La Ramona Morales Apartment's
550 W. Union St. - Office
Cochise County
Benson, Arizona 85602
Office (520) 586-2139
Fax (520) 586-7170
TTY 1-800-367-8939
ramonamorales@ppep.org
www.laramonamoralesapts.com

La Ramona Morales Rental Application and Instructions

If faxing or emailing, please make sure you also mail back application with signatures and all requested documentation.

(La Ramona Morales Apartments)
does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

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).

Jake Herrington, COS. S.T.A.R.
Multi-Family Housing Coordinator/Developer
PPEP Microbusiness & Housing Development Corporation
806 East 46th Street
Pima County
Tucson, AZ. 85713
Phone: (520) 806-4670
Fax: (520) 806-4679
Cell 520-260-3144
jherrington@ppep.org
www.pmhdc.net

UNITED STATES CODE

TITLE 18. CRIMES AND CRIMINAL PROCEDURE
PART I. CRIMES
CHAPTER 47. FRAUD AND FALSE STATEMENTS

18 USCS Sec. 1001

Sec. 1001. Statements or entries generally

(a) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully--

(1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact;

(2) makes any materially false, fictitious, or fraudulent statement or representation; or

(3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry;

shall be fined under this title or imprisoned not more than 5 years, or both.

(b) Subsection (a) does not apply to a party to a judicial proceeding, or that party's counsel, for statements, representations, writings or documents submitted by such party or counsel to a judge or magistrate in that proceeding.

(c) With respect to any matter within the jurisdiction of the legislative branch, subsection (a) shall apply only to--

(1) administrative matters, including a claim for payment, a matter related to the procurement of property or services, personnel or employment practices, or support services, or a document required by law, rule, or regulation to be submitted to the Congress or any office or officer within the legislative branch; or

(2) any investigation or review, conducted pursuant to the authority of any committee, subcommittee, commission or office of the Congress, consistent with applicable rules of the House or Senate.

Things that are required by HUD in order to move in:

Required with Application:

- Copy of Picture ID & Social Security Card

Required with application or before move in:

- Copy of Birth Certificate
- Copy of your Divorce or Separation decree for last marriage--(if applicable)
- Companion Animal Letter provided by a Health Care provider--(if applicable)

Required ONLY at time of Processing to move in: **DO NOT SEND WITH APPLICATION**

- Proof of Income
- Proof of Assets--(if applicable)
- Proof of Deductions--(if applicable)

We are able to make copies here if needed.

PLEASE RETURN ALL PAPERS FROM HERE ON, EVEN IF YOU DO NOTHING ON THEM TO COMPLETE YOUR APPLICATION.

INCOMPLETE APPLICATIONS WILL NOT GO ONTO THE WAITLIST UNTIL COMPLETED.

ANY QUESTIONS, PLEASE CALL THE OFFICE AT 520-586-2139.

THANK YOU, MGMT

Application for Admission and Rental Assistance
Section 202/8 Elderly and/or Disabled

Date: _____

Property Name:	La Ramona Morales Apartments	Telephone:	520-586-2139
Address:	550 West Union Street	Fax:	520-586-7170
Address 2:		TTD/TTY:	711 National Voice Relay
Property Web Site	www.laramonamoralesapts.com	Email	Ramonamorales@ppep.org

(Please return this form to the above address)

For Office Use Only: Date application received _____	Time application received _____	By _____

Applicant Name	
Gender	☐ Male ☐ Female
Current Address	
Address Line 2	
City, State, Zip	
Home Phone	
Cell Phone	
Email address	
Work Phone	

May we contact you at work?	☐ Yes	☐ No

Birth date	
Social Security Number	

If you have no Social Security Number, you claim you are exempt because

☐ You are an ineligible non-citizen

☐ You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010

Application for Admission and Rental Assistance
Section 202/8 Elderly and/or Disabled

Is the Head-of household or co-head/spouse 62 or older?	☐ Yes	☐ No
If the head-of household or co-head/spouse is not 62 or older, do you claim eligibility because the head-of-household or co-head/spouse is disabled and requires the features of an accessible unit?	☐ Yes	☐ No
Are you a student enrolled in an institute of higher education?	☐ Yes	☐ No
Are you enrolled in the U.S. Military or are you a veteran of the U.S. Military?	☐ Yes	☐ No
Are you a victim of a recent presidentially declared disaster?	☐ Yes	☐ No
Are you currently receiving housing assistance from HUD or a PHA?	☐ Yes	☐ No
Have you ever been convicted of a crime?	☐ Yes	☐ No
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	☐ Felony	☐ Misdemeanor
Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry?	☐ Yes	☐ No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	☐ Yes	☐ No
If yes, when		

