

# KAPPA MANAGEMENT, INC.

Allen Gardens  
3030 Richard Allen Court  
Denver, CO 80205  
303-322-1377  
TDD 1-800-545-1833 ext. 535

## **APPLICATION, RESIDENT SELECTION CRITERIA AND OCCUPANCY STANDARD POLICY NON-DISCRIMINATION**

WE DO NOT DISCRIMINATE BECAUSE OF RACE, COLOR, CREED, RELIGION, SEX HANDICAP, DISABILITY, NATIONAL ORIGIN, AGE, OR FAMILIAL STATUS IN THE LEASING, RENTAL OR OTHER DISPOSITION OF HOUSING OR RELATED FACILITIES UNDER ITS JURISDICTION, WE WILL COMPLY WITH FEDERAL, STATE AND LOCAL FAIR HOUSING AND CIVIL RIGHTS LAWS AND WITH ALL EQUAL OPPORTUNITY REQUIREMENTS SET FORTH IN HUD'S ADMINISTRATIVE PROCEDURES. IF YOU OR A MEMBER OF YOUR FAMILY HAVE A DISABILITY OR HANDICAP AND THINK YOU MIGHT NEED OR WANT A REASONABLE ACCOMMODATION, YOU MAY REQUEST IT AT ANY TIME IN THE APPLICATION PROCESS OR AFTER ADMISSION. THIS IS UP TO YOU. IF YOU WOULD PREFER NOT TO DISCUSS YOUR SITUATION WITH MANAGEMENT, THAT IS YOUR RIGHT.

These are the policies and procedures used to select and admit residents for Allen Gardens Apartments.

Family size should be appropriate for the available unit

<b>Occupancy Standards are as follows:</b>
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One Bedroom Unit Only
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1- 2 persons
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## **OCCUPANCY CHOICE**

WHEN THE APPLICANT APPLIES FOR HOUSING HE/SHE UNDERSTANDS THAT HUD REQUIRES THE LANDLORD TO ASSIGN UNITS ACCORDING TO THE SIZE OF THE HOUSEHOLD AND THE AGE AND SEX OF THE HOUSEHOLD MEMBERS, IF THE APPLICANT/TENANT IS OR BECOMES ELIGIBLE FOR A DIFFERENT SIZE UNIT, AND THE REQUIRED SIZE BECOMES AVAILABLE, THE APPLICANT/TENANT AGREES TO:

- A. MOVE WITHIN 30 DAYS AFTER LANDLORD NOTIFIES HIM/HER THAT A UNIT OF THE REQUIRED TYPE IS AVAILABLE WITHIN THE PROJECT; OR
- B. REMAIN IN THE SAME UNIT AND PAY THE HUD-APPROVED MARKET RENT.

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## **Screening & Selection Criteria**

1. Must submit all application forms filled in and properly signed and dated, Which include the following items:
  - A. Application Form
  - B. Consent for the Release of Information Forms – HUD-9887 & 9887A
  - C. Race and Ethnic Data for all household members
  - D. Information to Determine Eligibility (INS)
  - E. Eligibility, Income and Deduction Checklist
  - F. Birth Certificate(s) copy
  - G. Social Security Card (s) copy
  - H. Picture ID (s) copy
  - I. Proof of Income
  - J. Rental References
  - I. Signed Release to do Police Report/Individual Criminal History
2. Applicants must be capable of abiding by the terms of the lease, all Lease addendum for Drug-Free Housing, and House Rules.
3. Applicants must meet income limit guidelines established by HUD.
4. Applicants must be of legal age.
5. Security deposit must be paid in full buy the 2<sup>nd</sup> month of occupancy.

### **GROUND FOR REJECTION-INELIGIBLE APPLICANTS**

1. Applicants whose previous rental history indicates they have negligently damaged property or disrupted the tranquility of other residents.
2. Applicants who have a history of criminal activity, (including drug related activities), violent behavior, domestic violence, confirmed drug or alcohol abuse with in the last **10 years** from date of application and their behavior may be expected to continue and affect the applicants tenant ability.
3. Applicants who owe rent or fees to this or other rental properties.
4. Applicants who willfully misrepresent income, assets or other important documents during the application process.
5. Applicants with total income over the applicable income limit are ineligible
6. Applicants whose rent payment history was not in accordance with the lease.
7. Applicants whose housekeeping is not health, safe and/or creates sanitation hazards.
8. **Any household member that is a Registered Sex Offender under any State Sex Offender registration program.**

### **REJECTION LETTERS**

Any applicant who is denied entry will be sent a letter, signed by the Manager, explaining the exact reasons the applicant was rejected and advising the rejected applicants of their rights for reconsideration and appeal, as required by HUD.

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**ELIGIBILITY REQUIREMENTS**

1. The household income does not exceed the limits established by HUD.
2. The owner and the resident must comply with the unit size standards noted below.
3. The applicant agrees to pay the rent required by the subsidy program under which the applicant will be admitted.
4. The unit will be the family's only residence
5. At the time of admission, the applicant will not be receiving assistance on any unit
6. The applicant must meet the economic criteria established for the program in question.
7. The applicant must meet the eligibility criteria for the specific project/unit

**UNIFORM RESIDENT SELECTION CRITERIA**

Applicants must be 62 or disabled

Applicants will be willing and able to clean and care for the unit. A home visit will be made to determine such ability.

