
**APPLICATION PACKET
SHAMROCK HEIGHTS APARTMENTS
CENTERVILLE, IOWA 52544**

- FACT SHEET-HOW YOUR RENT IS DETERMINED (*DATED Sept. 2010*)
- IS FRAUD WORTH IT? APPLYING FOR HUD HOUSING ASSISTANCE (*HUD-1141*)
- APPLICATION
- NON CITIZEN RULE DECLARATION FORM - **1 FOR EACH PERSON ON APPLICATION**
- NOTIFICATION TO SUBMIT EVIDENCE OF CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS OR TO CHOOSE NOT TO CLAIM ELIGIBLE STATUS.
- FAMILY SUMMARY SHEET - CITIZENSHIP
- RACE AND ETHNIC DATA FORM (*HUD 27061-H*) **1 FOR EACH PERSON ON APPLICATION**
- DOCUMENT PACKAGE FOR APPLICANT'S/TENANT'S CONSENT TO THE RELEASE OF INFORMATION (*HUD-9887/A; HUD-9887; HUD-9887-A*)
- SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING (*HUD-92006*)
- CRIMINAL AND DRUG RELATED QUESTIONNAIRE
- REQUEST/AUTHORIZATION FOR RELEASE OF INFORMATION
- DENIAL/TERMINATION FOR DRUG RELATED ACTIVITIES
- LANDLORD AUTHORIZATION
- SUMMARY OF REASONABLE ACCOMMODATION
- VAWA- VIOLENCE AGAINST WOMEN ACT POLICY
- EIV & YOU BROCHURE
- DO YOU HAVE A SOCIAL SECURITY NUMBER (SSN) FLYER
- CHOICE SCREENING - SCREENING CONSENT FORM
- VAWA - NOTICE OF OCCUPANCY RIGHTS UNDER VAWA VAWA - HUD-5380
- VAWA - CERTIFICATION OF DOMESTIC VIOLENCE SEXUAL ASSAULT, OR STALKING, & ALT DOCUMENTATION HUD-5382

By signing this form I acknowledge that I received the above forms and informational sheets when I received the application packet.

Signature

Date

(IF THIS APPLICATION IS FOR OTHER THAN YOURSELF, PLEASE PRINT THE NAME OF THE PERSON YOU ARE REQUESTING IT FOR)

VIOLENCE AGAINST WOMEN ACT (VAWA)

The Violence Against Women Act protects housing assistance applicants and residents who have been victimized by domestic violence, dating violence, and stalking.

Shamrock Heights Apartments affords the following legal protections:

- Applicant's can't be denied rental assistance solely because they were previously evicted from an assisted site for being victims of domestic violence;
- Applicant's can't be denied assistance solely for criminal activity that was directly related to domestic violence;
- Resident's can't be evicted solely because they were victims of domestic violence, in that being a victim of domestic violence does not qualify as a "serious or repeated violation of the lease" or "other good cause" for eviction. For example, if a resident/wife has filed in court for a restraining order and the domestic violence reoccurs, the site may evict the resident/husband, but not the wife.

However,

- If a victim of domestic violence commits a criminal act unrelated to the domestic violence, or if the victim is an "actual or immediate threat to other tenants or those employed at or providing services to **Shamrock Heights Apartments**" eviction is warranted;
- Residents wishing to report an incident of domestic violence must submit specific documentation as requested by Manager, and all such documentation will remain confidential, unless required by law;
- If after an incident of domestic violence, a resident allows the abuser to visit the site again as a guest and the violence reoccurs, the Manager may evict the resident.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

Signature of Applicant

Date

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

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

Shamrock Heights Apartments

Chamber of Commerce, Owner

Rochelle Swarts, Manager

Centerville, Iowa 52544

Ph/Fax 641-856-5011

1020 Shamrock Lane



Date

Dear Applicant:

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

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

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

1. Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below by _____.

Shamrock Heights Apartments
ATTN: Rochelle Swarts
1020 Shamrock Lane
Centerville, IA. 52544

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact Natalie Kesterson at 641-856-5011. She will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

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

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

Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex Optional	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



Shamrock Heights Apartments

Chamber of Commerce, Owner
Rochelle Swarts, Manager
Centerville, Iowa 52544

1020 Shamrock Lane

Ph/Fax 641-856-5011



TO: ALL APPLICANTS/TENANTS FOR SHAMROCK HEIGHTS APARTMENTS

SUBJECT: DENIAL/TERMINATION OF ASSISTANCE FOR DRUG RELATED CRIMINAL ACTIVITIES, ALCOHOL ABUSE, MISDEMEANORS, FELONIES, VIOLENT CRIMINAL ACTIVITIES, ETC.