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

I currently live on this property. ☐ Yes ☐ No

Unit Number _____

Application for Admission and Rental Assistance
Section 202/8 Elderly and/or Disabled

RENTAL HISTORY:

Present Landlord			
Address			
Address			
City, State, Zip			
Contact Name (if known)			
Phone Number			
How long did you live at this address			
Reason for leaving			
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(includes roaches, bed bugs, rodents, etc.)*	☐ Yes	☐ No	
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	☐ Yes	☐ No	
Are you currently receiving housing assistance from HUD?	☐ Yes	☐ No	
Have you given this landlord notice that you will be moving?	☐ Yes	☐ No	
Have you been evicted or is this landlord attempting to evict you or another person living with you?	☐ Yes	☐ No	

Previous Landlord #1			
Address			
Address			
City, State, Zip			
Contact Name (if known)			
Phone Number			
How long did you live at this address			
Reason for leaving			
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(includes roaches, bed bugs, rodents, etc.)*	☐ Yes	☐ No	
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	☐ Yes	☐ No	

Previous Landlord #2	
Address	
Address	
City, State, Zip	
Contact Name (if known)	
Phone Number	
How long have you lived at this address	
Reason for leaving	

Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)*	☐ Yes	☐ No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	☐ Yes	☐ No
Have you ever been asked to sign a repayment agreement to return money to HUD?	☐ Yes	☐ No

UTILITY PROVIDERS: You may not live in the unit unless you can establish utilities in the unit.

Do you have any current outstanding balances owed to any utility provider?	☐ Yes	☐ No
Will you be able to establish utilities in your unit?		
Electric.....	☐ Yes	☐ No
Gas.....	☐ Yes	☐ No
Water.....	☐ Yes	☐ No

Application for Admission and Rental Assistance
Section 202/8 Elderly and/or Disabled

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List the Head of Household and all other people who will be living in the unit. You must indicate one of the HUD approved relationship codes for each household member. Because residents who live on this property are subject to citizen/non-citizen eligibility requirements, please indicate the citizen/non-citizen eligibility status. Please provide a complete list of states where each member has lived. This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed. Failure to provide a complete and accurate list will result in the rejection of the application.

HOUSEHOLD MEMBER #	HOUSEHOLD MEMBER'S FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE
1		Head of Household	
Citizenship Status	☐ US. Citizen ☐ Eligible non-citizen ☐ Ineligible non-citizen		
Please provide a complete list of states where this person has lived:			
2		☐ *Co-head/Spouse* ☐ *Child,* ☐ *Other adult,* ☐ *Foster adult/child* ☐ *Live-in Aide* ☐ *None of the Above*	
Citizenship Status	☐ US. Citizen ☐ Eligible non-citizen ☐ Ineligible non-citizen		
Please provide a complete list of states where this person has lived:			
3		☐ *Co-head/Spouse* ☐ *Child,* ☐ *Other adult,* ☐ *Foster adult/child* ☐ *Live-in Aide* ☐ *None of the Above*	
Citizenship Status	☐ US. Citizen ☐ Eligible non-citizen ☐ Ineligible non-citizen		
Please provide a complete list of states where this person has lived:			
4		☐ *Co-head/Spouse* ☐ *Child,* ☐ *Other adult,* ☐ *Foster adult/child* ☐ *Live-in Aide* ☐ *None of the Above*	
Citizenship Status	☐ US. Citizen ☐ Eligible non-citizen ☐ Ineligible non-citizen		
Please provide a complete list of states where this person has lived:			

Application for Admission and Rental Assistance
Section 202/8 Elderly and/or Disabled

PETS & ASSISTANCE/COMPANION ANIMALS: Please review the property pet/assistance animal rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

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

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

ANIMAL TYPE *(I.E. DOG, CAT, TURTLE, ETC)*	BREED *(IF APPLICABLE)*	HEIGHT *(MEASURED AT WITHERS IF APPLICABLE)*	WEIGHT

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

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

Unit Size

☐ Studio Unit
☐ 1 Bedroom Unit
☐ 2 Bedroom Unit
☐ 3 Bedroom Unit

Special Features

☐ Mobility Accessible Unit
☐ Communication Accessible Unit (Hearing)
☐ Communication Accessible Unit (Visual)
☐ Special features: Please list below:

Application for Admission and Rental Assistance
Section 202/8 Elderly and/or Disabled

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

Are you employed?		☐ Yes	☐ No
If yes, please provide the name and address of your present employer below.			
Employer #1			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		$	
Employer #2			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		$	
Employer #3			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		$	

Application for Admission and Rental Assistance
Section 202/8 Elderly and/or Disabled

How much do you expect to receive in other income in the next 12 months? ***Please write in 0.00, NA or None if you will receive no income from these sources.*** ***THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.***		
Monthly Social Security? ☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	$	
Monthly Retirement Benefits? ☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	$	
Monthly VA Benefits? ☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	$	
Monthly Unemployment Benefits? ☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	$	
Are you entitled to Child Support? ☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	☐ Yes	☐ No
Monthly Child Support Amount	$	
Are you entitled to Alimony?	☐ Yes	☐ No
Monthly Alimony Amount	$	
Monthly Public assistance? ☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	$	
Income from a pension or annuity or other asset?	$	
Regular contributions from organizations or from individuals not living in the unit?	$	
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	$	
Contributions from family for rent, child care or other bills.	$	
Any lump sum amounts from delay of payments for SSI or VA Disability	$	
Do you receive financial aid for education assistance?	☐ Yes	☐ No
Annual amount of education assistance.	$	
Other?	$	
Other?	$	
Other?	$	
Other?	$	

Application for Admission and Rental Assistance
Section 202/8 Elderly and/or Disabled

Assets

Have you sold or given away real property or other assets valued at $1000.00 or more (including cash donations) in the past two years?	☐ Yes	☐ No
Have you given any money to charities in the past two years?	☐ Yes	☐ No
Are any benefits deposited in to a Direct Express Debit Card account?	☐ Yes	☐ No
Do you have a checking account?	☐ Yes	☐ No
If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.		
Do you have a savings account?	☐ Yes	☐ No
Current Balance - Please write in 0.00, NA or None if the account balance is zero.	$	
Do you have cash that is not deposited in an account?	☐ Yes	☐ No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	$	
Do you have a 401K or other employment savings account?	☐ Yes	☐ No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	$	
Do you own an IRA or other retirement account?	☐ Yes	☐ No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	$	
Do any of your retirement accounts have a Required Minimum Distribution?	☐ Yes	☐ No
Amount	$	
Do you own a home or other property?	☐ Yes	☐ No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	$	
Do you have business income?	☐ Yes	☐ No
Current Value of Business - Please write in 0.00, NA or None if the asset value is zero.	$	
Do you own stocks/bonds/certificates of deposit (CD)?	☐ Yes	☐ No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	$	

Do you own a life insurance policy?	☐ Yes	☐ No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	$	
Do you own an annuity?	☐ Yes	☐ No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	$	
Is there a trust fund in your name or have you established a trust fund for someone else?	☐ Yes	☐ No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	$	
Do you have a safety deposit box?	☐ Yes	☐ No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.	☐ Yes	☐ No
Do you have access to any other assets, property, insurance policies, businesses, etc.?	☐ Yes	☐ No
If yes, please provide a description of the asset(s) and the current asset value below:		

Application for Admission and Rental Assistance
Section 202/8 Elderly and/or Disabled

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

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

Health Insurance - 1– annual premium	$	
Health Insurance - 1 – annual deductible	$	
Health Insurance - 2 – annual premium	$	
Health Insurance - 2 – annual deductible	$	
Dr. visit/medical treatments - annual out-of-pocket expense	$	
Prescription Drugs - annual out-of-pocket expense	$	
Do you have an **HMO**, a **medical plan**, or **health insurance policy**, which pays all or part of the cost of your medications?	☐ Yes	☐ No
If yes, please give the name of the HMO, plan, or insurance company. _____ _____ _____		
What amount (or percentage) of the cost must YOU pay?	$	%
If you must pay for the medicines yourself, are you later reimbursed all or part of the cost?	☐ Yes	☐ No
If yes, who reimburses you? _____ _____ _____		

Over-the-counter medical expenses to treat a specific medical condition - annual out-of-pocket expense *(i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis)*	$
Personal use items annual out-of-pocket expense *(i.e. glasses, incontinent supplies, hearing aids)*	$
Cost/Care for Assistance/Companion Animals - annual out-of-pocket expense	$
Mileage to and from medical appointments	$
Other	$
Other	$
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?	
Other?	$
Other?	$
Other?	$
Other?	$