Applicants must be willing and able to meet the obligations of tenancy as set forth in the lease, such as paying the rent in a timely manner, maintaining the dwelling as required by the lease and avoiding disruptive or destructive behavior.

Applicants must be willing and able to pay the full rent and security deposit on the day of occupancy.

Applicants must meet the screening requirements including a home visit current residence, checking references from prior landlords, employment check, verification of all sources of income, a check for assets and no felony convictions per a police report provided by management.

Applicant must be willing and able to cooperate with the staff.

Completion of an application, personal declaration form, special unit requirements questionnaire, and release of information form.

As a project which is assisted under a contract for project-based assistance, we are required **by Title 24 Code of Federal Regulation Part 5.653 (2c)** to make 40 percent of the assisted units that become available in each year of the project's fiscal year available for leasing to families whose income does not exceed 30 percent of the area median income (extremely low-income) at the time of admission.

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**WAITING LIST ADMINISTRATION**

THIS COMPLEX HAS THE FOLLOWING WAITING LIST STANDARDS:

**Please be advised the following preferences are followed first:**

- 1. That Allen Gardens is a project assisted under a contract for project-based assistance. We are required by Title 24 Code of Federal Regulations Part 5.653 (2c) to make 40 percent of the assisted units that become available in each year of the project's fiscal year available for leasing to families whose income do not exceed 30 percent of the area median income (extremely low-income) at the time of admission. (federal Regulations Part 5.653 (2c))**
- 2. Displacement: Person or Person(s) who have been displaced by government action or a presidential declared disaster.**

Then are followed by:

1. If there is no suitable unit immediately available, applicants will be placed on the appropriate waiting list for their family size. Position on any waiting list will be numerical and chronological order by date/time of application.
2. When a suitable unit is forecast to be available, the applicant at the top of the list will be offered that unit. If the applicant turns down the unit offered, they must start the application process over again beginning with a new application and all new data and position on the waiting list.
3. In case a unit becomes available with little or no notice, and the applicant at the top of the list is not prepared to move, such a turndown will not count and the management will see to fill the unit by progressing down the waiting list. The applicant will only be given 2 chances to turndown a unit. If the unit is offered a third time and the applicant turns down the unit again, they must start the application process over again beginning with a new application and all new data and position on the waiting list.

Applicants whose family size or characteristics change may be moved to a suitable waiting list. Their position on that waiting list will be determined by the number and date of application and preference status and may possibly not be the same as the list from which they were moved. The decision to move an applicant to a different list will rest entirely with management.

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**Applicants on the waiting list, who fail to affirm their desire to remain on the list at least by the end of each 6 months from the date of their application, may be removed from the list. Applicants who have been so removed from the list may reapply but will start on the list as of the number and date of their new application.**

**CLOSING AND OPENING OF THE WAITING LIST**

Waiting lists maintained for the complex will remain open until such time as the typical wait for a particular size or type of unit exceeds 24 months, or discretion of Management.

Announcement of this closure will be posted the date and time of this closure in a conspicuous place in the complex office. All complex employees will be informed of the closure.

When a waiting list is closed – **IT IS CLOSED**. Absolutely no applications will be taken either formally or informally.

At least 30 days prior to reopening a waiting list, the date and time that applications will be accepted will be announced. The announcement will be posted in a conspicuous place in the complex office and will appear in either the Rocky Mountain News, Denver Post, La Voz, Denver Weekly News and other appropriate mediums as available for a least five consecutive issues.

**DISTRIBUTION OF SELECTION STANDARDS**

**A copy of this document is posted in the complex office. All complex employees receive a copy of the standards and are responsible for understanding them.**

**CHANGES IN CRITERIA**

No changes will be made in the selection criteria at least 30 days in implementation.

**Manager: Kenneth Floyd**

**Complex: Allen Gardens**

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**NOTICE TO ALL APPLICANTS: OPTIONS FOR APPLICANTS WITH DISABILITIES OR HANDICAP**

This property is managed by Kappa Management, Inc. We provide low rent housing. We do not discriminate against applicants on the basis of their race, color, creed, religion, sex, handicap, disability, national origin, age, or familiar status. In addition, we have a legal obligation to provide “reasonable accommodations” to applicants if their family members have a disability or handicap. Compliance actions may include reasonable accommodations structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedure to assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include:

Making alterations to a unit so it could be used by a family member with wheelchair;

Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;

Permitting a family to have a Seeing Eye dog to assist a vision impaired family member in a family development where dogs are not usually permitted

Making large type documents for a vision impaired applicant during the application process;

Making a sign language interpreter available to a hearing impaired applicant during the interview;

Permitting an outside agency to assist an applicant with a disability to meet the property’s application screening criteria;

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer to discuss your situation with management, that is your right.

