



Lease Application Instructions for Applicant

Dear Applicant:

Thank you for applying at our complex! We look forward to processing your application. Below is a checklist of instructions to follow in order to complete the attached application. There is also a list of documents that will need to be provided. If at any time you have questions regarding how to fill out this application, you may contact our office. The property will also help to accommodate any applicants who need assistance in filling out this application. If you need assistance, please let the manager know.

Our property follows a tenant selection plan and income limits. A copy of this plan and the income limits are posted in the office and a copy can be given to you upon request.

If you have any questions about the application or the application process, please contact the manager at _____ or 1-800-648-6056 (for hearing impaired only) during the following business days / hours _____.

Winterwood, Inc. is an Equal Housing Opportunity company, with projects in compliance with 504 and Fair Housing Regulations.

To be placed on the waiting list, you are required to complete the following:

| | |
|--|---|
| | Complete all blanks on the application by printing in your own handwriting. Use blue or black ink only. |
| | Indicate both current and prior landlord names, addresses and phone numbers. If you do not have a current or prior landlord, indicate your current and prior address and the name of the individual you were / are living with and their relationship to you. |
| | All household members 18 and over must sign the HUD 9887 & 9987A – Document Package for Applicant's / Tenant's Consent to the Release of Information and receive a copy of the 9887A. |
| | The head of household must sign and date Form 92006 (Supplemental and Optional Contact Information), Citizenship Declaration and Race & Ethnicity Form (A parent or guardian must complete the form for household members under 18 years of age). The parent or guardian must sign their own name and check the box that they signed for the minor. |
| | All forms must be completed correctly in order for your application to be considered complete. You will be contacted to provide further information if any form is incomplete or completed incorrectly. |
| | Use the correct legal name for each member of your household as it appears on the Social Security Card. |
| | All adult household members must sign and date the application certifying the information pertaining to them is correct |

When you are called to do an interview, you will be required to provide the following:

| | |
|--|--|
| | Copies of social security cards for every person on the application <u>excluding</u> exempt household members. 1. Children under the age of 6 who has not yet had a social security number assigned to him / her, and was added to the household 6 months or less from the move in date. 2. If you are 62 years of age or older as of 1/31/10 and you do not have a social security number and were receiving assistance previously at another subsidized property, you are exempt from verifying or disclosing your social security number. 3. Individuals who do not contend eligible immigration status. If cards are not available at the time of the interview, you may retain your place on the waiting list for 90 days. If after 90 days you are unable to obtain social security cards for all household members your application will be denied unless documentation of situations beyond your control allow for an additional 90 days |
| | A copy of a picture ID (such as a driver's license) is required for all applicants age 18 and older. |
| | Copies of birth certificates for all household members. |
| | Alternative forms of verification may be accepted for identification. Examples include tax returns, state benefit letters, social security benefit letter, medical insurance card, school records, etc. |
| | If you are 62 years of age or older or disabled or handicap, you may be eligible for a deduction and excess medical deductions. Please realize that your eligibility must be verified. |
| | 4-6 recent and consecutive pay stubs for each household member that is employed |
| | Current award letters for any benefits received: Social Security, SSI, Unemployment, KTAP, VA Benefits, Etc. |
| | If you or any household member have any direct deposit cards, please bring the card and a current balance inquiry or current statement |
| | If you or any household member have a checking account with an online bank, please bring 6 recent and consecutive statements. If you have a savings account with an online bank, please bring a current statement. |
| | The head of household must sign and date the receipt of documents, acknowledging that they received the following brochures: Fact Sheet for HUD Assisted Residents, Resident's Rights, Fraud: Is it worth it, EIV and You, Lead Based Paint (if applicable), VAWA Notice of Occupancy Rights and Fair Housing Information (if applicable) |

WARNING: Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the same jurisdiction of any department or agency of the United States willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, fraudulent statement or misrepresentations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

As you fill out this application, please remember to fill everything in correctly. Phone numbers are very important. At one time or another, we will be using this application to try to contact you or someone else listed. If we cannot reach you, we cannot place you as quickly. The waiting list is periodically updated by mailing interest letters to the address listed on this application. Therefore, it is your responsibility to inform us of any address change or change in other pertinent information. If no response to the interest letter is received, you will be removed from the waiting list. Incomplete applications will not be accepted.



