

Foxwood,ALP Apartments  
638 Kershaw Country Club Rd.  
Kershaw, SC 29067

(Phone) 803-475-8804  
(Fax) 803-475-8952  
(Email)foxwood@wcsites.net

Thank you for your interest in our apartment community. Below please find additional information that is useful in understanding the application process.

**NOTE: Effective 10/1/14, this property is a non-smoking facility in accordance with notice H2010-21 issued by the US Department of Housing and Urban Development (HUD) on September 15, 2010. Smoking is not permitted within the premises or in any apartment dwelling at any time. The rules and regulations are amended to reflect this policy.**

1. Complete the attached Application, Income and Expense Questionnaire, Contact Information Supplement to Application (HUD-92006), Student Questionnaire and the Special Unit Requirement Questionnaire and Working Preference Rule **in full**. Please complete in ink, not pencil, and do not use correction tape or fluid. If an error is made, please strike through and initial the correction. A complete mailing address and working phone number are required for correspondence. All applicants 18 or older must sign the application and complete the Student Questionnaire. The waiting period varies, however applicants will be contacted periodically to determine if they want to stay on the list. Make sure to report any changes in address, phone number, income or family size to the rental office, if they occur before contact is made for processing the application. **Please make sure that you have completed all sections of the application or write "N/A" in any box that does not pertain to you.**
2. Applicants will be contacted once their name gets to the top of the list. The contact is usually by mail. The contact letter will give a deadline date to respond. **If you do not respond, your application will be removed from the waiting list.** The letter will ask you to call the rental office for an interview date at which time management will process all background checks including credit, criminal, sex offender and landlord. Income, family size, and expenses will also be verified at this time. Prior to move in, all family members must provide documentation of Social Security Number. Documentation can include an original Social Security Card, a valid Driver's License with SSN OR ITIN, an ID card issued by a federal, state, or local agency, a medical insurance provider, or an employer or trade union, earnings statements or payroll stubs, bank statements, Form 1099, Benefit Award letters, Retirement Benefit letters, Life Insurance Policies, or Court Records.**You will need to furnish birth certificates and social security cards for each family member at the interview.**
3. If your application is approved, you will be informed as to the amount of security deposit and rent required. The security deposit and first month's rent are due on move-in day. Utilities must be connected in the applicant's name on or before move-in day. The utility companies will most likely require deposits and the applicant should contact them directly for amounts. **Keys for the apartment will not be issued without proof of utilities in your name.**

#### **Utility Companies/Numbers**

Duke Energy

1-800-777-9898

Foxwood, ALP Apartments appreciates your interest in our community and looks forward to receiving your application. This institution is an equal opportunity provider and employer.

# RENTAL APPLICATION

## Rural Development Properties Only

**Property Name:** Foxwood, ALP

**Property Address:** 638 Kershaw Country Club Rd.

**City, State, Zip:** Kershaw, SC 29067

**Property Phone Number:** 803-475-8804

Head of Household FIRST NAME		Head of Household MIDDLE NAME		Head of Household LAST NAME	
Head of Household SS#		If you have no Social Security Number, you claim you are exempt because <b>(Check One)</b> : <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10			
Present Address		City, State, Zip Code			Date of Birth
Driver's License Number/State ID Number	State of Issue	Marital Status	Email Address		
Home Phone #	Business Phone #		Mailing Address (if different from Present Address above)		
Name of Current Residence (for example-name of apts., family member you now live with...)			Current Landlord's Name		
Current Landlord's Address			City	State	Zip Code
Current Landlord's Phone #	Rent	Lived There Since	Reason for Moving		
Name of Previous Residence (for example-name of apts., family member you lived with...)			Previous Landlord's Name		
Previous Landlord's Address			City	State	Zip Code
Previous Landlord's Phone #	Rent	Lived There Since	Reason for Moving		

List ALL adults, including Head of Household (age 18 and over) who will live in the apartment. If more than four adults will live in the apartment, give details on a separate, signed sheet. Please provide ALL requested information for each adult.