Explained by: \_\_\_\_\_  
Management

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

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## **Section 504 Equal Access Statement**

**For mobility impaired persons**— this document is kept at 2160 Downing Street, Denver, CO 80205, which is accessible. This document and all documents can be picked up or mailed to you. Please phone 303-863-0043 or TDD 1-800-545-1833 ext. 535 to advise your preference.

**For vision impaired persons**— Kappa Management, Inc. will provide a staff person to assist a vision impaired person in reviewing this document. Assistance may include: describing the contents of the document, reading the document or sections of the document, or providing such other assistance, as may be needed to permit the contents of the document to be communicated to the person with vision impairments.

**For the hearing impaired** - Kappa Management, Inc. will provide assistance to hearing impaired persons in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual with handicaps. Please call our TDD # 1-800-545-1833 ext. 535 to schedule an appointment.

Assistance to insure equal access to this document will be provided in a confidential manner and setting. The individual with disabilities is responsible for providing his/her own transportation to and from the location where this document is kept, except as noted above.

If an individual with disabilities is involved, all hearing or meetings required by this document will be conducted at an accessible location with appropriate assistance provided.

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**504 NON-DISCRIMINATION NOTICE**

In accordance with Section 504 of the Rehabilitation Act of 1973, Kappa Management, Inc. hereby notifies the general public that:

1. No qualified individual with handicaps shall, solely on the basis of handicap, be excluded from participation, be denied the benefits of, or otherwise be subjected to discrimination under any Federally assisted program or activity administered by Kappa Management, Inc. and/or Allen Gardens Associates
2. Kappa Management, Inc., and/or Allen Gardens Associates will provide access to housing and other appropriate services in a manner that will not directly or through contractual or other arrangements, subject qualified individuals with handicaps to discrimination solely on the basis of handicap: and,
3. Kappa Management, Inc., and/or Allen Gardens Associates will not participate in any contractual or other relationship that has the effect of subjecting qualified individuals with handicaps to discrimination solely on the basis of handicap.

It is the intention of Kappa Management, Inc., and/or Allen Gardens Associates to take reasonable, affirmative steps to increase access and opportunities for handicap individuals in achieving access to housing and other appropriate services. Kappa Management, Inc. has designated James Jackson to serve as the 504 Coordinator. He can be reached by calling 303-863-0043.

If you have a visual, hearing, or physical impairment and need assistance with this Notice Kappa Management, Inc. will provide appropriate assistance.

**To schedule assistance, please call 303-863-0043 between the 8:00 a.m. to 3:00 p.m. If you have a hearing impairment, or TDD number is 1-800-545-1833 ext, 535, same hours. Assistance to insure equal access to this Notice will be provided in a confidential manner and sitting.**



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**FAIR HOUSING AND EQUAL OPPORTUNITY REQUIREMENTS  
AND STATEMENT OF NONDISCRIMINATION:**

**It is the policy of the property to comply fully with Title VI or the Civil Rights Act of 1964, Title VIII and Section 3 of the Civil rights act of 1968 (as amended by the Community Development Act of 1974), Executive Order 11063, Section 504 of the 1973, the Age Discrimination Act of 1975, and any legislation protecting the individual rights of residents, applicants or staff which may subsequently be enacted.**

**The property will not discriminate because of race, color, sex, religion, age, handicap, disability or national origin in the leasing, rental or other disposition of housing or related facilities under its jurisdiction thereof, in the following areas:**

1. Deny to any family the opportunity to apply for housing, nor deny to any eligible applicant the opportunity to lease housing suitable to its needs.
2. Provide housing which is different than that provided others;
3. Subject a person to segregation or disparate treatment;
4. Restrict a person's access to any benefit enjoyed by others in connection with the housing program;
5. Treat a person differently in determining eligibility or other requirements for admission;
6. Deny a person access to the same level of services;
7. Deny a person the opportunity to participate in a planning or advisory group which is an integral part of the housing program.

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**FAIR HOUSING AND EQUAL OPPORTUNITY REQUIREMENTS  
AND STATEMENT OF NONDISCRIMINATION: (continued)**

The property shall not automatically deny admission to a particular group of otherwise eligible applicants. Each applicant shall be treated on an individual basis in the normal processing routine.

The property will seek to identify and eliminate situations or procedures which create a barrier to equal housing opportunity for all. In accordance with Section 504, the property will make reasonable accommodations for individual with handicaps or disabilities (applicants or residents). Such accommodations may include changes in the administration of policies, procedures, or services.

In addition, the property may perform structural modifications to housing and non-housing facilities where such modifications would be necessary to afford full access to the housing program for qualified individual with handicaps.

In reaching a reasonable accommodation with, or performing structural modification for, otherwise qualified individuals with handicaps, the property is not required to:

1. make alterations that require the removal or alteration of a load bearing structural member;
2. provide an elevator for achieving accessibility;
3. provide support services that are not already part of its housing program;
4. take any action that would result in a fundamental alteration of the nature of the program or service;
5. take any action that would result in an undue financial and administrative burden for the property.