Annual Child Care for a minor 12 years of age or younger Child care is used to care for the child because the parent/guardian is: ☐ Employed ☐ Seeking employment ☐ Going to school	$_____

Provider Name	
Provider Address	
Provider Address 2	
City, State, Zip	
Phone	

Application for Admission and Rental Assistance
Section 202/8 Elderly and/or Disabled

Annual Cost of Care for a disabled family member to allow any adult family member to work	$
Provider Name	
Provider Address	
Provider Address 2	
City, State, Zip	
Phone	
Expenses for auxiliary aides for a disabled family member	$

PENALTIES FOR MISUSING THIS FORM

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

APPLICANT CERTIFICATION

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

I would like to request a complete copy of the owner/agents resident selection criteria.

☐ No ☐ Yes ☐ Paper copy ☐ Electronic copy

Applicant Name (please print) _____

Signature _____ Date _____

Application for Admission and Rental Assistance
Section 202/8 Elderly and/or Disabled

La Ramona Morales Apartments
does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.
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).

Jake Herrington, COS. S.T.A.R.
Multi-Family Housing Coordinator/Developer

PPEP Microbusiness & Housing Development Corporation
806 East 46th Street
Pima County
Tucson, AZ. 85713

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov

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.

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner 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.):

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 verity salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section

221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

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

Agencies To Provide Information

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

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

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

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

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

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

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barters 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 HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

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

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

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

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

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

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

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 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.

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.

Dual Subsidy Notice

Applicant Name		
Head-of-Household Name (if different)		
Current Address		
Address Line 2		
City, State, Zip		
Home Phone		
Cell Phone		
Email address		
Work Phone		
May we contact you at work?	☐ Yes	☐ No

This form must be completed for each adult applicant. Choose one of the options below, sign the document and return it with the application package.

I understand that my application to move to **NAME OF PROPERTY** with the rest of my household members has met preliminary eligibility requirements.

I have indicated, on the application, that:

1. ☐ I am not currently receiving HUD assistance in another unit
2. ☐ I am currently receiving HUD assistance in another unit.

According to the current HUD lease, if I am living in a community and receiving HUD project-based assistance, I must provide a 30-day notice to the agent managing the property where assistance is currently provided.

*If the owner/agent discovers that any household member failed to move out of a HUD assisted residence before moving to **NAME OF PROPERTY,** no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after the move out is complete. Household members who signed the lease will be responsible for paying the market rent until qualified to receive HUD assistance on this property. Any assistance paid in error must be returned to HUD.*

3. ☐ I am the recipient of a housing voucher.

I understand that HUD prohibits tenants from benefiting from Housing Voucher assistance in a unit assisted through HUD's Section 8 program. When the application is submitted the household will be added to the waiting list. A unit will be offered in accordance with the resident selection plan. If the family later moves out of the project, the project subsidy will not move with the family as it does with a voucher. If you wish to participate in the voucher program after move-out, you will need to reapply to the PHA to receive another voucher.

Dual Subsidy Notice

All household members must be removed from or forfeit the voucher before receiving HUD assistance for a unit on this property. If the owner/agent discovers that any household member failed to give up current HUD assistance before moving to ***NAME OF PROPERTY,*** *no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after the move out is complete.*

La Ramona Morales Apartments
does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.
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).

Jake Herrington, COS. S.T.A.R.
Multi-Family Housing Coordinator/Developer
PPEP Microbusiness & Housing Development Corporation
806 East 46th Street
Pima County
Tucson, AZ. 85713
Phone: (520) 806-4670
Fax: (520) 806-4679
Cell 520-260-3144
jherrington@ppep.org
www.pmhdc.net

Dual Subsidy Notice

Household members who signed the lease will be responsible for paying the market rent until qualified to receive HUD assistance on this property. Any assistance paid in error must be returned to HUD.

This information will be verified using the Existing Tenant Report in EIV. If EIV indicates a conflict and verification information indicates that the information provided is not true, and the information provided by EIV is then verified, the owner/agent will reject the application based on misrepresentation of information.

PENALTIES FOR MISUSING THIS FORM

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

By signing this notice, I certify that the information provided is accurate. I understand the penalties for attempting to receive assistance in multiple residences, and I have been given an opportunity to ask questions.

