



## HELPFUL TIPS FOR APPLICANTS

1. SAVE RECEIPTS FOR ALL OUT-OF-POCKET MEDICAL EXPENSES
2. KEEP RECORDS OF OUT-OF-POCKET HEALTH INSURANCE
3. PROVIDE 6 MONTHS OF CHECKING ACCOUNT STATEMENTS
4. PROVIDE A CURRENT SAVINGS ACCOUNT STATEMENT
5. PROVIDE ALL SOURCES OF INCOME
6. PROVIDE PHOTO I.D.
7. PROVIDE SOCIAL SECURITY CARD, BIRTH CERTIFICATE, OR OTHER HUD APPROVED DOCUMENTATION
8. MUST BE 62 YEARS OLD, OR MEDICALLY DISABLED
9. IF DISABLED, MUST PROVIDE DOCTOR'S VERIFICATION OF THE DISABILITY

## Application for Rental Housing Con-Ivie Gardens

### Instructions for Head of Household

1. Please print all sections in ink. Do not leave any sections blank, even those that do not apply to you. For instance, if a section asks for a driver's license and you do not have a driver's license, you should enter "none" or "N/A" (not applicable). If you need to make a correction, draw a line through the incorrect information, then print the correct information above and initial the change.
2. As head of household, you will complete this application form. Each additional adult who will live in the apartment must sign this application, and must complete an Additional Adult Addendum.
3. It is important that all information on this form and on the Additional Adult Addendum forms be complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected.
4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income situation, or family size changes.
5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List, but this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures, which are summarized in the Resident Section Plan posted in the management office.

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

### Head of Household and Spouse or Co-applicant – Please Print

Head of Household Full Legal Name	Spouse/Co-applicant Full Legal Name
1. _____	1. _____
2. Home Telephone (    )       -	2. Home Telephone (    )       -
3. Work Telephone (    )       -	3. Work Telephone (    )       -
4. Social Security Number _____ - _____	4. Social Security Number _____ - _____
5. Email Address _____	5. Email Address _____

6. Have you, your spouse, or your co-applicant ever used different names from the names shown above?  
☐ Yes ☐ No If yes, please list names used and dates when such names were in use: \_\_\_\_\_  
\_\_\_\_\_

7. Please list the states where you and any members of the household have resided in the past 10 years.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you, your spouse, or your co-applicant ever been evicted or otherwise removed from rental housing? ☐ Yes ☐ No If yes, please provide the landlord name, address, and dates: \_\_\_\_\_  
\_\_\_\_\_

9. Has any place where you, your spouse, or your co-applicant was living been destroyed or damaged by fire? ☐ Yes ☐ No If yes, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_

### 10. Household Composition – Please Print

List all persons, including yourself, who will reside in the apartment. Note: The number in the left-hand column is the household member number and is the number requested in the remaining sections of this application.

Full Name	Relation ship	Sex (optional)	Birth Date	Occupation (If student, name of	Soc. Sec. Number	Driver's License #
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

11. Are any of the household members a retired member of the United States Armed Services?

☐ Yes ☐ No

12. Will any of the above household members live anywhere except the apartment?

☐ Yes ☐ No

13. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? ☐ Yes ☐ No

If Yes, explain \_\_\_\_\_  
\_\_\_\_\_

### Applicants Under the Age of 62 Applying to Elderly Complexes

Answers to the following questions are optional. If you decline to answer, we may be unable to determine your eligibility for the housing program offered at this property. [Reference: HV & DV]1

14. Are you handicapped? ☐ Yes ☐ No

15. Are you disabled? ☐ Yes ☐ No



### 16. Income from Employment

List all full-time, part-time, and/or seasonal employment for head, spouse/co-applicant and other household members age 18 or older, including the self-employed.

HH Mem. #	Place of Employment	Employer Address	Employer Phone Number	Supervisor	Est. Tot. Earn. Coming year \$.

