
**Loring Towers
Apartments**

1000 Loring Avenue
Salem, MA 01970
Tel: 978-745-2055
Fax: 978-744-9735

Dear Prospective Resident:

Following is a schedule showing current rent, occupancy limits, and minimum / maximum allowable household incomes for Loring Towers Apartments:

<u>Apartment Size</u>	<u>Monthly Basic 236 Rent</u>	<u>Monthly Market Rent</u>
One Bedroom	\$987	\$1,440
Two Bedroom	\$1,153	\$1,728

Occnpancy:

1-2 Persons	1 Bedroom
2-4 Persons	2 Bedroom

Maximum Income Limits

1 Person	\$56,400
2 Persons	\$64,440
3 Persons	\$72,480
4 Persons	\$80,520

All apartment assignments are subject to approval based on the Loring Towers Resident Selection Criteria, which includes but is not limited to satisfactory credit report, criminal background check, and multi-state sex offender background check. Additionally, all apartment assignments are subject to approval of the Massachusetts Department of Housing.

Thank you for your interest in becoming a resident of Loring Towers.





RENTAL APPLICATION
SECTION 8 - SECTION 8/236 SECTION 8/RD515 - SECTION 8/TAX CREDIT
RENT SUPPLEMENT - RAP
AFFORDABLE COMMUNITIES



APPLICATION No. : _____

DATE: _____

TIME: _____

Loring Towers - This community does not discriminate based on race, color, creed, religion, sex, national origin, ancestry, age, handicap or disability of any person, familial status, the use of a guide or support animal because of the physical handicap of the user or because the user is a handler or trainer of support or guide animals or because of the handicap or disability of an individual with whom the person is known to have a relationship or association.

Loring Towers strictly adheres to these anti-discrimination laws and the Owner agrees that this property will be listed, shown, leased and managed in accordance with these laws.

INSTRUCTIONS FOR HEAD OF HOUSEHOLD:

- Please do the following while completing this application:
 - Complete all sections in ink (please print)
 - Please do not leave any section blank (including sections that do not apply to you)
 - If a section asks for information you do not have currently available, you may write "N/A" for (not applicable or not available).
 - When making corrections
 - put one line through incorrect information
 - write the correct information
 - initial the change.
- As Head of Household, you will complete this Rental Application form on behalf of your entire household. However, each additional adult household member 18 years of age and older who is expected to live in the apartment must sign this Rental Application.
- False, incomplete or misleading information will cause your household's application to be declined.
- As long as your active application is on file with us, it is your responsibility to contact us whenever your address, telephone number, or income situation changes, and whenever you need to add a person to your application or remove a person from your application.

Application Processing

- All applications will be processed in accordance with the procedures outlined in the Community Resident Selection Criteria. A copy of the Resident Selection Criteria is available upon request; otherwise a copy is available for viewing in the management office.
- A preliminary determination of your household's eligibility will be established, after your application is accepted. If your household meets the preliminary eligibility requirements, your application will be placed on our Community Waiting List. However, this does not guarantee that your household will be offered an apartment.
- In the event you fail to respond to an application update request within the specified time frame, your application will be removed from the Community Waiting List, and determined inactive. The reactivation of applications may be granted if the household meets the exceptions outlined in the Community Resident Selection Criteria.
- When management anticipates an expected vacancy, applicants with active applications on file will be contacted in order of date and time for an in person eligibility interview. All adult members of your household 18 years of age and older are required to attend the eligibility interview. In the event your household does not meet the final eligibility requirements, your application will be declined.