1. FIRST NAME, MIDDLE NAME and LAST NAME	Relationship	Birth date	Social Security #	Occupation
2. FIRST NAME, MIDDLE NAME and LAST NAME	Relationship	Birth date	Social Security #	Occupation
3. FIRST NAME, MIDDLE NAME and LAST NAME	Relationship	Birth date	Social Security #	Occupation
4. FIRST NAME, MIDDLE NAME and LAST NAME	Relationship	Birth date	Social Security #	Occupation

List ALL children (under age 18) who will live in the apartment. If more than four children will live in the apartment, give details on a separate, signed sheet. Please provide ALL requested information for each child.

1. FIRST NAME, MIDDLE NAME and LAST NAME	Foster Child? Yes ( ) No ( )	Sex Male ( ) Female ( ) Wish Not to Disclose ( )	Birth date	Social Security #	Name of School
2. FIRST NAME, MIDDLE NAME and LAST NAME	Foster Child? Yes ( ) No ( )	Sex Male ( ) Female ( ) Wish Not to Disclose ( )	Birth date	Social Security #	Name of School
3. FIRST NAME, MIDDLE NAME and LAST NAME	Foster Child? Yes ( ) No ( )	Sex Male ( ) Female ( ) Wish Not to Disclose ( )	Birth date	Social Security #	Name of School
4. FIRST NAME, MIDDLE NAME and LAST NAME	Foster Child? Yes ( ) No ( )	Sex Male ( ) Female ( ) Wish Not to Disclose ( )	Birth date	Social Security #	Name of School

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

☐ YES ☐ NO Will the unit you are applying for be your permanent residence and you will not maintain a separate subsidized rental unit?

☐ YES ☐ NO Have you been displaced by a government action or a presidentially declared disaster?

☐ YES ☐ NO Are you a student at an institute of higher education? (If yes, "Questionnaire for Student Household" (PM-001a) must be completed.

☐ YES ☐ NO Are you (or any member of your household) subject to a lifetime state sex offender registration program in ANY state?

Please list all states applicant and household members have lived in:

☐ YES ☐ NO I (or any member of my household) am related to or have a personal relationship with an employee of Westminster Company and/or the site at which I am applying for residence. If yes, please disclose relationship below:

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

Relationship: \_\_\_\_\_

- Specially designed smoke alarm systems are available upon request.
- Specially designed units are available upon request.
- An allowance for disabled households is available.

In consideration for being permitted to apply for this apartment, I, the Applicant, do represent all information in this application to be true and accurate and that the owner/manager/agent may rely on this information when investigating accepting this application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit checking agency having information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remise and forever discharges from any action whatsoever, in law any equity all owners, managers and employees or agents, both of landlord and their credit checking agencies in connections of processing, investigating, or credit checking this application, and will hold them harmless of any suit or reprisal whatsoever. I understand that the credit report/screening report (rental history, arrest and/or conviction records and retail credit history) will be done through bureau contracted with the apartment community.

Applicant's Signature	Receiving Site Staff Signature	
Co-Applicant's Signature	Date Signed	
Date Signed	Date Received	Time Received

#### Ethnicity and Racial Data Self Certification

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

#### HEAD OF HOUSEHOLD:

Sex (check one): ☐ MALE ☐ FEMALE

Ethnic Classification (check one): ☐ HISPANIC OR LATINO ☐ NOT HISPANIC OR LATINO

Racial Categories (check all that apply): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander ☐ White

#### CO-HEAD OF HOUSEHOLD:

Sex (check one): ☐ MALE ☐ FEMALE

Ethnic Classification (check one): ☐ HISPANIC OR LATINO ☐ NOT HISPANIC OR LATINO

Racial Categories (check all that apply): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander ☐ White

*This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to US Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue SW, Washington, DC 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Any applicant or tenant, or prospective applicant or tenant who believes he/she has been discriminated against may file a complaint in person with, or by mail to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development (HUD), Washington, DC 20410, or any HUD office.*

## Questionnaire for Student Household

(to be completed by all household members over the age of 18)

To be a student household, you must meet special HUD rules. So that we can determine if you meet these rules, please answer the following questions. After you've completed this questionnaire, we will verify the information that you have provided.

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

Current Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date: \_\_\_\_\_

1. Are you a student (Full Time or Part Time) at an institution of higher education? ☐ YES ☐ NO  
*\*Institutes of higher education include post-secondary vocational institution; "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.*

2. If you answered YES to question one, please complete the following questions:  
(If you answered NO to question one, please skip the following questions and sign below.)