BY SIGNING THIS STATEMENT, I UNDERSTAND AND ACKNOWLEDGE THAT THE SHAMROCK HEIGHTS APARTMENTS SHALL DENY OR TERMINATE ASSISTANCE TO APPLICANTS AND PARTICIPANTS IF FAMILY MEMBERS, GUESTS OR OTHER PERSONS UNDER THE APPLICANTS OR PARTICIPANTS CONTROL ENGAGE, OR HAS ENGAGED, IN DRUG-RELATED CRIMINAL ACTIVITIES, ALCOHOL ABUSE, MISDEMEANORS, FELONIES, VIOLENT CRIMINAL ACTIVITIES, ETC. SUCH ACTIVITIES INCLUDE, **BUT ARE NOT LIMITED TO:**

DRUG RELATED CRIMINAL ACTIVITY:

DRUG RELATED CRIMINAL ACTIVITY IS THE ILLEGAL POSSESSION, MANUFACTURE, SALE, DISTRIBUTION, USE OR POSSESSION WITH INTENT TO MANUFACTURE, SELL, DISTRIBUTE OR USE A CONTROLLED SUBSTANCE.

VIOLENT CRIMINAL ACTIVITY:

ANY ILLEGAL CRIMINAL ACTIVITY THAT HAS, AS ONE OF ITS ELEMENTS, THE USE, ATTEMPTED USE, OR THREATENED USE OF PHYSICAL FORCE AGAINST THE PERSON OR PROPERTY OF ANOTHER.

FELONIES AND/OR MISDEMEANORS:

FELONIES AND/OR MISDEMEANORS OF ANY KIND

ALCOHOL ABUSE:

ALCOHOL ABUSE THAT WOULD IN ANY WAY INTERFERE WITH THE HEALTH, SAFETY, OR RIGHT TO THE PEACEFUL ENJOYMENT OF THE PREMISES BY OTHER RESIDENTS.

I UNDERSTAND THAT SHAMROCK HEIGHTS APARTMENTS RELIES ON INFORMATION RESPECTING HABITS OR PRACTICES OF PAST PERFORMANCE IN MEETING FINANCIAL OBLIGATIONS, ESPECIALLY RENT; A RECORD OF DISTURBANCE OF NEIGHBORS, DESTRUCTION OF PROPERTY, OR LIVING OR HOUSE-KEEPING HABITS AT PRIOR RESIDENCES WHICH MAY ADVERSELY AFFECT THE HEALTH, SAFETY OR WELFARE OF OTHER TENANTS OR THE PROJECT; AND/OR ANY CRIMINAL ACTIVITY.

DATE

APPLICANT/TENANT

DATE

APPLICANT/TENANT

REQUEST AND AUTHORIZATION FOR RELEASE OF INFORMATION:

APPLICANT'S SIGNATURE ON THIS FORM AUTHORIZES SHAMROCK HEIGHTS APARTMENTS TO CHECK APPLICANT'S REFERENCES INCLUDING:

- CREDIT REPORT
- INCOME VERIFICATION
- EMPLOYMENT AND/OR STUDENT VERIFICATION
- PREVIOUS LANDLORDS OR PROGRAM PARTICIPATION
- COUNTY COURTHOUSE HOUSING JUDGEMENTS
- LAW ENFORCEMENT WITH JURISDICTION OVER PREVIOUS ADDRESSES
- OTHERS AS DEEMED PERTINENT FROM APPLICATION

IOWA CODE CHAPTER 216, IOWA'S ANTI-DISCRIMINATION LAW, DOES NOT EFFECT:

216.20 "TENANCY OF AN INDIVIDUAL THAT WOULD CONSTITUTE A DIRECT THREAT TO THE HEALTH AND SAFETY OF OTHER INDIVIDUALS OR TENANCY THAT WOULD RESULT IN SUBSTANTIAL PHYSICAL DAMAGE TO THE PROPERTY OF OTHERS."

