
**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	\$901	\$1,046
Two Bedroom	\$1,052	\$1,221

Occupancy:

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

Maximum Income Limits

1 Person	\$45,300
2 Persons	\$51,780
3 Persons	\$58,260
4 Persons	\$64,680

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.





Application For Occupancy

Loring Towers
1000 Loring Ave
Salem, MA 01970
Ph. 978-745-2055
TTY: 877-735-2929
LoringTowers@related.com

For Related Management Company
Office Use Only:

Date Received: _____

Application #: _____

This application is to be completed by the head of household. All questions must be answered. If any questions are left blank, the application will be returned. If a question does not apply, please write "N/A." Head of household and all adult family members must sign the last page.

Contact Information (Current)

First Name (Head Of Household)	Last Name (Head of Household)	M.I.	Home Phone:	Cell Phone:	Email Address:
Current Street Address:			City	State	Zip Code
First Name (Co-Head)	Last Name (Co-Head)	M.I.	Home Phone:	Cell Phone:	Email Address:
Current Street Address			City	State	Zip Code

Household Information:

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, live-in aides, etc.). 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 AU for Accessible Unit Needed.
- *Enter "M" for Married, "S" Single, and "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/ Accessi ble Unit *	Sex (M/F) Optional	Marital Status* Optional	Birth Date	Social Security No.	Student Status Full/Part Time Yes No
1.	Head of Household				/ /		
2.							
3.							
4.							
5.							

Please list all household members who have served in the U.S. Military:



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	

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:

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.
- 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.			

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):



Student Status

List all household members that are currently enrolled in an educational program, or write "N/A."

Full Name of Student:	School Name/Address/Phone:	Enrollment Status:
1.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
2.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
3.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
4.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
5.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Housing Status:

Complete each category as applicable, or write "N/A."

Current Landlord Name/Address:		Landlord Phone: () -
Current Managing Agent Name/Address:		Managing Agent Phone: () -
Check the size of your current residence: <input type="checkbox"/> Studio <input type="checkbox"/> Three Bedrooms <input type="checkbox"/> One Bedroom <input type="checkbox"/> Four Bedrooms <input type="checkbox"/> Two Bedrooms <input type="checkbox"/> Other (specify):	How long have you lived at this address? ____ Years ____ Months	Is the lease in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you sharing your apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total monthly rent for your apartment: \$	Your portion of monthly rent: \$
Does your current rent include utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average monthly utility expenses: \$	Is your landlord a relative? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay your own rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, who does?	Reason for wanting to move:
Do you currently have a portable Section 8 voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your current rent subsidized through Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently without a regular nighttime residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you relocating due to violent or unsafe conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Landlord Name/Address: (List only if you have lived at your current address for less than 2 years)		Previous Landlord Phone: () -
Previous Managing Agent Name/Address:		Previous Managing Agent Phone: () -
Previous monthly rent: \$	Reason for moving:	
Please list all states in which you have previously resided:		

Income from Employment:

List all **current** full-time and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) If you do not currently receive income from employment, please write "N/A." See next page for non-employment sources of income.

Household Member Full Name:	Occupation:	Employer Name/Address/Phone:	Start Date:	Gross Earnings (Before Deductions and Taxes):
1.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
2.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
3.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
4.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
5.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Income from Other Sources:

List any and all other income sources not previously reported, including but not limited to: Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, etc. If you do not have any sources of additional income, please write "N/A."

Household Member Full Name:	Type of Income:	Income Amount:
1.		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
2.		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
3.		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
4.		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
5.		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Child Care and Medical Expenses

Complete each question as applicable, or write "N/A."

Do you pay for child care expenses for any household member under the age of 13? <input type="checkbox"/> Yes <input type="checkbox"/> No Names of children requiring child care:	If yes, name/address/phone of child care provider: _____ _____ () -		Estimate of monthly child care costs: \$ _____
If you are 62 or older or disabled, do you anticipate any medical and/or health related expenses for the next 12 months that are not reimbursed by any medical plan/insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If yes, please indicate the estimated yearly expense amount: \$ _____	Amount of monthly Medicare premium: \$ _____	Amount of other medical insurance monthly costs: \$ _____

Assets

Complete each category as applicable, or write "N/A."