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**APPLICATION FOR OCCUPANCY**

We do not discriminate because of race, color, creed, religion, sex, handicap, disability, national origin, age or familial status in the leasing, rental or other disposition of housing or related facilities under its jurisdiction. If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

This application must be fully completed to be accepted. Each adult applying for tenancy in each unit must complete all portions of this form. All incomes received by any household member must be included. **PLEASE NOTE\*\*** All information on this form will be checked. This is an application and gives no lease or rent rights. Additional information will be required at a later date to complete processing if you are to become a resident. Security deposits will be required prior to signing a lease. Each application will be processed through a resident selection criteria and occupancy standard.

Please answer the following questions:

How did you hear about the property? \_\_\_\_\_

Ethnic Group \_\_\_\_\_ as a recipient of Federal Funds to document our compliance with non discrimination we are required per 24 CFR, Part 121, Section 121-2 to collect data on race/ethnicity.

Are you or the co-head 62 years of age or old? YES \_\_\_ NO \_\_\_

Are you or the co-head classified as Disabled? YES \_\_\_ NO \_\_\_

If yes, can you verify your disability status in writing or do you receive income for your disability status? YES \_\_\_ NO \_\_\_

( Please note: If you are receiving Social Security Disability solely due to a drug or alcohol problem, you are not considered disabled under housing law.)

\* If you answered "NO" to 2 or more any of the above questions, you do not qualify for housing at Allen Gardens.

**HEAD OF HOUSEHOLD**

\_\_\_\_\_  
Name (occupant)

\_\_\_\_\_  
Last First Middle

Soc. Sec. No \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please list **ALL** States that you have resided in :  
\_\_\_\_\_

Are you a U.S. Citizen or Eligible Citizen? \_\_\_\_\_ Yes No \_\_\_\_\_

Name (CO- occupant)

---

Last First Middle

Soc. Sec. No \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a U.S. Citizen or Eligible Citizen? \_\_\_\_\_ Yes No \_\_\_\_\_

Please list **ALL** States that you have resided in :

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List all other persons who will occupy the unit

LAST	FIRST	BIRTH DATE	SOCIAL SECURITY NUMBER
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1. \_\_\_\_\_

### Present Rental History

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Present address: Street Apt# City State Zip

Day phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Present landlord name \_\_\_\_\_

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Present landlord address \_\_\_\_\_

Contact Number for landlord: \_\_\_\_\_

Date moved in \_\_\_\_\_ Rental amount \_\_\_\_\_

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Previous address : Street Apt# City State Zip

Previous landlord name \_\_\_\_\_

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Previous landlord address \_\_\_\_\_

Contact Number for landlord: \_\_\_\_\_

Date moved in – Date moved out \_\_\_\_\_ Rental amount \_\_\_\_\_

### Income Information

Occupant #1

SOCIAL SECURITY AMT\$ \_\_\_\_\_ PENSION AMT\$ \_\_\_\_\_

OLD AGE PENSION AMT\$ \_\_\_\_\_

RETIREMENT AMT\$ \_\_\_\_\_

Current employer: Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Main phone \_\_\_\_\_

Position \_\_\_\_\_ Date hired \_\_\_\_\_ Gross income \_\_\_\_\_

Additional income \_\_\_\_\_ Source \_\_\_\_\_ Amount per month \_\_\_\_\_

Occupant #2

SOCIAL SECURITY AMT\$ \_\_\_\_\_

PENSION AMT\$ \_\_\_\_\_

OLD AGE PENSION AMT\$ \_\_\_\_\_

RETIREMENT AMT\$ \_\_\_\_\_

Current employer: Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Main phone \_\_\_\_\_

Position \_\_\_\_\_ Date hired \_\_\_\_\_ Gross income \_\_\_\_\_

Additional income \_\_\_\_\_ Source \_\_\_\_\_ Amount per month \_\_\_\_\_

**Auto Information**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Vehicle (1) Make \_\_\_\_\_ Year \_\_\_\_\_ License/ State \_\_\_\_\_ Owner's License number/state \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Vehicle (2) Make \_\_\_\_\_ Year \_\_\_\_\_ License/ State \_\_\_\_\_ Owner's License number/state \_\_\_\_\_

**Banking Information**

Bank Account/Type (Checking) \_\_\_\_\_ (Savings) \_\_\_\_\_ Bank Name \_\_\_\_\_

Bank Account Number \_\_\_\_\_ Phone# \_\_\_\_\_

Monthly Credit Payment/Company Name \_\_\_\_\_ Phone# \_\_\_\_\_

**References**

*Please list Three Personal References*

1. \_\_\_\_\_  
**Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

2. \_\_\_\_\_  
**Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

3. \_\_\_\_\_  
**Name** **Address** **Phone Number**

\_\_\_\_\_  
**Emergency Contact** **Name** **Street** **City/state** **Zip**

**Phone number:** \_\_\_\_\_

GIVING FALSE INFORMATION ON THE APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION

Have any adults completing this application been convicted of a felony? YES \_\_\_ NO \_\_\_

Have you ever been convicted of or pleaded guilty or “No contest to a felony Whether or not resulting in a conviction?