- |                                                     |                              |                             |
|-----------------------------------------------------|------------------------------|-----------------------------|
| - Are you 24 years old or older?                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| - Are you a veteran of the United States military?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| - Are you married?                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| - Do you have legal dependents other than a spouse? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| - If yes, please provide names and ages: _____      |                              |                             |

- Were you disabled and receiving assistance as of November 30, 2005? ☐ YES ☐ NO

3. If you answered NO to all questions in #2, please complete the following questions:

- |                                                                                                                                                                                                                  |                              |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| - Are your parents eligible for Section 8 Assistance?                                                                                                                                                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| - If yes, please complete PM-470                                                                                                                                                                                 |                              |                             |
| - Have you maintained a separate household from your parents or legal guardians for at least 1 year before applying at this site and you are NOT claimed as a dependent on your parent's most recent tax return? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

4. Do you receive educational financial support (grants, scholarships, educational entitlements, work/study programs or financial aid packages)? ☐ YES ☐ NO  
If yes, sign PM-508.

**If you are a person with a handicap or disability, please contact us so that we can determine whether there are mitigating circumstances that should be considered in your case, or whether reasonable accommodations would allow us to continue processing your application.**

If you or another member of your household is determined to be an ineligible student now or in the future, you may not be eligible for assistance. If we determine at any time after move-in that you are ineligible for assistance, we will notify you by providing a 30-day notice that your assistance will be terminated. WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

**I do hereby swear and attest that all the information given above is true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

- This applicant: ☐ **QUALIFIES** as a student household and is eligible for assistance.
- ☐ **DOES NOT QUALIFY** as a student household and is not eligible for assistance.
- ☐ **N/A** – Applicant/Resident is not a student household.

## Income and Expense Questionnaire

<b>Property Name:</b>	Foxwood, ALP	<b>Resident/Applicant Name:</b>	
<b>Apartment #:</b>		<b>Date:</b>	
<b>Home Phone #:</b>		<b>Work Phone #:</b>	
<b>Primary Language Spoken in Home:</b>			

**PLEASE NOTE:** When you provide us with a wireless telephone number or land line number, you are giving Westminster Company or our representatives your prior express consent to call that number.

Family Member Name	Birth Date	Occupation	Driver's License or State ID #	Student (Full or Part Time)?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you expect any changes in your family size during the next year? ☐ YES ☐ NO  
 If yes, please explain. \_\_\_\_\_

Are there any Live In Care Attendants who are part of the household? ☐ YES ☐ NO  
 If yes, whom? Please explain. \_\_\_\_\_

Will all of the above family members live in the apartment full time? ☐ YES ☐ NO  
 If no, please explain. \_\_\_\_\_

Has any household member had a change in their Social Security Number since the household's last recertification?  
☐ YES ☐ NO

Are you or any other household members subject to a lifetime registration requirement under a State Sex Offender Registration program? ☐ YES ☐ NO

Please list the **TOTAL** income of all members of your household:

Name of Recipient			
All Wages combined(including self employment, FT, PT & Temporary)			
Overtime Pay			
Commissions, Fees, Tips and/or Bonuses			
Military Pay			
Social Security (Adult)/SSI			
Social Security (Child)/SSI			
Disability			
TANF (Welfare)			
Unemployment Benefits			
Alimony/Child Support			

Do you or any member of your household have income from any of the following? If YES, please state amount.

	Amount (\$)	Per (Week, Month, etc.)
<input type="checkbox"/> YES <input type="checkbox"/> NO Worker's Compensation		
<input type="checkbox"/> YES <input type="checkbox"/> NO Severance Pay		
<input type="checkbox"/> YES <input type="checkbox"/> NO Payments from Insurance Policies/Annuities		
<input type="checkbox"/> YES <input type="checkbox"/> NO Retirement Benefits		
<input type="checkbox"/> YES <input type="checkbox"/> NO Pension Benefits		
<input type="checkbox"/> YES <input type="checkbox"/> NO Disability or Death Benefits		
<input type="checkbox"/> YES <input type="checkbox"/> NO Educational Grants		
<input type="checkbox"/> YES <input type="checkbox"/> NO Scholarships		
<input type="checkbox"/> YES <input type="checkbox"/> NO Veteran's Administration Benefits		
<input type="checkbox"/> YES <input type="checkbox"/> NO Caretaking of Children		
<input type="checkbox"/> YES <input type="checkbox"/> NO Caretaking of Elderly		
<input type="checkbox"/> YES <input type="checkbox"/> NO Recurring Gift/Cash Contributions		
<input type="checkbox"/> YES <input type="checkbox"/> NO Work for Someone Who Pays You in Cash		
<input type="checkbox"/> YES <input type="checkbox"/> NO Other: _____		