BE ADVISED THAT SHAMROCK HEIGHTS APARTMENTS "WILL NOT KNOWINGLY."

1. RENT TO PERSONS WHO LIE ON THEIR APPLICATIONS
2. CONTINUE TENANCY WITH PERSONS WHO SHAMROCK HEIGHTS APARTMENTS LATER LEARNS LIED;
3. RENT TO APPLICANTS WHO INCLUDE PERSONS WITH RECENT CONVICTIONS FOR FELONIES AND/OR MISDEMEANORS;
4. CONTINUE TENANCY WITH PERSONS WHO ARE CURRENTLY CONVICTED FOR FELONY AND/OR MISDEMEANOR VIOLATIONS;
5. RENT TO, OR CONTINUE TENANCY, WITH PERSONS WHO ENTERTAIN GUESTS WITH RECENT CONVICTIONS FOR FELONIES AND/OR MISDEMEANORS;
6. RENT TO PERSONS WITH A HISTORY/HABIT OF POOR CREDIT
7. CONTINUE TENANCY WITH PERSONS WHO DISREGARD PROVISIONS OF THE RENTAL AGREEMENT OR WHO CAUSE PROPERTY DESTRUCTION OR DISTURBANCES.

SHAMROCK HEIGHTS APARTMENTS CONSIDERS FELONIES AND MISDEMEANORS SUCH AS THIS LIST UNACCEPTABLE BEHAVIOR/ACTIVITY/INVOLVEMENT FOR APPLICANTS AND/OR TENANTS OF THEIR PROGRAM:

- ASSAULT/PERSONAL INJURY
- PROSTITUTION
- CRIMINAL MISCHIEF/VANDALISM/PROPERTY DAMAGE
- ARSON OR TRESPASS
- DRUG USE, TRAFFICKING, MANUFACTURING, SELLING, POSSESSION
- DOMESTIC VIOLENCE, HARRASSMENT
- BREAKING AND ENTERING
- THEFT/BURGLARY/STOLEN PROPERTY
- ILLEGAL USE OF FIREARMS/GUNS
- STALKING/KIDNAPPING/RAPE/SEXUAL ABUSE
- CHILD MOLESTATION/ENDANGERMENT/NEGLECT

"I HAVE READ AND UNDERSTAND THIS AUTHORIZATION TO RELEASE INFORMATION". I DO HEREBY RELEASE SHAMROCK HEIGHTS APARTMENTS AND ALL ITS MEMBERS CONNECTED THEREWITH FROM ALL LIABILITY FOR DAMAGES INCURRED BY ACQUIRING SUCH INFORMATION.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

(A COPY SHALL HAVE THE SAME FORCE AS THE ORIGINAL)

THIS CONSENT EXPIRES 15 MONTHS AFTER SIGNED
PENALTIES FOR MISUSING THIS CONSENT:



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) (5), (7) and (8).** Violations of these provisions are cited as violations of 42 USC **408 (a) (6), (7) and (8).**

Do you have a Social Security Number (SSN)?



If you do not disclose a SSN, you may not be able to receive housing assistance.

The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.

? The SSNs of all members of my household have been provided. What do I do?

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.

? I have not provided SSNs for all of my household members to the property owner/manager. What do I do?

Does everyone in your household have a SSN?

Yes

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.

No

1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

Note: If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.



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

APPLICATION FOR ADMISSION

DATE _____
 APPLICANT NAME _____
 ADDRESS _____ PH. NO: _____
 CITY _____ STATE/ZIP _____

A. FAMILY COMPOSITION

FAMILY MEMBER	NAME	BIRTH DATE	SOCIAL SECURITY NO	RELATIONSHIP	AGE	SEX OPT.	VETERANS STATUS
1							
2							
3							

ANTICIPATED CHANGES IN FAMILY COMPOSITON _____

B. DISABLED, HANDICAPPED, VETERAN AND SERVICE DATA:

Will you need an accessible unit? Yes _____ No _____
 Mobility impaired _____ Wheelchair bound _____
 Hearing impaired _____ Vision Impaired _____ Other _____
 Are you, or anyone on this application, enrolled as a student in an institute of higher education? Yes _____ No _____
 Member who has been or is in military service _____ NA _____
 Discharged (a) Date _____ (b) Type _____
 Disabled: Yes _____ No _____ (a) % _____ (b) Service Connected: Yes _____ No _____
 If now in service: (a) Rank _____ (b) Serial No. _____ (c) Branch _____
 (d) Title and Address of CO _____