YES \_\_\_ NO \_\_\_

Have you ever been convicted of or pleaded guilty or “No Contest” to a misdemeanor Involved sexual misconduct (whether or not resulting in a conviction)?

YES \_\_\_ NO \_\_\_

Have you or are you on the national sex offenders list ?

YES \_\_\_ NO \_\_\_

Have you ever been evicted from a rental place?

YES \_\_\_ NO \_\_\_

If yes, when and why ? \_\_\_\_\_

Do you owe any unpaid rent ? \_\_\_\_\_ If yes, how much ? \_\_\_\_\_

Have you ever violated a lease, rental agreement, or regulations at a former rental place ?

YES \_\_\_ NO \_\_\_

If yes, explain ? \_\_\_\_\_

Have you ever been charged with abuse or misuse of rental property ?

YES \_\_\_ NO \_\_\_

If yes, explain ? \_\_\_\_\_

Do you require special accommodations ?

YES \_\_\_ NO \_\_\_

If yes, please explain what type? \_\_\_\_\_

Do you own an animal ? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Weight : \_\_\_\_\_ Is it a service animal ? \_\_\_\_\_

**I hereby understand that this is a preliminary application and it goes on a waiting list. I also understand that to keep this application active, I MUST RESPONSE TO ANY COMMUNICATION THAT IS SENT TO ME. I MUST ALSO ADVISE THE OFFICE IF I HAVE A CHANGE OF ADDRESS OR TELEPHONE NUMBER.**

**I understand that all of the information given will be verified, and that I give my permission to verify the above information by signing below. I understand that a home visit will be made as a part of the processing of this application, and that present, previous landlords, employer’s or other source of income, will be contacted. We also conduct a police report from local and state agencies and a sex offenders report. I understand that all applications are reviewed in reference to the resident criteria.**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTICE:** By signing this application, you declare that all of your responses are true and complete and authorize owner to verify this information, **any false statement on this application can lead to rejection of your application or immediate termination of your lease.**

APREV504.894

REVISED 12/19/13

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**SPECIAL UNIT REQUIREMENTS QUESTIONNAIRE**

This questionnaire is to be administered to every applicant a Allen Gardens. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant/Resident Name \_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_

\_\_\_\_\_ I choose not to complete this form

1. Do you, or does any member of your family have a condition that requires;

\_\_\_\_ Unit for Vision-Impaired \_\_\_\_\_ Physical modification to typical unit  
\_\_\_\_ A barrier-free unit \_\_\_\_\_ Unit for Hearing-Impaired

2. Can you and all your family members go up and down stairs unassisted? Yes \_\_\_\_\_  
No \_\_\_\_\_

If No, please indicate how we should accommodate your family;

\_\_\_\_\_

3. Will you or any of your family members require a live-in aide to assist you? If so you must have written documentation from your medical provider.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain;

\_\_\_\_\_

1. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation.

\_\_\_\_\_

5. What is the name of the family member who needs the features identified above?

\_\_\_\_\_

6. Who should be contacted to verify your need for the features you have identified above?

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

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**PERSONAL DECLARATION FORM**

**This form must be completed for each adult making application for housing with Kappa Management, Inc. The completion of this form shall be considered part of the completion of the application.**

- 1. Does anyone not living in this household give you money?  
Yes \_\_\_\_\_ No \_\_\_\_\_**
- 2. Have you ever used any other name or Social Security Number?  
Yes \_\_\_\_\_ No \_\_\_\_\_**
- 3. Have you or any adult making application with this household committed fraud or had to pay back money to any Federal Program? Yes \_\_\_\_\_ No \_\_\_\_\_**
- 4. Any convictions other than traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Note: Discovering that any of these statements are not answered truthfully will be grounds for the rejection of you application.**



**KAPPA TOWER 101-EH064 2160 DOWNING STREET, DENVER, CO  
 80205**

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
<b>KAPPA MANAGEMENT, INC</b>		<b>SECTION 8(PROJECT BASED)-202</b>
<b>Name of Owner/Managing Agent</b>		<b>Type of Assistance or Program Title:</b>

<b>Name of Head of Household</b>	<b>Name of Household Member</b>
----------------------------------	---------------------------------

**Date (mm/dd/yyyy):** \_\_\_\_\_

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

**\* Definitions of these categories may be found on the reverse side.**  
**There is no penalty for persons who do not complete the form.**

**Signature**

**Date**

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

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

form HUD-27061-H (9/2003)

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

### A. General Instructions:

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

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

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

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

form HUD-27061-H (9/2003)

**OWNER'S NOTICE NO.1  
FOR A TENANT FAMILY**

Dear Applicant/Resident:

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 United States citizens, nationals, or certain categories of eligible noncitizens in the following HUD programs:

- A. Public and Indian Housing Programs
- B. Section 8 Housing Assistance Payments Programs
- C. Section 235 of the National Housing Act
- D. Section 236 of the National Housing Act
- E. Section 101/ Rent Supplement Program

You are receiving 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 receiving housing assistance. To do this you should:

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

ALLEN GARDENS  
3030 RICHARD ALLEN COURT  
Denver, CO 80205

If one or more members of your family elect not to contend that they have eligible immigration status, and other members of the family establish their citizenship or eligible immigration status, your family may be eligible for prorated assistance; i.e. the amount of assistance will be determined by the number of members of your household who are eligible. Your family must identify to the project owner, the family member (or members), who will not elect to contend that he or she has eligible immigration status. Block 3 on the attached **Declaration Format** can be used for this purpose.

