



**St Cloud Apartments
1761 Michigan Ave
St. Cloud FL 34769**

**Office Hours 8:00am - 1:00pm
Monday thru Friday**

**Please call for an appointment before returning
application**
(407) 892-5624

The following items will be needed with your application

- PHOTO I.D. AND SOCIAL SECURITY CARDS FOR EVERYONE
- CURRENT AWARD LETTER FROM SOCIAL SECURITY, PENSION OR SIX CURRENT PAY STUBS
- SIX MOST CURRENT BANK STATEMENTS FOR CHECKING AND ONE SAVINGS BANK STATEMENT FOR EACH ADULT IN HOUSEHOLD
- COPY OF ANY MEDICAL OUT OF POCKET EXPENSES YOU PAY IF DISABLED, ELDERLY.
- \$15.00 MONEY ORDER FOR EACH ADULT MEMBER OF HOUSEHOLD 18 OR OLDER FOR CREDIT/CRIMINAL BACKGROUND CHECK
- 1 Bedroom \$480-\$610 / 2 Bedroom \$515-\$650

"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, 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 to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."

RENTAL APPLICATION

Waiting List #	
Unit # Assigned	

Community Name: _____ Date and Time Stamp: _____
 Applicant's Name: _____ Telephone (____) _____
 Date of Birth: _____ Birth Place: _____ Social Security Number: _____

Present Address: _____
City State Zip

Military Status: _____ Active Duty _____ Reserves _____ Retired Military
 Marital Status: _____ Married _____ Single _____ Separated _____ Divorced _____ Widowed

Spouse or Co-Applicant Name: _____ Date of Birth: _____

Birth Place: _____ Social Security Number: _____

1. Are you now living on a USDA/HUD property? yes no
2. Have you ever applied for a Government subsidized unit? yes no
 If yes, where? _____
3. Have you ever lived here before? yes no
4. Have you ever lived at any other Hallmark Property? yes no
5. Do you know anyone who lives here? yes no
 If yes, name and apartment number _____
6. Have you ever been convicted of a felony? yes no In which state? _____
 If yes, please explain _____
7. Have you been evicted within the last three years from federally assisted housing?
 for drug related criminal activity? yes no
8. Do you currently use illegal drugs? yes no
9. Are you a sex offender with lifetime registration requirements in any state? yes no
10. Do you abuse or have a pattern of abuse of alcohol that would interfere with the
 health, safety, or right to peaceful enjoyment of the premises by other residents? yes no
11. Have you ever been evicted from any leased premises? yes no
12. Does anyone live with you now who will not be listed on this application? yes no
13. Does anyone plan to live with you in the future that you now know? yes no
14. Do you, or anyone in your household, need an accessible unit or the features of an accessible unit?
 yes no If yes, please explain: _____
15. Do you or anyone in your household, benefit from the features of a handicapped accessible unit?
 yes no
16. Are you or the co-tenant requesting an elderly-handicapped status and adjustment to income?
 yes no
17. Do you require a Resident Assistant? yes no
18. Do you or any member of you household:
 - a. Work full-time, part-time or seasonally? yes no
 - b. Expect to work for any period during the next year? yes no
 - c. Work for someone who pays you in cash? yes no
 - d. Expect a leave of absence from work due to lay-off, medical,
 maternity or military leave? yes no
 - e. Now receive or expect to receive unemployment benefits? yes no
 - f. Now receive or expect to receive alimony? yes no
 - g. Now receive or expect to receive public assistance? yes no
 - h. Now receive or expect to receive Social Security Benefits? yes no
 - i. Now receive or expect to receive income from a pension or annuity? yes no



- j. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? yes no
- k. Now receive or expect to receive Child Support? yes no
- l. Receive income from assets including interest on checking or savings accounts, interest and dividend from certificates of deposit, stocks, bonds, or income from rental property? yes no
- m. Own real estate or any assets for which you receive no income? yes no
19. Have you sold or given away real property or other assets for less than fair market value in the past two years? yes no
20. Do you own a car? yes no Make _____ Model _____ Year _____
 Driver's license # _____ Tag #: _____ State: _____
 Lien holder: _____ Acct #: _____ Balance: _____
 Insurance Agent: _____ Phone # (____) _____
21. Do you have a pet? yes no
22. Do you have a waterbed? yes no
23. How did you hear about our property? _____
24. Please list all states where you have resided in your lifetime:

25. Have you been displaced by government action or presidential declared disaster? yes no
26. Is your current or previous residence with a parent or relative? yes no, if yes, please explain:

27. Have you ever owned a home or had/have a mortgage? yes no. If yes, please list the name(s) of the mortgage company. _____
28. Are you a student? yes no. Are you a part-time student? yes no. If yes please answer the following questions.
 Are you at least 24 years of age? yes no
 Are you a veteran of the United States military? yes no
 Are you married? yes no
 Do you have a dependent child? yes no
 Are you "individually income eligible or have parents (jointly or separately) income eligible to receive assistance? yes no
29. Please list all students in your household: _____,
 _____,

