] No	Physical crime against a person or persons and/or another person's property?	Year: _____
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[] Yes [] No	Have you been evicted from federally assisted housing in the last 3 years for drug-related criminal activity?
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[] Yes [] No	Are you currently engaged in illegal drug use?
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Applicant Information Attachment

Page 5 of 5 of Addendum for _____ (insert household member name here)

Head of Household _____ (insert Head of Household name here)

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Is member under 18 years of age? ☐ Yes ☐ No If yes, skip this section

RENTAL HISTORY (Applicant's name must have been on the Lease/Mortgage for any reference to be valid. Lack of Rental History will not be considered a negative factor.)

Current Landlord Name:

Rent Per Month: \$

Street Address:

City, State, Zip

Phone Number: ()

Do you live in subsidized housing? ☐ Yes ☐ No

If yes, are you currently receiving assistance? ☐ Yes ☐ No

Previous Landlord Name:

Rent Per Month: \$

Street Address:

City, State, Zip

Phone Number: ()

Signature of household member or his/her guardian/parent
(if member is a minor)

Date

PENALTIES FOR MISUSING THIS FORM/CONSENT:

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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.

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on individual needs.

Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporcione un acceso significativo basado en sus necesidades individuales.

Arnold Grounds Mgmt 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 the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Jimmy A. Arnold, 920 S. Main Street, Ste. 200, Grapevine, TX 817-488-2011 x 102 TTY 800-735-2989 / Voice 800-735-2988

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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 in 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.

The Summit at Orton Hill/The Summit at Plaza Drive
2817 EJ Campbell Blvd



Nacogdoches, TX 75961



VERIFICATION OF RENTAL HISTORY

To: _____

Attention: _____
Phone: _____
Fax: _____

RE: _____
Applicant/Tenant Name Unit No.

Social Security Number

I hereby authorize release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature of Applicant/Tenant

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.

The above referenced individual is an applicant/tenant for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires us 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 person listed at the top of the page. You may return this information by sending via fax transmission or by mailing to the address shown above. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to the release of information as shown above. The information will be used solely for the determination of residency eligibility and will not be disseminated or otherwise released to any third party. Please answer all questions completely with correct information or "N/A" to avoid us calling you to verify any omitted information.

THIS SECTION TO BE COMPLETED BY LANDLORD/AGENT/OWNER/MANAGER for the following address:

Applicants Previous Address: _____ Unit# _____

1. Move in date? _____ 2. Move out date? _____ 3. How many bedrooms are in the unit? _____
4. What is the monthly rent the tenant is/was paying? \$ _____ 5. Is the rent subsidized (Section 8) or BMIR? [] Yes [] No
6. How many people reside(d) in the unit? _____ Are there unauthorized tenants living in the unit? [] Yes [] No
8. Has/was the tenant late in payments? [] Yes [] No If yes, how many times? Explain: _____
9. Were eviction proceedings ever filed on the above named tenant? [] Yes [] No If yes, explain: _____
10. Has the tenant been charged for any damages to the unit? [] Yes [] No If yes, explain: _____
11. Has any action ever been taken against the tenant for disturbing other tenants, or for the behavior of other household members or guests? [] Yes [] No If yes, explain: _____
12. Would you rent to the above named tenant again? [] Yes [] No If no, explain: _____

Additional Comments: _____

Signature of Source

Printed Name

Title

Phone Number

Date

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 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 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) ** Violations of these provisions are cited as violations of 42 USC **408 (a) (6), (7) and (8) **

Arnold-Grounds 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 the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Karon Arnold 920 S. Main Street, Ste. 200, Grapevine, TX 76051 817-488-2011 x 102 TTY 800-735-2989 / Voice 800-735-2988
accordance with this law. [Rev. 4.25.2016]

CITIZENSHIP DECLARATION

Property Name: _____ Contract Number _____

Instructions: Complete this declaration for each member of the household listed on the Family Summary Sheet

Name _____

Unit# _____ Head Of Household Name _____

Relationship to Head of Household _____

Sex Male/Female/No Answer Social Security Number#: _____
(Circle One) (If Applicable)

Nationality: _____
(Enter the foreign nation or county to which you owe legal allegiance. This is normally, but not always, the country of birth)