This section 214 review will be completed in conjunction with the regular reexamination of tenant income and will be performed only one time during continuously assisted occupancy for each member of your household under any covered program. For any new occupant of you unit, the required evidence shall be following the person's occupancy.

If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact Management at (303)322-1377. They 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 the termination of your 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 temporary deferral of termination of assistance, continued assistance or proration of assistance. The conditions and availability of the options will be discussed with you in detail if you contact Management of Allen Gardens at (303)322-1377.

You will be contacted as soon as we have further information regarding your eligibility for assistance.



**ALLEN GARDENS Apartments**  
**Managed by Kappa Management, Inc.**  
**3030 Richard Allen Court**  
**Denver, CO 80205**  
**303-322-1377**  
**303-377-2725 - fax**  
**TDD 1-800-545-1833 ext.535**



## **FAMILY SUMMARY SHEET**

<b>Member No.</b>	<b>Last Name of Family Member</b>	<b>First Name</b>	<b>Relationship to Head of Household</b>	<b>Sex</b>	<b>Date Of Birth</b>
Head					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					



**ALLEN GARDENS Apartments**  
 Managed by Kappa Management, Inc.  
 3030 Richard Allen Court  
 Denver, CO 80205  
 303-322-1377  
 303-377-2725 - fax  
 TDD 1-800-545-1833 ext.535



**TENANT  
 DECLARATION FORMAT**

**INSTRUCTIONS: COMPLETE THIS FORMAT FOR EACH MEMBER OF THE HOUSEHOLD LISTED ON THE FAMILY SUMMARY SHEET**

LAST NAME \_\_\_\_\_  
 FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable, ( this is an 11- digit number found on the INS Form I-94, Departure Record)

NATIONALITY United States \_\_\_\_\_ ( 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 typing the person's first name, middle initial , and last name in take space provided. Then review the blocks designated below and complete either block number 1, 2 or 3 :**

**DECLARATION**  
 I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am:

\_\_\_\_\_ 1. a citizen or national of the United States

**If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides 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 in the category checked below:**

\_\_\_\_\_ **(i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a) (20) of the Immigration and Nationality Act ( INA) as an immigrant, as defined by section 101 (a) (15) of the INA ( 8 U.S.C 1001 (a) (20) and 1101 (a) (15) ,respectively ). [immigrants] ( This category includes a noncitizen admitted under section 210 or 210A of the INA ( 8 U.S.C. 1160 or 1161 ) , [special agricultural worker ] , who has been granted lawful resident status) ;**

\_\_\_\_\_ **(ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA ( 8 U.S.C. 1259 ) ;**

\_\_\_\_\_ **( iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA ( 8 U.S.C. 1157 ) refugee status ] ; pursuant to the granting of asylum ( which has not been terminated ) under section 208 of the INA ( 8 U.S.C. 1158 ) [asylum status]; or as a result of being granted conditional entry under section 203 ( a) (7) of the INA ( 8 U.S.C. 1153 (a) (7) ) before April 1, 1980, because of persecution or fear of persecution on account of race,**

\_\_\_\_\_ **(iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General fore mergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182 (d) (5) ) [parole status];**

\_\_\_\_\_ **(v) A noncitizen who is lawfully present in the United States as a result of the Attorney General 's withholding deportations under section 243 (h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom ]; or**

\_\_\_\_\_ **(vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA ( 8 U.S.C. 1255a ) [ amnesty granted under INA 245A ].**

**If you checked this block and you are 62 years of age or older and receiving assistance on June 19, 1995, you should submit a proof of age document, together with this format, and sign here:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**OR**

**If you checked this block and you are under 62 years of age, you must submit the following documents:**

- a. Verification Consent Format ( Attachment 8)**
- 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:**
    - (i) “ Admitted as Refugee Pursuant to section 207”;**
    - (ii) “ Section 208” or “ Asylum”**
    - (iii) “ Section 243 (h)’ or “ Deportation stayed by Attorney General”;**
    - (iv) “ Paroled Pursuant to Sec. 212 (d) (5) of the INA” ;**
  - (3) If Form I-94, Arrival - Departure Record, is not annotated, then accompanied by one of the following documents:**
    - (i) A final court decision granting asylum ( but only if no appeal is taken);**
    - (ii)**
    - (iii) A letter from an INS asylum officer granting asylum ( if Application is filled on or after October 1, 1990 ) or from an INS district director grant asylum ( if application filed before October 1, 1990);**
    - ( iii) A court decision granting withholding or deportation; or**
    - (iv) A letter from an INS asylum officer granting withholding of deportation ( if application filed on or after October 1, 1990).**
  - (4) Form I-699, 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 INS indicating that an application for issuance of a replacement document in one of the above - listed categories has been made and the applicant’s entitlement to the document has been verified.**