### 17. Income from Other Sources

List non-employment income for all household members. This includes interest, dividends, income from rental property, social security, pensions, public assistance, SSI, unemployment, compensation, alimony, child support, workers compensation, disability compensation, the portion of educational grants and scholarships allotted for subsistence and all other income:

HH Mem. #	Type of Income and Who Pays It	Address of Source of Income	Contact Person Name and Phone Number	Est. Tot. Earn. Coming year \$.

### 18. Assets

List assets of all household members, including bank accounts, stocks, bonds, credit union shares, land, and real estate:

HH Mem. #	Description of Asset	Est Current Value	Est Annual Income from Assets

### **Race and Ethnicity of Head of Household**

HUD requires us to report the race and ethnicity of the Head of Household for all applicants. We request your cooperation in completing the following questions. This response is optional and your entry will have no bearing on your eligibility for housing.

19. Race of Household Head. Please check one:

- a. White
- b. Black
- c. Native American/Alaskan/Hawaiian
- d. Asian/Pacific Islander

20. Ethnicity of Household Head. Please check one:

- a. Hispanic
- b. Non-Hispanic

### **Questions for All Applicants**

The following pertain to you and all household members. Answer yes or no in response to each question and use the space provided to explain any yes answers.

21. How did you hear about us? \_\_\_\_\_
22. ☐ Yes ☐ No Does any member of your household receive regular cash contributions from agencies or from individuals not living with you?
23. ☐ Yes ☐ No Does any member of your household receive income from assets, including interest, dividends, stocks or bonds?
24. ☐ Yes ☐ No Does any member of your household receive money from school-aid, scholarship, or education grant?
25. ☐ Yes ☐ No Have you sold or given away any real property or other assets in the past two years?
26. ☐ Yes ☐ No Does any adult member of your household attend school full-time?
27. ☐ Yes ☐ No Do you or any other member of your household currently use any illegal drug or other illegal controlled substance? If yes, describe. [Forms DC, PR]
28. ☐ Yes ☐ No Have you or any member of your household ever engaged in drug-related criminal activity, such as use, possession, distribution, trafficking, or manufacture of an illegal drug? [Forms DC, PR]
29. ☐ Yes ☐ No Have you or any member of your household been involved in criminal activity that poses a threat to the health, safety, or welfare of others? If yes, when and where? [Forms DC, PR]
30. ☐ Yes ☐ No Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? If Yes, please explain

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31. ☐ Yes ☐ No Have you, your spouse, or your co-applicant ever applied for a government-subsidized apartment before? If yes, when and where?

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### Waiting List Priorities

If you answer yes to questions 32-37, you must provide the documentation described below:

32. ☐ Yes ☐ No Is your household involuntarily **displaced\*** through no fault of anyone in the household?
33. ☐ Yes ☐ No Does your household pay more than 50 percent of monthly income for rent and utilities?
34. ☐ Yes ☐ No Is your household currently living in substandard housing?
35. ☐ Yes ☐ No Is your household **homeless\*\***?
36. Are you mobility impaired? (Do you **require** a 1<sup>st</sup> floor unit?)      Yes              No
37. Do you **require** a wheelchair accessible unit?      Yes              No

\*Displaced – a family or individual that must move as a direct result of rehabilitation, demolition, or sale of their current nighttime residence.

\*\*Homeless-

- Individuals and families who lack a fixed, regular, and adequate nighttime residence, or
- Individuals and families who will imminently lose their primary nighttime residence, or
- Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member

### 38. Rental History

Please enter the information requested for your current address and the two most recent prior addresses. Include places where you were not listed on the lease and places where you lived under a different name. [Forms Reference: LV, HV]

- ☐ Yes ☐ No Were any of the members of the household over the age of 62 on January 31, 2010.  
If yes? Were you receiving HUD rental assistance at that time? ☐ Yes ☐ No