The application information that you provide may be used to be used to obtain a tenant screening report. The name and address of the consumer reporting agency or agencies that will be used to obtain such report are:

- Experian (TRW), Attn: NCAC, P.O. Box 2002, Allen, TX 75013 (888) 397-3742
- Trans Union, Consumer Disclosure Center, P.O. Box 1000, Chester, PA 19022 (800) 888-4213
- Equifax (CBI), P.O. Box 740241, Atlanta, GA 30374 (800) 685-1111

Pursuant to federal, state, and local law:

- If the person requesting the information takes adverse action against a prospective tenant on the basis of information contained in a tenant screening report, such person must notify the tenant that such action was taken and supply the name and address of the consumer reporting agency that provided the tenant screening report on the basis of which such action was taken.
- Any prospective tenant against whom adverse action was taken based on information contained in a tenant screening report has the right to inspect and receive a free copy of such report by contacting the consumer reporting agency.
- Every tenant or prospective tenant is entitled to one free tenant screening report from each national consumer reporting agency annually, in addition to a credit report that should be obtained from www.annualcreditreport.com.
- Every tenant or prospective tenant may dispute inaccurate or incorrect information contained in a tenant screening report directly with the consumer reporting agency.

CONTACT INFORMATION (Current):

First Name (Head of household)	Last Name (Head of Household)	M.I.	Home Phone Phone No.	Cell Phone Phone No.	Work/Message Phone No.
Current Street Address:			City	State	Zip Code
First Name (Co-Head)	Last Name (Co-Head)	M.I.	Home Phone Phone No.	Cell Phone Phone No.	Work/Message Phone No.
Current Street Address:			City	State	Zip Code



HOUSEHOLD COMPOSITION:

List all persons, including yourself, and who are expected to reside in the unit. NOTE: The number to left indicates the "Family Member Number" and is the Number requested in the remaining sections of this Application.

- *Enter "E" for Elderly or AC for Accessible Unit Needed.
- *Enter "M" for Married, "S" Single, "D" for Divorced, "SEP" Separated, or "W" for Widowed.
- If you are age 62 or older as of January 31, 2010 and do not have a Social Security Number, were you receiving HUD rental assistance at another location on January 31, 2010? YES NO

Full Name	Relationship	Elderly/ Accessible Unit *	Sex (M/F) Optional	Marital Status* Optional	Age	Birth Date	Social Security No.	Occupation	Student Status Full/Part Time	
									Yes	No
1.	Head of Household					/ /				
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										

The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of household for applicants & Residents. You are not required to answer the questions below, nor does your answer affect your position on our waiting list or your eligibility for housing. At this time we are requesting this information for the Head of Household only. However, at the time of the eligibility interview (if app.) this information will be requested for each household member.

Ethnic Categories (Head of Household only)	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	

- Is any member of your household a member of the Armed Forces or Reserves? [] Yes; [] No
- Is any member of your household in the process of enlisting into the Armed Forces or Reserves? [] Yes; [] No
- Is there anyone not listed on your rental application living, in your unit or residing in your Household on a temporary basis? [] Yes; [] No
- If not, do you expect anyone to move-in on a regular or temporary basis in the future? [] Yes; [] No

DOMESTIC, DATING, STALKING VIOLENCE AND/OR SEXUAL ASSAULT:

- Are you or any members of your household victims of domestic, dating, stalking violence and/or sexual assault? [] Yes; [] No
If so, please consult with an Authorized Agent to discuss federal protections for victims of domestic, dating, stalking violence and/or sexual assault.

PROGRAM ELIGIBILITY:

- Does any member of your household currently live in Federally Assisted Housing? [] Yes; [] No
- If yes, is the member and/or your household receiving subsidy assistance? [] Yes; [] No
If yes, what is your current rent portion \$, and what is the effective date of your most recent Annual Recertification .