_____ _____

Signature of Applicant Date

cc: Applicant/Resident File

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

La Ramona Morales Apartments 123EH061 550 W. Union St. Benson AZ 85602

Name of Property **Project No.** **Address of Property**

Chairity LaDuke HUD Section 8/223-F

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): (Birth)

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

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

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

A. General Instructions:

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

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

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

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

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

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

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

Family Summary Sheet

Date: _____

Property Name:	La Ramona Morales Apts.	Telephone:	520-586-2139
Address:	550 W. Union St.	Fax:	520-586-7170
Address 2:	Benson, AZ 85602	TTD/TTY:	711 National Voice Relay
Property Web Site	www.laramonamoralesapts.com	Email	ramonamorales@ppep.org

(To be filled out below by applicant/resident)

Member No.	Last Name of Family Member	First Name	Relation to HOH Use head of household, co-head, spouse, other adult, dependent, live-in aide or other as appropriate	Date of Birth
1			Head of Household	
2				
3				
4				
5				
6				
7				
8				

PENALTIES FOR MISUSING THIS VERIFICATION FORM

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

By my signature I certify that the information I have provided above is true and complete.

_____ _____

Signature of Applicant/Resident Date

La Ramona Morales Apartment's

550 W. Union St. - Office
Cochise County
Benson, Arizona 85602
Office (520) 586-2139
Fax (520) 586-7170
TTY 1-800-367-8939
ramonamorales@ppep.org
www.laramonamoralesapts.com

CREDIT REPORT

I (we) the undersigned do hereby give consent for Ramona Morales Apartments to obtain a credit report as a qualifying condition of application for housing pursuant to Section 604 of the Fair Credit Reporting Act.

PRINT NAME	SIGN HERE	DATE
PRINT NAME	SIGN HERE	DATE

CRIMINAL BACKGROUND CHECK

I understand that Ramona Morales Apartments may deny my household's application if any adult household member has been convicted of a felony crime. By signing this form, I consent to the release of my criminal record to the site, and I agree that I will not file any claim or lawsuit relating to the site's use of my criminal record for screening purposes.

PRINT NAME	SIGN HERE	DATE
PRINT NAME	SIGN HERE	DATE

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States, Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper 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).




Revision completed 12/17/2007

42913 Capital Drive
Unit 101
Lancaster, CA 93535
P: 800.288.4757

AUTHORIZATION TO RELEASE INFORMATION

In connection with my rental application with you, I understand that an investigative consumer report may be requested that will include information as to my character, credit and past tenant history. I voluntarily and knowingly authorize any present or past landlord, administrator, law enforcement agency, federal agency, finance bureau/office, credit bureau, Tele check, employment, collection agency, private business, personal reference, and/or other persons to give records or information they may have concerning my criminal history or any other information requested to Contemporary Information Corp. (CIC Reports). I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.

This authorization shall be valid one year from the date signed and photographic or faxed copy of this authorization shall be as valid as the original. According to the Fair Credit Reporting Act, I am entitled to know if my application is denied because of the information obtained by my prospective landlord or from a consumer-reporting agency. If so, I will be so advised and be given the name of the agency or source of information. This information is being verified by Contemporary Information Corp. (CIC Reports). Any information or questions should be directed to the following address:

LANDLORD NAME:

PROPERTY ADDRESS: La Ramona Morales Apartments, 550 West Union Street
Benson, Arizona 85602.

APPLICANT INFORMATION (Please Print)

APPLICANT SIGNATURE TODAY'S DATE

LAST NAME FIRST NAME MIDDLE INITIAL

NAMES BY WHICH YOU HAVE BEEN KNOWN AND DATES THOSE NAMES WERE USED

APPLICANT CURRENT ADDRESS

CITY STATE ZIPCODE

SOCIAL SECURITY NUMBER DATE OF BIRTH

DRIVER'S LICENSE NUMBER DRIVER'S LICENSE STATE OF ISSUE

Notice - Requirement to Determine Citizen/Non-citizen Eligibility

Date: _____

Property Name:	La Ramona Morales Apts.	Telephone:	520-586-2139
Address:	550 W. Union St.	Fax:	520-586-7170
Address 2:	Benson AZ 85602	TTD/TTY:	711 National Voice Relay
Property Web Site	www.laramonamoralesapts.com	Email	ramonamorales@ppep.org

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

1. Section 8 Housing Assistance Payments programs;
2. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
3. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of citizenship or eligible immigration status for each of your household members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format to list all household members who will reside in the assisted unit.

2. Each household member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are 3 people listed on the Family Summary Sheet, you should have 3 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any, other forms and/or evidence must be submitted with each Citizenship Declaration.