Have you received or do you expect to receive any lump sum payments such as inheritances, insurance settlements, Social Security Benefits, etc.? ☐ YES ☐ NO

If yes, please explain. \_\_\_\_\_

Are you currently paying either of the following so that you or another adult member of your household can work, look for work, or attend school?

	Amount (\$)	Per (Week, Month, etc.)
<input type="checkbox"/> YES <input type="checkbox"/> NO Child Care		
<input type="checkbox"/> YES <input type="checkbox"/> NO Care of Disabled Persons		

Do you or any other member of your household own or have money in any of the following types of assets? If yes, please supply value.

	Value (\$)
<input type="checkbox"/> YES <input type="checkbox"/> NO Checking Account	
<input type="checkbox"/> YES <input type="checkbox"/> NO Savings Account	
<input type="checkbox"/> YES <input type="checkbox"/> NO Savings Certificate (CD)	
<input type="checkbox"/> YES <input type="checkbox"/> NO Stocks/Bonds	
<input type="checkbox"/> YES <input type="checkbox"/> NO IRAs/Retirement Accounts	
<input type="checkbox"/> YES <input type="checkbox"/> NO Money Market Funds	
<input type="checkbox"/> YES <input type="checkbox"/> NO Safety Deposit Box (Bank or at home)	
<input type="checkbox"/> YES <input type="checkbox"/> NO Rental Property	
<input type="checkbox"/> YES <input type="checkbox"/> NO Other Real Estate	
<input type="checkbox"/> YES <input type="checkbox"/> NO Mortgages/Deed of Trust	
<input type="checkbox"/> YES <input type="checkbox"/> NO Revocable Trust	
<input type="checkbox"/> YES <input type="checkbox"/> NO Annuities	
<input type="checkbox"/> YES <input type="checkbox"/> NO Other Financial Assets: _____	

Do you or any member of your household have any coin or stamp collections, antique cars, jewelry or gems held as an investment (does not include personal jewelry)? ☐ YES ☐ NO

Have you or any other member of your household disposed of any of the above types of assets at less than fair market value during the past two years? ☐ YES ☐ NO

If yes, please explain. \_\_\_\_\_

Please describe any automobiles owned by members of your household:

Automobile Make	Year	Model	Color	License Tag	Tag State

- 1.) I hereby certify that I do not individually receive income from any of the following sources:
- Wages (includes wages and tips paid in cash)
  - Income from a business (includes hair, nail, & other salon services performed in your unit)
  - Rental income from real or personal property
  - Interest or dividends from assets
  - Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
  - Unemployment or disability payments
  - Public assistance payments
  - Periodic allowances such as alimony or child support
  - Sales from self employed resources (Avon, Mary Kay, etc.)
  - Babysitting
  - Gifts (money, bills paid by third party, supplies such as diapers) from persons not living in the unit
  - Any other source not named above
- 2.) I currently have no income of any kind and there is no change expected in my financial status or employment status during the next 12 months.
- 3.) I will be using the following sources of funds to pay for rent, food and other necessities:

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**ALL HOUSEHOLDS** must answer **all** questions below. If you answer "YES" to any of the questions, the additional information must also be completed.