UNIT SIZE REQUESTED:

- Unit Size Requested: 2nd Choice:
- Why are you requesting this unit size:
- Are there any special accommodations that the household will require (e.g., unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, grab bars, etc.)
- Will any of the above household members live anywhere except in the apartment?
If yes, where and why? (provide address)

- Are there any other persons who will live in the apartment on a less than full-time basis? _____
If yes, where and why? (provide address) _____

WAITING LIST PRIORITY:

- Does your household meet any of the following owner adopted preferences:
☐ No owner preference applicable at this community
- Does your household meet the following Working Family Preference? [] Yes; [] No
The head, co-head, or spouse (household member) is employed full-time (32 hours per week or more), and has been employed at least six (6) months at the time of application or during the eligibility interview. Discrimination against persons unable to work is prohibited; therefore, households in which the head, co-head, or spouse (household member) is sixty-two (62) years of age or older, and/or disabled, shall be eligible under the Working Family Preference.
The Working Family Preference only affects the order in which applicant households are selected from the applicant waiting list, and does not make anyone eligible who would not otherwise be eligible for housing.
Note: Applicants selected under this preference must meet all eligibility criteria outlined within the Resident Selection Criteria. Applicants that meet the Working Family Preference requirement will be selected from the applicant wait list in date and time order.
- Is your household displaced? [] Yes; [] No

Displaced Family

A family in which each member, or whose sole member, is a person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relief laws. [24 CFR 5.403]

Displaced Person

A person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. [24 CFR 5.403]

DISABILITY NEEDS:

- Are you or a member of your household disabled? [] Yes; [] No
- Do you or a family member need a reasonable accommodation due to this disability? [] Yes; [] No

MISCELLANEOUS:

- Do you own a pet? Cat _____ Dog _____ Other _____ [] Yes; [] No
If this property has a NO PETS Policy, would you be willing to give up your pet(s) in order to reside here?
- How did you hear about our apartment community? [] newspaper; [] apartment guide; [] friend/family; [] billboard; [] other - specify _____

EMERGENCY CONTACT:

Name	Relationship	Address	Phone Number
1.			
2.			

IMMIGRATION STATUS:

Family Member Number	Family Member's Name	Status
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____

<p>Under Section 8 of the U.S. Housing Act of 1937 and Section 42/142 of the IRS code, certain households with students are ineligible for occupancy at our community. We therefore require all applicants, and residents upon certification/recertification, to answer the following questions regarding student status.</p> <p>Exemption #1 – The HUD student rule is only applicable to applicants applying to communities for which they are requesting Section 8 (subsidy) assistance.</p> <p>Exemption #2 – Students with disabilities that were receiving Section 8 (subsidy) assistance as of November 30, 2005 are exempt from the Student Status requirements under Section 8. However, Students with disabilities receiving assistance as of December 1, 2005 are subject to the following Student Status requirements under the Section 8 program:</p> <p>Answer questions below for all adult household members, 18 years of age and older.</p>		
		Yes No
<p>1. How long have you and/or any other adult household member established a household separate from your/their parents or legal guardian? No years and/or months: _____</p> <p>2. Are you or any other adult household member a Full-time or Part-time student? _____</p> <p>3. Are you or any other adult household member currently a student of an institution of higher education? _____</p> <p>4. Are you or any other adult household member under the age of 24? _____</p> <p>5. Are you or any other adult household member a veteran? _____</p> <p>6. Are you or any other adult household member married? _____</p> <p>7. Do you or any other adult household member have a dependent child(ren)? _____</p> <p>8. Is one or both of your parents, or any other adult household member's parent(s) currently receiving Section 8 assistance? _____</p> <p>9. Are you or any other adult household member claimed as a dependant by your/their parents or legal guardian pursuant to IRS regulations? _____</p> <p>10. Are any student household members married and filing a joint tax return? _____</p> <p>11. Are any student household members participating in an officially sanctioned job-program _____</p> <p>12. Please provide the name and address of the educational institution or agency that can confirm your current student status:</p>		
<p>Educational Institution: _____</p>		
Name _____	Address (Street, City, State, Zip) _____	Phone _____

- ### Rental History

NOTE: Use Family Member Numbers from Page 1. If you need more space, please use a blank sheet of paper.