**If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. if this block is check on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the format.**

**If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Check here if adult signed for a child: \_\_\_\_\_**



# ALLEN GARDENS

## Eligibility Income and Deduction Checklist

**List of Household Members**

Name (Last, First, M.I.)	Relationship	Date of Birth	Sex	Social Security #
_____	_____	_____	___	_____
_____	_____	_____	___	_____

**Eligibility**

- |   |            |           |
|---|------------|-----------|
| <p>1. I have a family member who is absent from home due to:</p> <p style="margin-left: 20px;">Temporarily in nursing home or hospital</p> <p style="margin-left: 20px;">Permanently confined to nursing home</p> <p style="margin-left: 20px;">Other _____</p> | <b>Yes</b> | <b>No</b> |
| <p>2. I have a live-in attendant</p>  | _____      | _____     |

**Income, Asset, and Deductions**

**A. Income**

1. Are you or any members of your household currently receiving income from any of the following sources?

	<b>Yes</b>	<b>No</b>
Wages/Salaries	_____	_____
Wages earned through a government program	_____	_____
Such as Senior Aides, Older American Community Service	_____	_____
Employment Program, AmeriCorps.	_____	_____
If yes, which program	_____	_____
_____	_____	_____
Tips, bonuses or commissions	_____	_____
Overtime Pay	_____	_____
Income from operation of business	_____	_____
Social Security	_____	_____
Disability/SSI	_____	_____
Public Assistance/TANF	_____	_____
Alimony	_____	_____
Income from rent or sale of property	_____	_____
Insurance Policies	_____	_____
Other _____	_____	_____
2. Did you or any other members of your household file a tax return last year?	_____	_____

**B. Assets**

1. Do you or any other member of the household have any of the following:

	<b>Yes</b>	<b>No</b>
Checking Account	_____	_____
Savings Account	_____	_____
Certificates of deposit	_____	_____
Money Market Funds	_____	_____
IRA/Keogh Account	_____	_____
Stocks	_____	_____
Bonds	_____	_____
Treasury Bills	_____	_____
Trust Funds	_____	_____
If yes, is the trust irrevocable	_____	_____
Real Estate	_____	_____
Whole Life or Universal life	_____	_____
	<b>Yes</b>	<b>NO</b>
Insurance policy	_____	_____
Cash held in safety deposit boxes or home	_____	_____
Assets held in another state or foreign country	_____	_____
Other _____	_____	_____

	Yes	No
2. Have you or any other members of your household received any lump sum payments such as:	_____	_____
Inheritance	_____	_____
Lottery Winnings	_____	_____
Insurance Settlements	_____	_____
Other _____	_____	_____
3. Have you or any other member of your household member Disposed of any assets for less than fair market value in past (2) years?	_____	_____

**C. Student Status**

1. Are you enrolled as either a part-time or full time student at? An institution of higher education for the purpose of obtaining Degree, certificate or other program leading to recognized education credential?	_____	_____
4. Do you or any other member of your household have any assets that are held jointly with another person?	_____	_____

**Deductions**

1. Is any household member elderly (age 62 or older) or a person with disabilities?	_____	_____
2. Do you have medical expenses that are not paid? for by an outside source such as insurance?	_____	_____
3. Do you have disability expenses that are not paid? for by an outside source? If yes, is this service necessary to enable a family member to be employed?	_____	_____
4. Do you have attendant care expenses? If yes, is this service necessary to enable a family member to be employed?	_____	_____

**Penalties for Committing Fraud:** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information you may be:

- Evicted
- Required to repay all overpaid rental assistance you received
- Fined Up to \$10,000
- Imprisoned for up to five years
- Prohibited from receiving future assistance

You're State or local governments may have other laws and penalties as well.

**By signing below I am certifying that I have completed this questionnaire and that the answers that I have given are true and complete to the best of my knowledge.**

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-head of Household

\_\_\_\_\_  
Date

## STUDENT QUESTIONNAIRE

Applicant/Resident \_\_\_\_\_ Date \_\_\_\_\_

Property **ALLEN GARDENS APARTMENTS**

**TO BE COMPLETED BY APPLICANT / RESIDENT**

**Yes    No**

**Are you student at an institution of higher education?**    

*\*Institutes of higher education include post-secondary vocational institutions; “proprietary institutions of higher education” which prepare students for “gainful employment in a recognized occupation”, and accredited post-secondary colleges and universities. If you are not sure, please mark “yes” and we will verify it.*

**If you have answered no, please skip the following questions and sign below.**

**If you answered yes, the owner agent is required to determine your eligibility as a student. Please complete the following questions:**

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1. Are you a full-time student?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will you be living with your parents?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If no:  |                          |                          |
| a. Are your parents receiving or eligible to receive Section 8 assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent’s tax return?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a graduate or professional student?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you at least 24 years of age?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you a veteran of the United States military?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you married?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have a dependent child?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have dependents other than a child or spouse?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you been independent of your parents for at least one year?       | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you disabled?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, were you receiving housing assistance as of 11/30/2005?         | <input type="checkbox"/> | <input type="checkbox"/> |

