



13931 7th Street Dade City Florida 33525

APPLICATION FOR HOUSING ASSISTANCE

MAGNOLIA OAKS NEW PORT RICHEY, FLORIDA

MANAGEMENT OFFICE LOCATED AT:
9600 Call Ct. – Hudson, FL 34667
(727) 863-5436

PLEASE READ CAREFULLY AND RETAIN THIS PAGE FOR YOUR RECORDS

1. **The head of household/ spouse/ co-head of household must be a U.S. VETERAN**
2. **THIS IS SMOKE FREE PROPERTY – THERE IS NO SMOKING ANYWHERE IN THE PROPERTY TO INCLUDE THE GROUNDS.**
3. Applications must be completed in their entirety or they will be disqualified.
4. Applications must be dropped off a one of the Housing Authority apartment complex offices or mailed to the Housing Authority's main office located at the address above in the letterhead.
5. ***NO FAXED OR EMAILED APPLICATIONS WILL BE ACCEPTED. ORIGINAL APPLICATION ONLY.***
6. The amount of time you are on the waiting list is determined by the availability of units at this community. Eligibility requirements must be met at the time of application; through the time of offer.
7. THERE IS NO IMMEDIATE HOUSING ASSISTANCE AVAILABLE.
8. Any changes in your family composition, income or contact information (including but not limited to physical address, mailing address, telephone # or income) must be submitted to the Housing Authority in writing and signed by the applicant within ten (10) days of a change.
9. Applicants already on a waiting list for other housing programs must apply separately for this community; such applicants will not lose their place on their other waiting lists when they apply for Magnolia Oaks.
10. Proof of Social Security Number is not required for those who are 62 years of age or older and were receiving HUD rental assistance, at any location as of January 31, 2010.

For Office Use Only.

Date Received: / /

Time Received: am/pm

Received By:

**Pasco County Housing Authority
Application for Housing Assistance
Magnolia Oaks - New Port Richey, FL**

Head of Household _____

Emergency Contact Name _____

Current Address _____

Emergency Contact Telephone # _____

City, St., Zip _____

Name of veteran? _____

Telephone Number _____

Mailing Address if different _____

Head of Household	
Last Name	
First Name	Middle Name
Social Security Number	Date of Birth
Maiden/Other Name(s) Last Name(s)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	Member Status <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly (62 or older) <input type="checkbox"/> Adult <input type="checkbox"/> Adult Full/Part Time Student
Citizenship <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <u>Not</u> Hispanic or Latino

Reasonable Accommodation

Yes No Does any member of your family have a disability where you might need a reasonable accommodation?

If yes, what is the reasonable accommodation you will need? _____

Yes No If a person in your household is a person with a disability, does your household require a unit with accessible features?
 Mobility Vision Hearing



Household Member 6

_____		_____	
Last Name	M I.	First Name	
_____		_____/_____/_____	
Social Security #		Date of Birth	
_____		_____	
Relationship to Head of Household		Gender	
_____		_____	
Race (Check all that apply)		Member Status	
<input type="checkbox"/> White		<input type="checkbox"/> Disabled	
<input type="checkbox"/> Black		<input type="checkbox"/> Elderly (62 or older)	
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Adult	
<input type="checkbox"/> Asian		<input type="checkbox"/> Adult Full/Part Time Student	
<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Youth (under 18)	
		If Youth – Custody % _____	
Citizenship		Ethnicity	
<input type="checkbox"/> Eligible Citizen		<input type="checkbox"/> Hispanic/Latino	
<input type="checkbox"/> Eligible Noncitizen		<input type="checkbox"/> Not Hispanic/Latino	
<input type="checkbox"/> Ineligible Noncitizen			
<input type="checkbox"/> Pending Verification			

Income Information: List **ALL** sources of income for **ALL** household members, *including, employment, SS/SSI, Welfare, Assistance, Child Support, Unemployment, VA Benefits, Retirement/Pensions, Grants, etc.*