Applicant Street Address	City, State, and Zip	Monthly Rent	Telephone ( )
Landlord/person in charge Street Address	City, State, and Zip	App-pd. Util \$	LL Phone ( )
Names of Household Members			
Move-in Date:		Security Dep. \$	
Do you have an executed lease agreement at the above address? [If applicant answers "no" the Forms Reference is VAW, ATC.]		<input type="checkbox"/> Yes <input type="checkbox"/> No	

App. Previous Street Address	City, State, and Zip	Monthly Rent	Telephone ( )
Landlord Street Address	City, State, and Zip	App-pd. Util \$	LL Phone ( )
Names of Household Members			
Did you fulfill lease term? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.		Security Dep. \$ Full Refund? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Move-In Date:		Move-Out Date:	

App. Previous Street Address	City, State, and Zip	Monthly Rent	Telephone ( )
Landlord Street Address	City, State, and Zip	App-pd. Util \$	LL Phone ( )
Names of Household Members			
Did you fulfill lease term? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.		Security Dep. \$ Full Refund? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Move-In Date:		Move-Out Date:	



### 39. Utility Payment History

List the names of all utility companies with which you now have or have had accounts at the two most previous addresses. [Forms Reference: UV for all utility suppliers.]

Name of Utility Co.	Type (Electric, Gas, etc.)	Name of Acct. Holder	Property Address

Name of Utility Co.	Type (Electric, Gas, etc.)	Name of Acct. Holder	Property Address

Name of Utility Co.	Type (Electric, Gas, etc.)	Name of Acct. Holder	Property Address

### Allowances

40. Dependent Deduction: Enter the names of all household members (other than head or spouse) who are :

(a) Under age 18 \_\_\_\_\_

(b) 18 or older and full-time student \_\_\_\_\_

(c) 18 or older and disabled or handicapped \_\_\_\_\_

[Forms Reference: DV, HV]

Each family member verified above = \$480. deduction from Annual Income for computing rent.

41. (a) Childcare Expenses: List amount you pay (monthly) for the care of children or foster children in the household under age 13 to permit an adult family member(s) to work or go to school:

\$ \_\_\_\_\_

(b) List names of children for whom care is provided: \_\_\_\_\_

(c) List the name of any adult member of the family able to work or go to school because of the childcare paid in 38 (a) above: \_\_\_\_\_

(d) If an adult member can work because of childcare, list amount of income earned:

\$ \_\_\_\_\_

42. Handicapped Care/Expenses:

(a). List amounts you pay (monthly) for care or apparatus on behalf of a handicapped/disabled family member to permit an adult family member to work:

\$ \_\_\_\_\_

(b) If such amounts are claimed, list the name of handicapped / disabled family member on whose behalf they are claimed: \_\_\_\_\_

(c) If an adult member can work because of care or apparatus list amount of income earned:

\$ \_\_\_\_\_

43. (a) Elderly Household Allowance: An elderly household is one in which the head, spouse or sole member is 62 or older, disabled or handicapped. Such households qualify for a \$400. deduction in computing rent.

Check to claim this deduction ☐ [Forms Reference: DV, HV]

(b) Medical Expenses: Elderly households qualify for a medical expense deduction. If your household is an elderly household and you wish to claim this deduction, check here ☐ and indicate the medical expenses you anticipate for the coming year:

\$ \_\_\_\_\_

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**Statements by All Adult Household Members**

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

We authorize the Property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, state or local agencies.

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

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

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

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

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

We authorize management to obtain one or more "consumer reports" Which includes but is not limited to Credit reports, Criminal Reports, Asset reports) as defined in the Fair Credit Reporting Act, 15 U.S. C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available for its needs.

\_\_\_\_\_  
Date Signature of Head of Household

\_\_\_\_\_  
Date Signature of Spouse of Co-Applicant

\_\_\_\_\_  
Date Signature of Co-Applicant

\_\_\_\_\_  
Date Signature of Co-Applicant

*Con-Ivie Gardens 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).*

Acceptance of completed application by Management

\_\_\_\_\_  
Date Signature of Con-Ivie Gardens Management Representative

### **Avoiding Criminal Activity**

1. Have you or any family members listed on this application been involved in any criminal activity that might adversely affect the health, safety, or welfare of other residents if it happened at the Property?