Family Member No.	Current/Previous Landlord & Landlord's Address	Families Previous Address/Addresses	Phone Number	Monthly Rental Payment	Reason for leaving (relocation/ eviction, etc.)	Dates of Residency		Was this residence Assisted Housing?	
						From:	To:	Y	N
		Street, City, State, Zip		\$		From:	To:		
		Street, City, State, Zip		\$		From:	To:		
		Street, City, State, Zip		\$		From:	To:		
		Street, City, State, Zip		\$		From:	To:		

- Form No. 5041A (Revised 05.17.2017)



Out-of-State Rental History

List all out-of-state landlords and addresses where you, and/or any other adult (18 years of age or older) household members have resided, or currently reside (lives), and places where you and/or other adult household members did not appear on the lease. Also include places where you or other adult household members used a different name.

NOTE: Use Family Member Numbers from Page 1. If you need more space, please use a blank sheet of paper.

Family Member No.	Current/Previous Landlord & Landlord's Address	Families Previous Address/Addresses	Phone Number	Monthly Rental Payment	Reason for leaving (relocation/ eviction, etc.)	Dates of Residency		Was this residence Assisted Housing?	
		Street, City, State, Zip		\$		From:	To:	Y	N
		Street, City, State, Zip		\$		From:	To:		
		Street, City, State, Zip		\$		From:	To:		

- If any household member has used a different name during residency of a current or prior landlord, list names used _____

INCOME:

EMPLOYMENT ONLY: List all full-time, part-time and/or seasonal employment for ALL household members including self-employed earnings. If you have income from "Other Sources", see next section of Rental Application.

Family Member Number	Place of Employment	Employment Address	Employer's Telephone	Supervisor	Annual Income (Yearly Total)

INCOME FROM OTHER SOURCES: List ALL income from sources other than employment for ALL household members. This includes but is not limited to Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Alimony, Child Support, Educational Grants or Scholarships, etc.

Family Member Number	Source of Income	Address of Source of Income/ Contact Person and Telephone Number	Estimate of Annual Income (Yearly Total)

ASSETS:

CHECKING ACCOUNTS:

Family Member Number	Account Number	Bank Name	Bank Address	Avg. 6 Mo. Balance	Current Rate of Interest

CASH ON HAND:

	Current Amount of Cash on hand
Please indicate amount of cash your household currently has on hand:	\$

SAVINGS ACCOUNTS:

Family Member Number	Account Number	Bank Name	Bank Address	Current Balance	Current Rate of Interest

STOCKS, BONDS, CREDIT UNION SHARES, C.D.'S, LIFE INSURANCE POLICIES SURRENDER VALUES, ETC.

Family Member Number	Description of Asset/Account Number (i.e., C.D. - #004561020)	Current Value of Asset	Annual Income From Asset

• NOTE: If more space is needed, please list on separate sheet of paper and attach to this application.

ASSETS Continued:

Do you have any life insurance policies that have a surrender value? [] Yes; [] No
If so, what is the total surrender value of the policies? \$

REAL ESTATE:

Do you now own Real Estate? [] Yes; [] No
If yes, are you receiving any income from this property? [] Yes; [] No
If yes, complete the following:

Location of Property (ies)	Annual Income From Property (ies)

Have you or any member of your household sold or given away any real estate property or other assets in the past two (2) years? [] Yes; [] No

If yes, explain

AUTOMOBILES AND OTHER VEHICLES:

List all motor vehicles, including motorcycles, owned by or registered to household members.

Family Member Number	Make and Model Number	Year	License Tag Number	State	Color of Vehicle

MEDICAL EXPENSES:

NOTE: Medical expenses only apply to households where the head of household, spouse or co-head is 62 years of age or older, or handicapped, or disabled.

List all applicable medical expenses, including outstanding insurance premiums, prescriptions, co-payments, dental cost (not covered by insurance), payments to a provider for disabled adult care cost, etc. (If more space is needed, please list on separate sheet and attach to this application)

Family Member Number	Description of Expense	Paid To	Address	Cost Per Month

ELDERLY and/or HANDICAPPED HOUSEHOLDS ONLY (HEAD, SPOUSE OR CO-HEAD)

Please answer the following questions about yourself and all members of your household who will occupy the unit. YES NO

1.