Name	Source(s) of Income	Hrs. per Week	Amount Gross Income	Per Hr/Wk/Mo	
				<input type="checkbox"/> Hour <input type="checkbox"/> Month	<input type="checkbox"/> Week
			\$	<input type="checkbox"/> Hour <input type="checkbox"/> Month	<input type="checkbox"/> Week
			\$	<input type="checkbox"/> Hour <input type="checkbox"/> Month	<input type="checkbox"/> Week
			\$	<input type="checkbox"/> Hour <input type="checkbox"/> Month	<input type="checkbox"/> Week
			\$	<input type="checkbox"/> Hour <input type="checkbox"/> Month	<input type="checkbox"/> Week
			\$	<input type="checkbox"/> Hour <input type="checkbox"/> Month	<input type="checkbox"/> Week
			\$	<input type="checkbox"/> Hour <input type="checkbox"/> Month	<input type="checkbox"/> Week

Asset Information: List all assets and their value for all household members.

Account	Name of Bank or CU	Name on Account	Account Number	Account Balance
Checking				
Savings				
Other				

Savings Bonds \$ _____ Certificate of Deposit \$ _____ Stocks and Bonds _____

IRA \$ _____ Property \$ _____ Insurance Policy \$ _____ Recreational Vehicle/Boat \$ _____

Yes No Have you disposed of any assets within the last two (2) years? If yes,

What was the asset? _____

What was the actual value of the asset? _____

What amount did you receive? _____

Yes No Does anyone outside of your household pay for any of your bills or give you money? If yes, please explain: _____

Reasonable Accommodations/Disability Expenses

Yes No Is the head of the household or spouse age 62 or older or a person with disability?

If yes, does your household have any unreimbursed medical expenses, such as:
Medical Insurance, Medicare, doctor visits, prescriptions, hospital, therapy, etc. Yes No

If yes, please describe the expense (not your medical condition) and the unreimbursed amount
you spend per month on all medical expenses.

Yes No Do you have any expenses on behalf of the household member with disabilities so an adult
in the household can work? If yes, describe the nature of the expense and the amount:

Expenses

Yes No Do you have childcare expenses for children under the age of thirteen (13) so an adult in the
household can work, go to school, or attend job training? If yes, please list the monthly
unreimbursed childcare cost, and the name, address and phone number of your childcare
provider. _____

Please provide a listing of all states, household members have ever resided in:

Where have you lived for the past three (3) years? You must complete this section. If you were homeless
please write "Homeless" under the Resident Address with coordinating dates.

Current	From	To	Do you
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with someone <input type="checkbox"/> Other
Resident Address			City, State, Zip
Landlord Name and Telephone Number			
Landlord Address			City, State, Zip
Previous	From	To	Do you
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with someone <input type="checkbox"/> Other
Resident Address			City, State, Zip
Landlord Name and Telephone Number			
Landlord Address			City, State, Zip



Previous	From	To	Do you
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with someone <input type="checkbox"/> Other
Resident Address			City, State, Zip

Landlord Name and Telephone Number

Landlord Address

City, State, Zip

Tenancy Information

Yes No Does anyone in your family smoke; this includes smoking cigarettes, cigars, pipe and other tobacco product or similarly lighted smoking material in any manner or any form. E-cigarettes and Hookahs are considered smoking under the smoke free policy.

Yes No Will this be your primary/only residence? If no, please explain:

Yes No Has any household member been housed under any federal rental assistance program in the past? If yes, please list names, dates and locations.

Yes No Has any household member lived in any properties managed by Pasco County Housing Authority in the past? If yes, which property and when did you live there?

Yes No Is any household member currently living in or being assisted with federally subsidized housing? If yes, please explain.

Yes No Do you owe any money to Pasco County Housing Authority or any other federal subsidized Housing program? If yes, where?

Yes No Has any household member been evicted from federally subsidized housing? If yes, from where and when?

Yes No Has any household member been evicted for reason of drug related criminal activity; or evicted for disturbing neighbors or property destruction/damage? If yes, please identify whom and explain.

Yes No Has any household member been arrested and/or convicted of a drug related and/or violent activity? If yes, please identify whom, date and nature.



Yes No Is any household member subject to a lifetime registration under a state sex offender law?

Yes No Has any household member violated a condition of probation or parole or is fleeing to avoid prosecution, or custody or confinement after conviction, for a felony? If yes, please explain.

Personal Certification Notice

Warning: Title 18, section 1001 of the U.S. Codes 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.