C. Family Information

- 1 Family Status
 1. _____ Head/Spouse 62 or over
 2. _____ Head/Spouse Disabled
 3. _____ Head/Spouse Handicapped
 4. _____ None of the above
- 2 No. in Family _____
- 3 No. of Minors _____
- 4 No. of Bedrooms _____
- 5 Age of Head _____
- 6 No. of Recipients _____
- 7 Source of Income: Wages _____
 Benefits _____ Welfare _____ Other _____

D. Source and Amount(s) of Income

Family Member	Source, Rate & Type	Current	Anticipated
ANNUAL GROSS INCOME			

E. Net Family Assets

Family Mem.	Description	Amount Value	Asset Income (Enter in D Above)		
			Actual	Passbook Rate	How Calculated
TOTAL					

(HUD rate .06% eff. 2/1/15 over \$5,000)

TOTALS



F. Deductions and Allowance			(2) Child Care		
(1) Medical (Elderly Only)					
Family Mem	Description	Cost	Family Mem	Description	Cost
TOTAL			TOTAL		

G. Family Characteristics

1 Race (select all that apply) _____

1 American Indian or Alaska Native
 2 Asian 3 Black or African American
 4 Native Hawaiian or Other Pacific Islander
 5 White 6 Other

2 Ethnicity Status _____

0 Hispanic or Latino
 1 Not-Hispanic or Latino

H. Previous Participation

1 Have you disposed of any assets for less than fair market value within the past two years?
 Yes _____ No _____

2 Do you owe money to any other PHA as the result of any Housing Program?
 Yes _____ No _____

3 Have you ever committed fraud in connection with any Federal Program?
 Yes _____ No _____

4. Are you currently receiving HUD housing assistance Yes _____ No _____

I. Past Living History

1 Have you, or anyone on the application lived in any other states in the past.
 Yes _____ No _____

2. If so, please list the states and dates below:

State	Date
_____	_____
_____	_____

J. Discrimination
 Shamrock Heights Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

Registered Sex Offender
 Are you, or any person on this application, subject to a lifetime registration under any State sex offender registration program? Yes _____ No _____

Marketing Information
 How did you hear about the apartments at Shamrock Heights?

L. Calculations

1 Annual Gross Income	_____
2 Medical	_____
a) Expenses	_____
b) 3% of Gross	_____
c) Total Medical Allowance	_____
3 Dependent Allowance	_____
4 Elderly Allowance	_____
5 Child Care Allowance	_____
6 Total Allowances (lines 2c, 3, 4, 5)	_____
7 Adjusted Income (line 1 minus line 6)	_____

K. Eligibility Data

1 Family Composition
 Eligible Yes _____ No _____

2 Annual Gross Income
 Eligible Yes _____ No _____

3 Unit size Required: _____ Bdrm
 Income Limit:

4 Low income \$48,550
 5 Very Low Income \$30,350
 6 Lower Income _____ 8 Extremely Low \$18,200
 7 Very Low Income _____ (check 6, 7, or 8)

I understand that this is not a contract and does not bind either party. The above information is all true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

M. Leasing

A. Project Number IA050008002

B. Unit Number _____

C. Unit Size Assigned 1 BR

D. Date Assigned _____

E. Lease Effective _____

F. Total Tenant Payment \$ _____

 -Utility Allowance \$ 0

G. Tenant Rent \$ _____

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

WARNING: Section 1001 of Title 18 of the Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the US as to any matter within its jurisdiction.

Interviewed by: Rochelle Swarts, Manager Date _____

Exhibit 3-5: **Sample Citizenship Declaration **

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

LAST NAME _____

FIRST NAME _____

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

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

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

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

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

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

DECLARATION

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

_____ 1. A citizen or national of the United States.

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

Signature Date

Check here if adult signed for a child: _____

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

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below.

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or

- (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature _____ Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

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

Signature _____ Date

Check if adult signed for a child: _____

3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature _____ Date

Check here if adult signed for a child: _____

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.

Attachment to forms **HUD-9887 & 9887-A** (02/2007)

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

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

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

Attachment to forms HUD-9887 & 9887-A (02/2007)

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.