3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed above by _____.

This Citizen/Non-Citizen eligibility review (Section 214 review) will be completed in conjunction with the verification of other aspects of eligibility for assistance.

If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the office at 520-586-2139. He/she will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance. If you are unable to submit your request using this form, the owner/agent will accept the request for an extension in an equally effective format, as a reasonable accommodation, if there is the presence of a disability.

EQUAL HOUSING OPPORTUNITY

EQUAL OPPORTUNITY EMPLOYER

Notice - Requirement to Determine Citizen/Non-citizen Eligibility

If this Citizen/Non-Citizen eligibility review (Section 214 review) results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your households are eligible for assistance; your household may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your household based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation and is deemed eligible. Following verification of the documentation submitted by all household members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

The owner/agent is dedicated to providing decent, safe, and affordable housing to our residents. If you have any questions about this policy, please contact the management office. Your response to this letter does not preclude you from exercising other avenues available if you believe that you are being discriminated against on the basis of race, color, religion, sex, national origin, familial status, or disability.

If you are disabled or have difficulty understanding English, please request our assistance and we ensure that you are provided with meaningful access based on your individual needs.

(Si se desactivan o tienen dificultad para entender el inglés, por favor solicite nuestra ayuda y nos aseguramos de que le proporciona un acceso significativo basado en sus necesidades individuales.)

Thank You,

Chairity LaDuke

Community Manager

La Ramona Morales Apts.

Cc: Applicant File

The owner/agent 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).

Name: PPEP, Inc.
Address: 802 E. 46th St.
City: Tucson State: AZ Zip: 85602
Telephone – 520-622-3553
Telephone – TTY: 711 National Voice Relay

EQUAL OPPORTUNITY EMPLOYER

Citizen/Non-Citizen Eligibility Verification Consent Form

INSTRUCTIONS: Complete this form for each noncitizen household member who declared eligible immigration status on the Citizenship Declaration. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and

2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:

   a. The Department of Housing and Urban Development (HUD), as required by HUD; and

   b. The Department of Homeland Security (DHS) for purposes of verification of the immigration status of the individual.

NOTIFICATION TO HOUSEHOLD:

Evidence of eligible immigration status shall be released only to the Department of Homeland Security (DHS) for purposes of establishing eligibility for housing assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

_____ _____
Signature Date

☐ Check here if adult signed for a child.

Citizen/Non-citizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME_____

FIRST NAME_____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO._____ ALIEN REGISTRATION NO._____

ADMISSION NUMBER_____if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

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

SAVE VERIFICATION NO._____

(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

PENALTIES FOR MISUSING THIS FORM

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

Citizen/Non-citizen Declaration

DECLARATION

I, _____ hereby declare, under

penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

☐ **1. A citizen or national of the United States.**

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

a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
   (1) The following documents will be accepted as proof of citizenship
      (a) United States (U.S.) Passport
   (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
      (a) U.S. Birth Certificate
      (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
      (c) U.S. Citizen ID card issued by USCIS
      (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
      (e) Certificate of Citizenship issued by USCIS
      (f) American Indian card issued by USCIS for the Kickapoo tribe
      (g) Final Adoption Decree
      (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
      (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
      (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
      (k) Extract of U.S. hospital birth record established at the time of birth
   (3) Proof of Identity includes
      (a) Driver's License
      (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
      (c) Tribal government issued ID and documents, including Certificate of Indian Blood
      (d) Day care or nursery record (minors only)
      (e) School record or report card (under 16 only)
      (f) School ID with picture
      (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

_____ _____
Signature Date

☐ Check here if adult signed for a child,

Citizen/Non-citizen Declaration

☐ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

a. This signed declaration of eligible immigration status and
b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

a. This signed declaration of eligible immigration status and
b. Verification Consent Form

AND

c. One of the following documents:

1. Form I-551, Permanent Resident Card.
2. Form 1-94, Arrival-Departure Record annotated with one of the following:
   a. "Admitted as a Refugee Pursuant to Section 207";
   b. "Section 208" or "Asylum";
   c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
   d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
   a. A final court decision granting asylum (but only if no appeal is taken);
   b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
   c. A court decision granting withholding of deportation; or
   d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

_____ _____

Signature Date

Citizen/Non-citizen Declaration

☐ Check here if adult signed for a child.

EXTENSION

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

_____ _____

Signature Date

☐ Check here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

_____ _____

Signature Date

☐ Check here if adult signed for a child.

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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**