12. Are you receiving any financial assistance to pay for your education?

If so – Please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

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**PENALTIES FOR MISUSING THIS FORM**

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

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



revised 11/2007

# FACT SHEET

## For HUD ASSISTED RESIDENTS

### Project-Based Section 8

## “HOW YOUR RENT IS DETERMINED”

Office of Housing

September 2010

*This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.*

### Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

#### OAs' Responsibilities:

- Obtain accurate income information
- Verify resident income

- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

#### Residents' Responsibilities:

- Provide accurate family composition information □ Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

### Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

### What is Annual Income?

Gross Income – Income Exclusions = Annual Income

### What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

## Determining Tenant Rent

### Project-Based Section 8 Rent

#### Formula:

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income □ 10% of the family's monthly income □ Welfare rent or welfare payment from agency to assist family in paying housing costs. OR
- \$25.00 Minimum Rent

## Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA). Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

### Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services

- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except for lump-sum additions to family assets, see Exclusions from Annual Income, below Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does

not include loan proceeds for the purpose of determining income.

**Assets Include:**

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
  - Mortgage or deed of trust held by an applicant
  - Assets disposed of for less than fair market value.

**Assets Do Not Include:**

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land □  
Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant  
or are held in an individual's name but:
  - The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
  - that other person is responsible for income taxes incurred on income generated by the assets
  - Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse

owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)

- Assets disposed of for less than fair market value as a result of:
  - Foreclosure
  - Bankruptcy
  - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

**Exclusions from Annual Income:**

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a

limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)

- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a

developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

#### **Federally Mandated Exclusions:**

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands □ Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund



- established pursuant to the settlement in *In Re Agent*-product liability litigation
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

### **Deductions:**

\$480 for each dependent including full time students or persons with a disability

- \$400 for any elderly family or disabled family

- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time.
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

### **Reference Materials**

#### **Legislation:**

- Quality Housing and Work Responsibility Act of 1998, Public Law 105-276, 112 Stat. 2518 which amended the United States Housing Act of 1937, 42 USC 2437, et seq.

#### **Regulations:**

- General HUD Program Requirements; 24 CFR Part 5

#### **Handbook:**

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

#### **Notices:**

**“Federally Mandated Exclusions” Notice  
66 FR  
4669, April 20, 2001**

#### **For More Information:**

Find out more about HUD's programs on HUD's

Internet homepage at <http://www.hud.gov>

**NOTICE OF EIV IMPLEMENTATION**

Date: \_\_\_\_\_

Property Name:	ALLEN GARDENS	Telephone:	303-322-1377
Address:	3030 Richard Allen Court	Fax:	303-377-2725
City, State, Zip:	Denver, CO 80205	TTD/TTY:	800-5451833 Ext 535

TO:

Applicant/Resident Name	
Address:	
City, State, Zip	

Dear \_\_\_\_\_:

In an effort to ensure the right assistance is provided to the right people, The Department of Housing and Urban Development (HUD) has provided property managers with access to a new verification database called the Enterprise Income Verification System (EIV).

EIV provides information about project-based and tenant-based HUD assistance recipients. This database is also used to verify certain types of reported income with records maintained in the Social Security Administration databases and the Department of Health and Human Service (HHS) National Database of New Hires. HHS provides information about current and past employment and unemployment insurance information.

At your move-in or at your last annual certification, all adult household members gave consent to the release of this information by signing HUD Forms 9887 and 9887A.

If HUD indicates that there is a discrepancy discovered by the EIV database, we will contact you so that we continue to assure that you are receiving all assistance for which you are eligible.

We are committed to your enjoyment of your home. Please contact the management office if you have any questions.

Thank you,

Property Manager  
cc: Resident File

I ACKNOWLEDGE THAT I HAVE READ THE ABOVE INFORMATION  
REGARDING EIV

\_\_\_\_\_  
Applicant/Resident

\_\_\_\_\_  
Date

**Single Residency Criteria Acknowledgement- Move In**

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

I have indicated, on my application, that I:

- am currently receiving HUD assistance in another unit
  - If I am living in a community and receiving HUD project-based assistance, I understand that, according to the current HUD lease, I must provide 30 days notice to the agent currently managing the property where I live.
- am not currently receiving HUD assistance in another unit
- am the recipient of a housing voucher
  - If I am currently using a housing choice voucher to pay a portion of my rent, I understand that HUD prohibits residents from benefiting from Housing Choice Voucher assistance in a unit assisted through project-based Section 8, Rent Supplement, RAP, Section 202 PAC or Section 202 and 811 PRAC.

If I fail to move out of my/our current residence before I move to **Allen Gardens** I understand that no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after I move out of my current unit. I will be responsible for paying the market rent of Kappa Tower until I qualify to receive HUD assistance on this property.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Dated

Optional and Supplemental 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.

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

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.	

**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)**

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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.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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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

\_\_\_\_\_  
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.