If/We hereby certify under penalty perjury under the laws of the United States of America and the State of Florida that all information contained in this document is true and complete. I/We authorize the release of information to the Pasco County Housing Authority by/our employer(s), the Department of Children and Families, Social Security Administration, Pasco County Sheriff’s Office, Law Enforcement Agencies, and/or other businesses or government agencies. I/We understand that making false statements on this documentation is a crime under state and federal law, which may result in termination from the program and criminal prosecution.

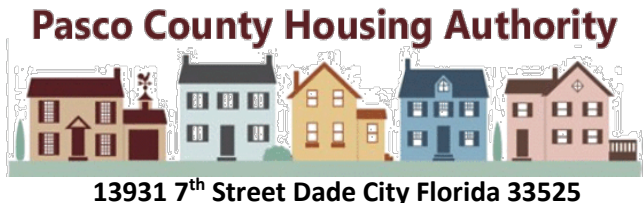
Head of Household Signature	Printed Name	Date
Spouse or Co-Head Signature	Printed Name	Date
Other Adult Member Signature	Printed Name	Date
Other Adult Member Signature	Printed Name	Date

PCHA Fair Housing and Equal Opportunity Statement

It is the policy of Pasco County Housing Authority (PCHA) to provide equal employment and fair housing opportunity to all persons. PCHA does not discriminate on the basis of age, race, color, sex, religion, national or ethnic origin, familial status, disability, sexual orientation, gender identity, or marital status in admission or access to its assisted housing programs and activities.



Main Office (352)567-0848
Fax number (352)567-6035
Hearing Impaired
Dial 7-1-1 for Florida relay



Jeff Sklet
Executive Director

Limited English Proficiency Intake Form

Date: _____

Tenant Name: _____

Is English your Primary Language? Yes No

If not indicate which language you would like to communicate into staff:

Do you require oral language translation assistance? Yes No

Do you require vital documents translated in writing? Yes No

Are you hearing impaired and require assistive services? Yes No

If so please indicate which service(s): _____

Tenant Signature: _____ Date: _____

Notes:

CONSENT FOR THE RELEASE OF CRIMINAL RECORDS TO THE PASCO COUNTY HOUSING AUTHORITY

By execution of this consent form the adult household member identified below authorizes any law enforcement agency to release the member's criminal records, any credit agency to release my past and present credit history, and any previous landlord to release a previous landlord check to the Pasco County Housing Authority.

By execution of the consent form the household member understands that the Pasco County Housing Authority may use the criminal records, credit report and/or landlord check obtained to screen applicants for admission to housing programs, for lease enforcement, for termination of assistance and for the eviction of families residing in section 8/housing choice voucher program, public housing or receiving rental assistance through any federally assisted housing program.

I/We HEREBY AUTHORIZE any law enforcement agency to release my criminal records to Pasco County Housing Authority, its agents and employees.

I/We HEREBY AUTHORIZE any credit agency to release my credit report to the Pasco County Housing Authority, its agents and employees.

I/We HEREBY AUTHORIZE any previous or current landlord to release my previous or current landlord check to the Pasco County Housing Authority, its agents and employees.

I/We authorize Rental History Reports (RHR) and/or the above-named company to do a complete investigation of all information provided in my application for residency.

THIS FORM MUST BE SIGNED BY ALL MEMBERS OF THE HOUSEHOLD 18 YEARS OF AGE OR OLDER, OR THIS APPLICATION WILL BE DEEMED INCOMPLETE.

SIGNATURE: _____	DATE: _____
Print Full First, Middle & Last Name: _____	

SIGNATURE: _____	DATE: _____
Print Full First, Middle & Last Name: _____	

SIGNATURE: _____	DATE: _____
Print Full First, Middle & Last Name: _____	

STAFF SIGNATURE/COMPLETED: _____	DATE: _____
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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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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.

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

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

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

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.): US Department of HUD - Jacksonville Office 400 West Bay Street, Suite 1015 Jacksonville, FL 32202	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Pasco County Housing Authority 13931 7th Street Dade City, FL 33525	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.): Jerome Ryans, President/CEO - NTHDC 4300 West Cypress Street, Suite 300 Tampa, FL 33607
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

Manager

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.