Do you have Medicare?
If yes, what is your monthly payment? \$
If yes, what Medicare Plan do you have?
If yes, what is your annual Deductible?

2.

Do you have any other kind of medical insurance?
If yes, provide the following information:
Policy Number:
Company Name:
Agent's Name:
Premium Amount: \$ [] Week; [] Month; [] Other

3.

Do you receive medical assistance through the Public Assistance Program?

4.

Do you have any outstanding medical bills on which you are currently paying?

5.

Do you expect to have any medical expenses during the next twelve (12) months?
If yes, state the type and amounts of these medical expenses anticipated:

CHILDCARE/ATTENDANT CARE EXPENSES:

List all household members that require child or attendant care. Indicate out of pocket cost per month.

Family Member Number	Age	Name of Care Provider	Providers Address & Phone#	List Hours Per Day Per Person							Cost Per Month
				Sun	Mon	Tue	Wed	Thur	Fri	Sat	
											\$
											\$

- Is the child or attendant care paid by an agency or individual other than an adult household member of the household?

YES

NO

• Is the childcare/attendant care expenses paid out of pocket on a weekly or Monthly bases (circle one).....

Month

Week

CRIMINAL SCREENING:

(These questions apply to ALL HOUSEHOLD MEMBERS)

A criminal background check will be completed on all adult household members, and may be conducted on all other members of the applicant household. The results of this check will be the basis for rejection if any of the following is found:

- Any household containing members listed on the application is currently or has ever been determined guilty of a violent crime by due process of law; or if there is clear documentation to support a pattern of criminal activity. These crimes may include, but are not limited to the items listed below in this section.
- Any household containing a member(s) who was evicted in the last three (3) years from federally assisted housing for drug-related criminal activity. There are two exceptions to this provision:

1.

The evicted household member has successfully completed an approved, supervised drug rehabilitation program; or

2.

The circumstances leading to the eviction no longer exists (e.g., the household member no longer resides with the applicant household).

Yes

No

1. Are you or any members of your household currently using an illegal controlled substance?

2. Have you or any member of your household ever been convicted of a violent crime?
If yes, please explain

3. Have you or any member of your household ever been convicted of possession, usage, or distribution of a controlled, illegal substance? If yes, please explain _____		
4. Have you or any member of your household ever been convicted of possession of an unregistered firearm or possession of an illegal weapon that can cause physical harm or emotional suffering by intimidation? If yes, please explain _____		
5. Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? If yes, explain: _____		
6. Have you or any member of your household ever committed any fraud in a Federally-assisted housing program or been evicted from any Federally-assisted housing development for drug-related criminal activity? If yes, explain: _____		
7. Have you or any member of your household ever been convicted of or pleaded guilty to a felony?		
8. Have you or any member of your household ever been convicted of or pleaded guilty to a sexual offense or are you or any member of your household subject to a lifetime state sex offender registration program in any state? Failure to answer this question may jeopardize the approval of your application for housing.		
9. Do you or any member of your household abuse alcohol, or have a pattern of abuse of alcohol that would interfere with the health, safety, and/or right to peaceful enjoyment of the premises by other residents?		
10. If the answer to question 9 above is yes, is the household member currently enrolled in, or has completed an approved supervised alcohol rehabilitation program?		
11. Are you or any member of your household currently engaged in any form of criminal activity (including drug-related criminal activity) that would threaten the health, safety, or right to peaceful enjoyment of the premises by other resident and their guest?		
12. Have you or any member of your household ever engaged in criminal activity that would threaten the health or safety of other residents, the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations?		
13. Have you or any member of your household ever lived in any other state? If yes, which members, and which states did you or the other member(s) reside in? _____		
14. Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any felony? If yes, to any of the above questions, please explain, providing the location, date and nature of the offense: _____ _____		

Warning

"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 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. 408 (a) (6), (7) and (8).