1.	Do you own a vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly Car Payment \$ _____ Monthly Auto Insurance \$ _____ Monthly Gas Expense \$ _____ Source of income for payment of car expense: _____
2.	Do you have internet at home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much do you spend? \$ _____ Source of income for payment of internet expense: _____
3.	Have you purchased any clothing for yourself or members of the household during the past 30 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much did you spend? \$ _____ Source of income for payment of clothing expense: _____
4.	Have you or a member of the household incurred any medical expenses in the past 30 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much did you spend? \$ _____ Source of income for payment of medical expense: _____
5.	Do you have telephone service in your apartment? Do you have a cell phone?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly Phone Cost: \$ _____ Monthly Cell Phone Cost: \$ _____ Source of income for payment of phone expense: _____
6.	Do you subscribe to cable television?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly Cable TV Cost: \$ _____ Source of income for payment of cable tv expense: _____
7.	Do you have any school age children?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much did you spend in the past 30 days for school related costs (books, paper, pencils, lunches, fees)? \$ _____ Source of income for payment of school expenses: _____



8.	Do you or other household members receive cash contributions for sources or persons outside the household?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly cash contribution? \$ _____ Source of income for cash contribution: _____
9.	What was the total food cost for your family for the past 30 days? Source of income for food cost: _____		\$ _____
10.	How much did you spend during the past 30 days for items such as soap, detergent, toothpaste, cigarettes, alcohol, deodorant, shampoo, etc.? Source of income for cost of above items: _____		\$ _____
11.	What were your utility costs for the past 30 days? Source of income for utility costs: _____		\$ _____

**The following MEDICAL EXPENSE section applies ONLY to elderly/disabled/handicapped households.**

**For the next 12 month period, do you expect to have any of the following out of pocket medical or dental expenses?  
If yes, please specify amount(s). DO NOT INCLUDE AMOUNTS COVERED BY INSURANCE.**

	Amount (\$)	Per (Week, Month, etc.)
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>Doctor Bills</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>Dental Bills</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>Hospital Bills</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>Pharmacy Expense</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>Prescribed Equipment</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>Eyeglasses</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>Non-prescription medication with Dr.'s order</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>Insurance/Supplemental Insurance</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>Other: _____</b>		

**Have you incurred any one time medical bills, but not claimed them, in the 12 month period preceding your anniversary date?** ☐ YES ☐ NO

**Do you participate in the Medicare Prescription Drug Discount Card program?** ☐ YES ☐ NO  
If yes, do you pay a premium? ☐ YES ☐ NO How much? \_\_\_\_\_ per \_\_\_\_\_

**I certify that the information given on this form is correct and complete. I understand that failure to report all income for rent purposes is fraud and may result in termination of my lease, federal prosecution, or both.**

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: <u>To remove personal items</u> </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: <u>To remove personal items</u>
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: <u>To remove personal items</u>		
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

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**Signature of Applicant**

**Date**

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

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

## WORKING PREFERENCE RULE

Effective 08/01/2017

**Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

The Quality Housing and Work Responsibility Act of 1998 (QHWRA), gives admission preferences in certain circumstances. Please check **all** of the following that apply to your household:

- ☐ One or more of the following household members (Head of Household, Co-Head or Spouse) are employed at least 25 hours per week, and have been for at least 6 consecutive months. There can be no more than a 30-day lapse between employers. In the event of a lapse, employment will be verified by both the current and former employers. Proof in the form of check stubs, letter from employer on Company Letterhead, income verification, or other requested as needed must be received prior to assigning the "Working Family" preference. Your preference will be updated effective the date verified proof is received;
- ☐ The Head of Household, Co-Head or Spouse is 62 years of age or older;
- ☐ The Head of Household, Co-Head or Spouse get State or Federal benefit payments due to being unable to work (including Social Security Disability Benefits and Supplemental Security Income Disability Benefits);
- ☐ I do not qualify for any of the above preferences.

In order to be eligible for priority admission, I understand that I must qualify for one of the above preferences at the time of application, interview and move-in. I further understand that if any information provided above is found to be false at time of Interview or Move In, my position on the waiting list may change.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Westminster Company Agent Signature

\_\_\_\_\_  
Date

If your circumstances change and you find you are not qualified for any of the above or you find out that you are qualified for the above, please let us know immediately, as this will affect your status on the waiting list.

OFFICE USE ONLY

\_\_\_\_\_  
Date Preference Verification(s) Received



## SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

Applicant/Resident Name: \_\_\_\_\_

☐ I choose not to complete this form.

1. Please check all that apply. Do you, or does any member of your family have a condition that requires:

- |                                                                        |                                                    |
|------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Physical modifications to a typical apartment | <input type="checkbox"/> Unit for Vision-Impaired  |
| <input type="checkbox"/> A separate bedroom                            | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> A barrier-free apartment                      | <input type="checkbox"/> BR/Bath on 1st floor      |
| <input type="checkbox"/> One-level unit                                |                                                    |

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?