Instructions: Complete the Declaration below by printing or typing each household members first name, middle initial and last name in the space provide (if completing for child, use child's name). Then review the sections shown below and complete either section number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am
(Print or type first name, middle initial, last name)

(Print or type first name, middle initial, last name)

SECTION 1

☐ **1. CITIZEN OR NATIONAL of the United States**

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

☐ **Check box, if adult is signing for child** _____
Signature Date

SECTION 2

☐ **2. I AM NOT CONTENDING ELIBIBLE IMMIGRATION STATUS** and I understand that I am not eligible for financial assistance. If you checked this box, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this box is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

☐ **Check box if adult is signing for child** _____
Signature Date

CITIZENSHIP DECLARATION

Property Name: _____ Contract Number: _____

SECTION 3

Alien Registration#: _____ Admission#: _____

Save Verification #: _____

(To be entered by owner if and when received)

- ☐ **3. A NONCITIZEN WITH ELIBILE IMMIGRATION STATUS** as evidenced by one other document listed below. If this section is check, sign and date below and submit the documentation required below with this declaration and a verification consent form to the name and address specified in the attached notification. If this box is check on behalf of a child, the adult who is responsible for the child should sign and date below.

- ☐ **Check box if adult is signing for child** _____

Signature

Date

NOTE: if you checked the above section and you are 62 years of age, you should submit the following documents

a. Verification Consent Form

And

b. One of the following documents:

(1) Form I-551, Permanent Resident Card

(2) Form I-94, Arrival-Departure Record, with one of the following annotations

(a) "Admitted as Refugee pursuant to section 207";

(b) "Section 208" or "Asylum";

(c) "Section 23(h)" or "Deportation stayed by Attorney General"; or

(d) "Paroled Pursuant to Sec.212(d)(5) of the INA."

(3) If Form I-94, Arrival-Departure Record, is not annotated, it must be accompanied by one of the following documents:

(a) A final court decision granting asylum (but only if no appeal is taken);

(b) A letter from a DHS asylum officer granting asylum (if applicable was filed on or after October, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);

(c) A court decision granting withholding or deportation; or

(d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) A receipt issued by the DHS indication that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(5) Other acceptable evident. If other documents are determined by the DHS to constitute acceptable evident of eligible immigration status, the will be announced by notice published in the Federal Register.

If for any reason, the documents shown in subparagraph 2.b above are not currently avail be; complete the request for Extensions section below.

REQUEST FOR EXTENSION

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

.Check box if adult is signing for child _____

Signature

Date

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

FAMILY SUMMARY

MEMBER #	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex M or F	Date of Birth
Head of Household					
#2					
#3					
#4					
#5					
#6					
#7					
#8					
#9					
#10					
#11					
#12					
#13					

Resident Signature

Date



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

This Package contains the following documents:

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

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 circumstance unable to sign the form HUD-9887 or the individual verification forms on the O/A may document the file as to the reason for the delay and the steps to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of findings made as a result of the O/A verifications authorized by consent. The O/A must give you the opportunity to contest findings in accordance with HUD Handbook 4350.3 Rev. 1. However, information received under the form HUD-9887 or form HUD-9887-A, HUD-9887, 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 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 verification 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. The fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between HUD and 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 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). For 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 the 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.):

O/A requesting release of information (Owner should provide the full name and address of the Owner.):

PHA requesting release of information (Owner provide the full name and address of the PHA and the the director or administrator. If there is no PHA or PHA contract administrator for this project, mark through this entire box.):

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

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

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

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

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

information it obtains in accordance with any applicable State privacy. After receiving the information covered by this notice of consent, HUD, 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 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 recertification. Additional signatures must be obtained from new 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 notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow notification 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. 10/01.

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 1992 (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), 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

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

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 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 housing project to which you are applying for assistance to release information from a third party about you. HUD requires the Owner to verify all of the information you provide that affects eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at correct levels. Upon the request of the HUD office or the PHA Contract Administrator, the housing Owner may provide HUD 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 to receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you 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 the discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, including each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at recertification and at each interim certification, if applicable. In addition, when new adult members join the household and members of the household become 18 years of age they must 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 only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other use is 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 next 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 criminal 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.