Loring Towers 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).

RELATED MANAGEMENT

60 Columbus Circle
New York, NY 10023
212-801-1000



STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

1.

We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.
2.

We authorize **Loring Towers** to make any and all inquiries to verify rental history, credit history, and/or criminal background information now or anytime in the future including on a regular recurring basis. Either directly or through information exchanged now or anytime in the future with credit screening services, criminal screening services, and/or from previous or current landlords, or other sources for credit and verification confirmation which may be released to appropriate Federal, State, or local agencies.

We further authorize **Loring Towers** to conduct criminal background and lifetime sex offender registration checks on all household members. Either directly or through information exchanged now or anytime in the future with criminal screening services, and/or from previous or current landlords, or other sources which may be released to appropriate Federal, State, or local agencies.
3.

If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
4.

We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income, and household composition.
5.

We have read and understand the information in this application, in particular the information contained in the Instructions for Head of Household; and we agree to comply with such information.
6.

We have been notified that the Resident Selection Criteria which summarizes the procedures for processing applications is posted in the management office.
7.

We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, damages and Security Deposits.
8.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

FAIR CREDIT REPORTING ACT

THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES—SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, INCOME AND CREDIT BACKGROUND AND ALSO POLICE RECORDS. ALL INFORMATION YOU OR OTHERS GIVE US WILL BE HELD IN STRICT CONFIDENCE.

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, CREED, AGE, SEX, HANDICAP, OR FAMILIAL STATUS.

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE OWNER/MANAGER TO VERIFY THIS INFORMATION THROUGH ANY SOURCE THAT IT DEEMS APPROPRIATE. ANY FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF YOUR APPLICATION.

I/WE HAVE READ AND UNDERSTAND THE ABOVE.

Date	Applicant's Name (PRINT)	Applicant's Signature
Date	Applicant's Name (PRINT)	Applicant's Signature
Date	Applicant's Name (PRINT)	Applicant's Signature
Date	Applicant's Name (PRINT)	Applicant's Signature
Date	Applicant's Name (PRINT)	Applicant's Signature

DO NOT WRITE BELOW THIS LINE –MANAGEMENT USE ONLY

APPLICATION DISPOSITION:

Approved:

Date

Approved by:

Signature

Title

Disapproved:

Date

Disapproved by:

Signature

Title

Reason(s) for Disapproval:

Applicant Notified in Writing on:

Applicant Appealed Decision on:

(Written notification attached).

Applicant Appeal Reviewed by:

Signature

Title

Date

Appeal Decision:

Date Approved

Date Denied

Applicant Notified in Writing on:

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

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

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
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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.
Form HUD- 92006 (05/09)



LORING TOWERS
APARTMENT HOMES

If you would like to obtain a copy or
read the

Resident Criteria Selection Plan
Section 236/Tax Credit Family

Addendum to Massachusetts Tenant
Selection Plan

Please notify the Management Office.

Thank you

Loring Towers Apartments
PROPERTY NAME

RESIDENT SELECTION CRITERIA-SECTION 236/TAX CREDIT
FAMILY
ADDENDUM TO MASSACHUSETTS TENANT SELECTION PLAN

ACKNOWLEDGMENT OF RECEIPT

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining of Federal funds.

I/We, the undersigned, do hereby acknowledge:

1. That the Resident Selection Criteria (RSC) has been explained to me/us by Management and I/We understand and agree to comply with all criteria; and
2. That I/we have received a copy of this executed document for our personal records on the date shown below.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Management Signature

Date

Revision: 12/2007



LORING TOWERS
APARTMENT HOMES

AUTHORIZATION

In compliance with the FAIR CREDIT REPORTING ACT, this notice is to inform you that the processing of this application includes, but is not limited to, making any inquiries deemed necessary to verify the accuracy of the information herein.