Winterwood, Inc. is an Equal Opportunity Provider & Employer



Property Name: _____ Apartment Size _____ Desired Date of Occupancy _____

HOUSEHOLD COMPOSITION

Complete for all persons who will be living in the home. (The information for Race and Sex are for HUD statistical purposes only. You are not required to provide race, ethnicity, marital or gender information. *Race: White, Black, American Indian / Alaskan Native, Asian or Pacific Islander, Hispanic or Other. *Sex: Male / Female

| Head of Household (First, Middle, Last) | | | Date of Birth | | Social Security Number | | |
|--|-----|--|-------------------------|--|------------------------|--|--|
| Gender (M/F) (Optional) | Age | | Ethnicity (optional) | | Race (optional) | | |
| What is your marital status? Answering this question is optional <input type="checkbox"/> Single, never married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed If you checked divorced, please provide a copy of your divorce decree. If you are separated, do you have a legal separation agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide agreement | | | | | | | |
| Please check the appropriate student status: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Not a student If you currently are a student, please list the school you attend: _____ Have you been a student at any time during the current calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____ When: _____ | | | | | | | |
| Please provide your contact information: Phone Number: _____ Email Address: _____ | | | | | | | |

OTHER HOUSEHOLD MEMBERS WHO WILL BE LIVING WITH YOU:

| Name: Last, First | Social Security Number | Date of Birth | Gender: M/F (Optional) | Age | Ethnicity (Optional) | Race (Optional) | Relationship to Head | Full Time Student? Y / N |
|-------------------|------------------------|---------------|---------------------------|-----|-------------------------|--------------------|----------------------|--------------------------|
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GENERAL QUESTIONS ABOUT YOUR HOUSEHOLD

| | |
|---|---|
| Will all household members occupy the unit on a full time basis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is anyone in your household (18 or older) a student (full time or part time?) | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names and school attended |
| Have you or any other adult members ever used any name(s) or Social Security number(s) other than the ones currently being used? | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list name and social security number: |
| Do you currently, or have you in the past lived in subsidized housing? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when? |
| Have you ever been displaced due to government action or presidential declared disaster? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been evicted from any residence? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why? |
| Have you rented from Winterwood before? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when? |
| Is anyone in the household a U.S. Veteran? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name and branch: |
| Is anyone in your household a homeless Veteran? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? |
| Is anyone in your household elderly or a person with a disability? You are not required to answer this question however, it may help lower your rental portion. | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? |
| Is there any specific accommodation you would like to request that would allow you to fully utilize our program? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: |
| Do you have any outstanding medical bills? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are these expenses paid out of pocket? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you pay child care expenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much per month? \$ _____ Are you reimbursed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

RESIDENCE HISTORY – Needed for up to the previous 3 years

| | |
|---|---|
| Current Address | Previous Address |
| Landlord's Name: _____ | Landlord's Name: _____ |
| Landlord's Phone: _____ | Landlord's Phone: _____ |
| Landlord's Address: _____ | Landlord's Address: _____ |
| How long have you lived there? _____ Rent: \$ _____ | How long have you lived there? _____ Rent: \$ _____ |
| Reason for moving? | |

INCOME AND EMPLOYMENT

 Is anyone in your household employed or self employed? Yes No If yes, list information below:

| Household Member | Employer | Start Date | Gross Monthly \$ | Contact Information |
|------------------|----------|------------|------------------|---------------------|
| | | | | |
| | | | | |

Do you or anyone in your household receive any income from the following? Answer each question yes or no.

| Source | Yes or No | Member(s) | Monthly Amount(s) |
|--|--|-----------|-------------------|
| Social Security | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |
| SSI (Disability) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |
| Social Security Dual Entitlement | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |
| KTAP | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |
| Pension / Retirement | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |
| Alimony | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |
| Unemployment | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |
| Worker's Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |
| Military Pay | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |
| VA Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |
| Student Grants | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |
| Do you drive for Uber, Lyft, GrubHub, DoorDash or similar driving service? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |
| Do you sell items on Etsy, PoshMark, Facebook or similar website? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |
| Do you sell items for Mary Kay, Avon, Paparazzi or other similar company? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |

If you answer yes to any of the three questions above, you will be required to provide a payment history, 1099 and / or tax returns

 Are you or anyone in your household entitled to child support benefits through court order? Yes No

If yes, list entitled amount: \$ _____ (You will be required to provide the court order for support)

 If yes, do you receive the entitled child support benefits? Yes No If yes, list amount received: \$ _____

 If no, what attempts are you making to collect the entitled child support benefits?