☐ Yes ☐ No

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

\_\_\_\_\_

4. 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. What health professional should be contacted to verify your need for the features you have identified above?

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

Address: \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_



## **Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

### **To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Westminster Company** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

### **Protections for Applicants**

If you otherwise qualify for assistance at a Westminster Company managed property, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

### **Protections for Tenants**

If you are receiving assistance at a Westminster Company managed property, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

### **Removing the Abuser or Perpetrator from the Household**

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

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<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

## Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

**(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

**(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

## Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.

- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

### **Confidentiality**

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the local HUD office, as noted below:

#### **South Carolina**

U.S. Department of HUD  
1835-45 Assembly Street  
Columbia, SC 29201  
(803) 765-5826

#### **North Carolina**

U.S. Department of HUD  
1500 Pinecroft Road, Suite 401  
Greensboro, NC 27407  
(336) 547-4000 – when recorded message begins, press 7, then press 3. You can leave a message and your call will be returned.

#### **Virginia**

U.S. Department of HUD  
600 East Broad Street  
Richmond, VA 23230  
(804) 278-4521

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>. Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact your local HUD office (above), or the HUD Regional Office of Fair Housing and Equal Opportunity at (800)440-8091.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact your local police department or RAINN, the nation's largest anti-sexual violence organization, at <https://www.rainn.org>, or by phone at 1-800-656-HOPE (4673).

**Attachment:** Certification form HUD-5382 – Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, And Alternate Documentation



**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

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

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

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This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



**SUBSIDIZED HOUSING STATEMENT**  
*(Applicant Must Complete Prior to Agreeing to Move In Date)*

1. a. My dependent(s) will live in my apartment ONLY. ☐ Yes ☐ No.  
(If yes proceed to question 2a, if no provide address below)

If no, they will reside at the following address(es):

\_\_\_\_\_

\_\_\_\_\_

2. a. ☐ There **ARE** household members moving to Foxwood Apartments from subsidized housing.  
(If yes proceed to question 3)

- b. ☐ There are **NO** household members moving to Foxwood Apartments from subsidized housing. (Stop here.)

*If you are moving from subsidized housing, please answer the following questions:*

3. Landlord' name: \_\_\_\_\_

Landlord's Telephone #: \_\_\_\_\_

4. Have you moved out? ☐ YES ☐ NO

- If yes, Date of move out: \_\_\_\_\_

5. Did you give a thirty day notice to move? ☐ YES ☐ NO

- If yes, did you fulfill the thirty day notice? ☐ YES ☐ NO

- If no, how much notice did you fulfill? \_\_\_\_\_

Applicant Signature

Date Signed

Site Property Manager Signature

Date Signed

I, \_\_\_\_\_, certify that I will be moving into \_\_\_\_\_

Apartments on \_\_\_\_\_ and I will not be occupying, leasing, or living in other subsidized housing after this date.

I understand that if it is found that I was leasing other subsidized housing on or after the above date, my subsidy at Foxwood Apartments would be terminated and I would be responsible for the contract rent of \$ \_\_\_\_\_ on unit # \_\_\_\_\_ at Foxwood Apartments.

Information above is correct on M/I Day: \_\_\_\_\_

Resident Signature

Date

Above information was verified by calling:

Phone Number Called: \_\_\_\_\_

Time Called: \_\_\_\_\_

Name of Verifying \_\_\_\_\_

Contact: \_\_\_\_\_

SPM Signature

Date



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.

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

## HUD-9887/A Fact Sheet

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

#### What Verification Involves

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

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

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

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

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

#### Customer Protections

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

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

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

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

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

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

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

#### Consequences for Not Signing the Consent Forms

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

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

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

#### Programs Covered by this Fact Sheet

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

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

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

# Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): US Department of HUD 40 Marietta Street Atlanta, GA 30303	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Westminster Company 2720 North Church Street Greensboro, NC 27405	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.): SC State Housing Finance Dev. Authority 301-C Outlet Pointe Blvd. Columbia, SC 29210
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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.

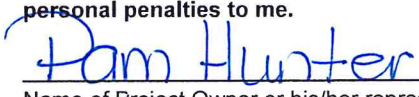
The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received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