Inquiries may be made about:

Credit History	Criminal Activity
Family Composition	Employment
Income	Pensions and Assets
Federal, State, Tribal or Local Benefits	Handicapped Assistance Expenses
Identity and Marital Status	Child Care Expenses
Medical Expenses	Social Security Numbers
Residences and Rental History	

Any individual or organization, including any government organization, may be asked to release information.

You hereby grant the above Property/Landlord/Management Agent, whichever is applicable, and its designee, The Registry, a credit and investigative reporting agency, the right to process this application for the purpose of obtaining a residential lease.

Additionally, you authorize all corporations, companies, law enforcement agencies, former employers, governmental agencies and any other agencies to release information they may have about you and release them from any liability and responsibility from doing so.

The undersigned agrees that this application shall remain the property of the apartment complex or landlord, regardless if residential lease is granted.

You agree that photocopies of this authorization may be used for the purposes stated above. If you do not sign this authorization, you also understand that your application may be rejected.

Signature _____ Date _____

Loring Towers is an Equal Housing Opportunity provider and does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive 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). You may address your request for review or reconsideration to: Fair Housing Officer, Related Management Company, L.P., 423 W. 55th St. 9th Fl. NY, NY 10019, (646) 767-3253, NY TTY 1-800-662-1220.

APPLICATION LETTER

Date:

To:

Dear Applicant:

- ☒ Thank you for your application for housing.
- ☒ Thank you for requesting an application for housing.

We wish to make you aware, however, that your submission of an application does not guarantee that any housing will be made available to you or your household.

Your name will be placed on the waiting list with other applicants. We will contact you from time to time to update your application. You should contact us with any new information or change of address. At such time your name is among those who will be considered for upcoming housing, you will be contacted and your application will be carefully reviewed. At that time, we will review and evaluate, among other things, your credit and payment history and rental history for (2) years before the review. You have the right to be treated fairly in this evaluation. Your signature below authorizes management to obtain on or more “consumer report” as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Property Management Company and Loring Towers (MA) do not discriminate. All persons will be treated fairly and equally without regard to race, color, creed, religion, sex, familial status, national origin or ancestry, age, disability in the admission or access to, or treatment, or employment in, its federally assisted programs and activities in compliance with the Fair Housing Act. In addition, pursuant to Section 504 we provide reasonable accommodations to applicants if they or any family members have a disability. All requests for reasonable accommodations are subject to verification of need by a certified medical physician.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability. An outside agency may assist an applicant with a disability to meet the complex’s applicant screening criteria.

An applicant household that has a member with a disability must still be able to meet all essential obligations of residency – they must be able to pay rent, to care for their apartment, to report required information to the Community Manager, avoid disturbing the neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your household has a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. Should you prefer not to discuss your situation with management that is your right.

Should you have any questions, you may contact Community Manager at the community to which your application was submitted, or you may contact the Regional Property Manager during normal business hours at (978) 745-2055.

APPLICANT SIGNATURE

DATE

SPOUSE OR CO-APPLICANT SIGNATURE

DATE

Loring Towers (MA)
1000 Loring Ave
Salem, MA 01970

Management Co.

by: _____
Agent



Loring Towers (MA) 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).

*Senior Vice President,
Related Management Company, LP
423 W. 55th St, 9th Fl.
NY, NY 10019,
(212) 319-1200, NY TTY 1-800-662-1220*



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

This Package contains the following documents:

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

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

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

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

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

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

<p>HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): Boston Regional Office</p> <p>Attn: Director, Multifamily Division 10 Causeway Street, 3rd Floor Boston, MA 02222</p>	<p>O/A requesting release of information (Owner should provide the full name and address of the Owner.): Loring Towers</p> <p>1000 Loring Avenue Salem, MA 01970</p>	<p>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.):</p> <p style="text-align: center;">X</p>
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The OIA 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, OIA, 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-ORD 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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Name of Project Owner or his/her representative

Title

Signature & Date
cc: Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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

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

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Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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Title

Signature & Date
cc: Applicant/Tenant
Owner file

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Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

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