 Do you have any other income not listed? Yes No If yes, list amount and source: _____

 Does anyone give you money to pay your bills or does anyone pay bills for you? Yes No

If yes, list source: _____

ASSETS

Do you or anyone in your household have any of the following assets? Answer each question yes or no.

| Asset Type | Yes or No | Member(s) | Description |
|------------------------|--|-----------|-------------|
| Checking Account | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Bank: |
| Savings Account | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Bank: |
| Certificate of Deposit | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Bank: |
| Cash on hand | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount: \$ |

| Asset Type | Yes or No | Member(s) | Description |
|--|--|-----------|-------------|
| Stocks / Bonds / Annuity / Trust | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Held With: |
| Money Market Account | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Held With: |
| Retirement / 401K | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Held With: |
| Life Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Held With: |
| Online Checking or Savings (ex. Chime, Varo, Ally) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Bank: |
| Peer to Peer Payment Accounts (ex. PayPal, Venmo, Zelle) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Account: |
| Do you have any of the following direct deposit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No Check any that apply: <input type="checkbox"/> Payroll Card <input type="checkbox"/> KTAP <input type="checkbox"/> Direct Express <input type="checkbox"/> Child Support <input type="checkbox"/> Other (explain) | | | |
| Are there any other assets that are not listed here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: | | | |
| Do you or anyone in your household own a home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check the current situation <input type="checkbox"/> Keeping <input type="checkbox"/> Selling <input type="checkbox"/> Renting <input type="checkbox"/> In Foreclosure <input type="checkbox"/> Giving Away | | | |
| Have you or anyone in your household disposed of any assets by giving them away or transferring ownership within the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the asset: | | | |

EXPENSES

Please list all monthly expenses not including rent

| | | | | |
|--------------|---------------|----------|-----------------|------------|
| Auto \$ | Child Care \$ | Phone \$ | Credit Cards \$ | Medical \$ |
| Insurance \$ | Cable \$ | Loans \$ | Food \$ | Other \$ |

OTHER QUESTIONS

| | |
|---|--|
| Do you have a pet? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide description: |
| Is the pet a request for reasonable accommodation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the pet a service animal? | <input type="checkbox"/> Yes <input type="checkbox"/> No Provide description of service animal duties: |
| Do you have a live in aide? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name: |
| Do you or anyone in your household have a criminal, civil or small claims record? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: |
| We are required by Federal regulations to apply the Owner's screening policies consistently to all applicants and HUD Section 8 regulations require that lifetime sexual offenders do not receive Section 8 assistance; therefore, our criminal screening process is completed for all states. Please complete the information below. | |
| Are you or any member of your household subject to a state and/or lifetime sex offender registry? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list household member and social security number: _____ Also list state(s) in which registration is required: _____ | |
| Please lists all states where you have resided: If more than one household member, include the name of household member and the city, state information. | |

| | | | | | |
|---|-------------------|-------------|------------------------|-----------|-------------|
| Do you have any vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide information below: | | | | | |
| Make _____ | Year _____ | Color _____ | Tag # _____ | VIN _____ | State _____ |
| Make _____ | Year _____ | Color _____ | Tag # _____ | VIN _____ | State _____ |
| Please list three references that are not relatives: | | | | | |
| Reference Name | Reference Address | | Reference Phone Number | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Please list an emergency contact: | | | | | |
| Name | Relationship | Address | | Phone | |
| | | | | | |

Why are you applying? _____

How did you hear about our complex? Ads Fliers Radio Person Tenant

_____ By initialing, you acknowledge that the site has disclosed and provided you with the Enterprise Income Verification EIV Brochure, Violence Against Women's Reauthorization 2013 VAWA Occupancy Rights and Certification 5380/5382. You furthermore acknowledge that you understand your VAWA Rights.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the United States or to any matter within its jurisdiction.

I certify that the foregoing information is true and complete to the best of my knowledge. I understand, that giving false information on this application is a basis for rejection and could be a basis for eviction. I also certify that this will be my permanent address and that I will not maintain a separate subsidized rental unit in a different location. By my signature, I authorize you to contact any references listed on this application. I also certify that my family's assistance or residency or residency in a subsidized program has never been and is not being terminated for non-payment or rent, failure to comply with recertification procedures or fraud.

I, _____(print name), certify that this information is accurate.

Applicant #1 Signature _____ Date _____ Comments _____

I, _____(print name), certify that this information is accurate.

Applicant #2 Signature _____ Date _____ Comments _____

Managed by Winterwood, Inc. P.O. Box 12830, Lexington, Kentucky 40583

OFFICE USE ONLY

Date Received: _____ Time Received: _____ Received By: _____

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.

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.

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

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

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)

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.):

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

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

Agencies To Provide Information

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

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

| | |
|--|---|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> 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

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

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

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)

| | | |
|---|--------------------------------------|------------------------------|
| Name of Property | Project No. | Address of Property |
| Name of Owner/Managing Agent | Type of Assistance or Program Title: | |
| Name of Head of Household | Name of Household Member | |
| Date (mm/dd/yyyy): _____ | | |
| Ethnic Categories* | | Select One |
| Hispanic or Latino | | |
| Not-Hispanic or Latino | | |
| Racial Categories* | | Select All that Apply |
| American Indian or Alaska Native | | |
| Asian | | |
| Black or African American | | |
| Native Hawaiian or Other Pacific Islander | | |
| White | | |
| Other | | |

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

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

Signature

Date

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

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

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

A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.