☐ Yes ☐ No

Examples of Criminal Activity include but are not limited to:

- |                                  |                                    |
|----------------------------------|------------------------------------|
| 1. Homicide/Murder               | 7. Drug Trafficking/Use/Possession |
| 2. Rape or child molesting       | 8. Child Abuse/Domestic Violence   |
| 3. Burglary/Robbery/Larceny      | 9. Public Intox./Drunk& Disorderly |
| 4. Threats or Harassment         | 10. Receiving Stolen Goods         |
| 5. Destruct. Of Prop. /Vandalism | 11. Fraud                          |
| 6. Assault or fighting           | 12. Prostitution                   |
| 13. Disorderly Conduct           |                                    |

Please describe you or your family member's involvement in criminal activity: \_\_\_\_\_

2. Can and will you avoid being involved in any criminal activity in a Property apartment? ☐ Yes ☐ No

Note: We will also be checking with the police for any history of criminal activity.

**Other Lease Compliance Issues**

1. Have you or any family member done anything in the last 12 months that would have been a violation of the Property's Lease? ☐ Yes ☐ No

If Yes, please explain. \_\_\_\_\_

2. Have there been instances when you have not complied with an occupancy agreement or lease or have had trouble doing so? ☐ Yes ☐ No

If Yes, please explain. \_\_\_\_\_

3. Do you or any family member have a current substance abuse problem that would interfere with your ability to comply with the Property's lease? ☐ Yes ☐ No

If Yes, please explain. \_\_\_\_\_

4. Do any members of the household smoke cigarettes/cigars? ☐ Yes ☐ No

5. Whom should we contact to verify your ability to comply with our lease?

Name:

Phone Number



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.

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

This Package contains the following documents:

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



## Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

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

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

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

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

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

### Customer Protections

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

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

If an adult member of your household, due to extenuating 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.):  
Forth Worth Regional Office  
307 West 7<sup>th</sup> St., Suite 1000  
Forth Worth, TX 76102

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

Connie Biddle  
1922 Wolfe St.  
Little Rock, AR 72202

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.):

Southwest Housing Compliance Corporation  
1124 South IH 35  
Austin, TX 78704

**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 Barter Exchange Transactions

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income 1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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### **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.**

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Name of Applicant or Tenant (Print)

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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.**

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Name of Project Owner or his/her representative

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Title

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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.



# FY 2022 INCOME LIMITS DOCUMENTATION SYSTEM

HUD.gov HUD User Home Data Sets Fair Market Rents Section 8 Income Limits MTSP Income Limits HUD LIHTC Database

## FY 2022 Income Limits Summary

Selecting any of the buttons labeled "Click for More Detail" will display detailed calculation steps for each of the various parameters.

FY 2022 Income Limit Area	Click for More Detail	FY 2022 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Little Rock- North Little Rock- Conway, AR HUD Metro FMR Area	Click for More Detail	Median Family Income								
		Extremely Low Income Limits (\$)*	16,550	18,900	23,030	<b>27,750</b>	32,470	37,190	41,910	46,630
		Click for More Detail								
	Click for More Detail	Very Low (50%) Income Limits (\$)	27,550	31,500	35,450	<b>39,350</b>	42,500	45,650	48,800	51,950
		Low (80%) Income Limits (\$)	44,100	50,400	56,700	<b>62,950</b>	68,000	73,050	78,100	83,100
		Click for More Detail								

**NOTE:** Pulaski County is part of the **Little Rock-North Little Rock-Conway, AR HUD Metro FMR Area**, so all information presented here applies to all of the **Little Rock-North Little Rock-Conway, AR HUD Metro FMR Area**. HUD generally uses the Office of Management and Budget (OMB) area definitions in the calculation of income limit program parameters. However,