Checking Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of ____ / ____ / ____
Name/Address of Bank _____		
Additional Checking Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of ____ / ____ / ____
Name/Address of Bank _____		
Savings Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of ____ / ____ / ____
Name/Address of Bank _____		
Money Market Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of ____ / ____ / ____
Name/Address of Bank _____		
Certificate of Deposit Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of ____ / ____ / ____
Name/Address of Bank _____		
401K/Other Retirement Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of ____ / ____ / ____
Name/Address of Bank _____		
Do you receive income in the form of a pre-paid debit card (e.g. Direct Express, EBT, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Balance as of Last Statement Date: \$ _____ as of ____ / ____ / ____
Do you own any stocks/bonds ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$ _____	
Do you own any savings bonds ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$ _____	
Do you own any real estate ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$ _____	
Have you ever owned any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____ When was it sold? _____ For how much? \$ _____	
Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list each asset and the amount received for each asset: Type of Asset _____ Amount \$ _____ Type of Asset _____ Amount \$ _____ Type of Asset _____ Amount \$ _____	

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

Program Information:

Complete each category as applicable, or write "N/A."

How did you hear about our development?		Why are you applying to our development?	
Were you or any member of your household ever convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	
Explain circumstances briefly:			
Have you or any member of your household ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	
If yes, was the eviction from federally assisted housing for drug-related criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Explain circumstances briefly:			
Has anyone in your household been convicted of violating any drug-related laws? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	
Explain circumstances briefly:			
Is anyone in your household currently engaged in the use of illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Explain circumstances briefly:			
Is anyone in your household engaged in a pattern of alcohol abuse that could interfere with others' health, safety and right to peaceful enjoyment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Explain circumstances briefly:			
Is any member of your household subject to a state sex offender lifetime registration requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No			

You have certain rights under federal, state, and local laws with respect to your consumer report. In evaluating your application, a consumer reporting agency listed below may provide us with information.

Credit Bureaus:

- Experian (TRW), Attn: NCAC, P.O. Box 2002, Allen, TX 75013 (888) 397-3742
- TransUnion, Consumer disclosure center, 2 Baldwin Place, P.O. Box 1000, Chester, PA 19022 (800) 888-4213
- Equifax (CBI), PO Box 740241, Atlanta, GA 30374 (800) 685-1111

Civil Records:

- First American Registry, Inc., Attn: Consumer Relations, 11140 Rockville Pike, PMB 1200, Rockville, MD 20852 (888) 333-2413

Additionally, you have a right to (1) inspect and receive one free copy of such report by contacting the consumer reporting agencies listed above; (2) obtain a free copy of the report from each national consumer reporting agency annually, and/or a report from www.annualcreditreport.com; and (3) dispute any inaccurate information in the report with the consumer reporting agency.

By signing, you authorize us to contact any references listed and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information.

Signature of Head of Household

Date

WARNING: MISLEADING WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR FULL COMPLETION (ONLY ONCE).

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Head of Household

Date

Signature of Applicant Over Age 18

Date

Signature of Applicant Over Age 18

Date



Attention:

Please do not submit more than one application per household or copies of an application. All signatures must be Original

The filing of this application in no way guarantees you an apartment.

Positively NO large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

*Loring Towers Apartments 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:
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.*

Application Revised 8/27/2018



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.

LORING TOWERS

APARTMENT HOMES

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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



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

Management Co.

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

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*



U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

HUD-9887/A Fact Sheet

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

[illegible]

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.

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.

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.

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.

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.

Signatures:

Additional Signatures, if needed:

Head of Household

Date _____

Other Family Members 18 and Over

Date _____

Spouse

Date _____

Other Family Members 18 and Over

Date _____

Other Family Members 18 and Over

Date _____

Other Family Members 18 and Over

Date _____

Other Family Members 18 and Over

Date _____

Other Family Members 18 and Over

Date _____

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

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

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.