LANDLORDS NOT RELATED TO YOU

Present Landlord/Complex Name: _____ Telephone # (____) - _____

Your Address: _____ City, State, Zip: _____

Dates from: _____ to _____ Monthly Rent: _____

Reason for Moving: _____

Previous Landlord/Complex Name: _____ Telephone # (____) - _____

Your Address: _____ City, State, Zip: _____

Dates from: _____ to _____ Monthly Rent: _____

Reason for Moving: _____



NAMES OF ALL PEOPLE WHO WILL OCCUPY THE APARTMENT

NAME	DATE OF BIRTH	PLACE OF BIRTH	SEX	NATIONALITY	RELATIONSHIP	SOCIAL SECURITY NUMBER

EMPLOYMENT REFERENCES

Present Company: _____ Telephone #: (____) - _____
 Address: _____ City, State, Zip: _____
 Position: _____ Supervisor: _____ Gross Monthly Salary: _____
 Dates of Employment - From: _____ to _____

Present Company: _____ Telephone #: (____) - _____
 Address: _____ City, State, Zip: _____
 Position: _____ Supervisor: _____ Gross Monthly Salary: _____
 Dates of Employment - From: _____ to _____

SPOUSE OR CO-APPLICANT EMPLOYMENT

Present Company: _____ Telephone #: (____) - _____
 Address: _____ City, State, Zip: _____
 Position: _____ Supervisor: _____ Gross Monthly Salary: _____
 Dates of Employment - From: _____ to _____

**CREDIT REFERENCES
 BANK/LOAN COMPANY/CHARGE ACCOUNTS**

NAME	ADDRESS	TPYE



INCOME AND ASSET INFORMATION

NAME	SOURCE OF INCOME – TYPE OF INCOME (Wages, SSI, AFDC)	GROSS MONTHLY INCOME

List all checking and savings accounts (including IRA's, Keogh Accounts, and Certificates of Deposit) ALL household members.

ASSETS

NAME	BANK NAME	TYPE OF ACCOUNT	BALANCE

List the values of all stocks, bonds, trusts, pensions, or other assets owed by any household members: _____

List the value of any assets disposed of for less than their fair market value during the past two years: _____

NAME AND ADDRESS OF NEAREST RELATIVES NOT IN HOUSEHOLD

Name: _____ Relationship: _____ Telephone #: (____) - _____

Address: _____ City, State, Zip: _____

Name: _____ Relationship: _____ Telephone #: (____) - _____

Address: _____ City, State, Zip: _____

NAME AND ADDRESS OF PERSONAL FRIENDS KNOWN OVER ONE YEAR

Name: _____ How Acquainted: _____ Telephone #: (____) - _____

Address: _____ City, State, Zip: _____

Name: _____ How Acquainted: _____ Telephone #: (____) - _____

Address: _____ City, State, Zip: _____



PERSON TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY

Name: _____ Relationship: _____ Telephone #: (____) - _____

Address: _____ City, State, Zip: _____

Name: _____ Relationship: _____ Telephone #: (____) - _____

Address: _____ City, State, Zip: _____

I/WE CERTIFY THAT IF SELECTED TO RECEIVE ASSISTANCE, THE UNIT I/WE OCCUPY WILL BE MY/OUR ONLY RESIDENCE. I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY. I/WE AUTHORIZE THE OWNER/MANAGER TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORDS OR OTHER SOURCES FOR CREDIT AND VERIFICATION OF INFORMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE OR LOCAL AGENCIES. I/WE CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.

I/WE UNDERSTAND THAT PROVIDING FALSE OR MISLEADING STATEMENTS OR INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

SIGNATURE OF HEAD: _____ DATE: _____

SIGNATURE OF SPOUSE/CO-HEAD: _____ DATE: _____

SIGNATURE OF ANY HOUSEHOLD MEMBER OVER 18:

_____ **DATE: _____**

_____ **DATE: _____**

OWNER/MANAGER/AGENT: _____ DATE: _____

'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).**

Housing discrimination complaints should be directed to the HUD Regional Office of Fair Housing and Equal Opportunity - ATLANTA REGIONAL OFFICE (Complaints_office_04@hud.gov) - U.S. Department of Housing and Urban Development - Five Points Plaza - 40 Marietta Street, 16th Floor - Atlanta, GA 30303-2808 - Telephone (404) 331-5140 or 1-800-440-8091 - Fax (404) 331-1021 * TTY (404) 730-2654



MONTHLY BUDGET/FINANCIAL STATEMENT

NAME OF APPLICANT: _____ APT. COMPLEX & UNIT: _____

NUMBER OF ADULTS IN HOUSEHOLD: _____ NUMBER OF CHILDREN IN HOUSEHOLD: _____

MONTHLY CASH & DEBT EXPENSES

TOTAL MONTHLY INCOME:

TOTAL FOOD EXPENSE		APPLICANT GROSS INCOME	
LESS FOOD STAMPS		CO-APPLICANT GROSS INCOME	
NET FOOD		HOUSEHOLD MEMBERS INCOME	
CLOTHING		TOTAL HOUSEHOLD MONTHLY INCOME	
MEDICAL			
PERSONAL ITEMS		SUMMARY	
UTILITY ALLOWANCE		TOTAL MONTHLY INCOME:	
CABLE TV		LESS TOTAL MONTHLY EXPENSES	
TELEPHONE		EQUALS	
CIGARETTES		INCOME MINUS EXPENSES (OVER) +	
CLEANING SUPPLIES		INCOME MINUS EXPENSES (UNDER) -	()
EDUCATION		SIGNATURES: <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> APPLICANT DATE </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> CO-APPLICANT DATE </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding: 5px;"> OWNER/AGENT DATE </div>	
GIFTS			
RECREATION			
OUT OF POCKET EXPENSE			
AUTOMOBILE/TRANSPORTATION			
AUTOMOBILE PAYMENTS			
HEALTH/LIFE INSURANCE			
CHILD CARE			
CHILD SUPPORT PAID OUT			
PLANNED CASH EXPENSES			
BASIC RENT - RENTAL ASSISTANCE OR SECTION 8 = NET RENT			
CREDIT CARD PAYMENTS			
LOANS			
MEDICAL PAYMENTS			
PLANNED CREDIT PURCHASES			
INCOME TAXES			
SOCIAL SECURITY			
OTHER			
TOTAL MONTHLY CASH & DEBT EXPENSES			

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APPLICANT/TENANT RELEASE OF INFORMATION CONSENT FORM



CONSENT

I authorize and direct any Federal, State, or local agency, organization or business or individual to release any information necessary to verify my application for the purpose of determining eligibility status for federally assisted housing programs.

INFORMATION COVERED

I understand that, depending upon program policies and requirements, previous or current information regarding my or my household may be needed. Verification and inquires that may be requested, but not limited to:

- Identity and Marital Status
Employment, Income and Assets
Medical or Child Care Allowances
Credit and Criminal History
Residences and Rental Activity
Guardianship or Legal Custody of Household Minors

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked or who may ask us to release the above information (depending on program requirement) include, but not limited to:

- Previous Landlords (including)
Public Housing Agencies
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Medical/Pharmaceutical Providers
Retirement Systems
Utility Companies
Child Care Providers
Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Veterans Administration
Bank and other Financial Institutions
Credit Providers and Credit Bureaus
GFHA (State Authorities with Section 8)

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for one year and one month from the date signed or, if I take occupancy of a leased apartment, until such time that I vacate or move out of the leased apartment.

SIGNATURE

Head of Household Printed Name Date Social Security Number

Spouse/Co-Resident Printed Name Date Social Security Number

Adult Member Printed Name Date Social Security Number

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ATTACHMENT 6-I

ELIGIBILITY, INCOME, AND DEDUCTION CHECKLIST

Head of household and/or the co-head should complete.

LIST ALL HOUSEHOLD MEMBERS:

<u>Name (Last, First, M.I.)</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Social Security #</u>
_____	_____	/ /	_____	_____
_____	_____	/ /	_____	_____
_____	_____	/ /	_____	_____
_____	_____	/ /	_____	_____
_____	_____	/ /	_____	_____
_____	_____	/ /	_____	_____
_____	_____	/ /	_____	_____
_____	_____	/ /	_____	_____

ELIGIBILITY:	YES	NO
1. I have a household member who is absent from the home due to:		
Employment		
Military service		
Placement in foster care		
Temporarily in nursing home or hospital		
Permanently confined to nursing home		
Away at school		
Other		
2. I have a live-in attendant		
3. Expected changes in household:		
Baby due on _____		
Adopting a child(ren) on _____		
Obtaining custody of a child(ren) on _____		
Obtaining joint custody of a child(ren) on _____		
Receiving a foster child(ren) on _____		

INCOME, ASSETS, AND DEDUCTIONS

A. Income	YES	NO
1. Are you or any other members of the household currently receiving income from any of the following sources?		
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 a business		
Social Security		
Disability / SSI		
Death Benefits		
Pension / retirement funds		
Annuities or non-revocable trust		
Unemployment		
Military pay		
Workman's Compensation		
Public assistance / TANF		
Alimony		
Child Support		
Income from rent or sale of property		
Periodic payment from lottery winnings		
Regular recurring contributions from persons or agencies outside of household		
Insurance policies		
Severance pay		
Other		
2. Are there any adult members of the household (18 years of age or older) receiving income not listed above? If yes, specify the source of the income _____		

B. Assets	YES	NO
1. Do you or any other members of the household have any of		
The following:		
Checking accounts – average balance last 6 months		
Savings accounts –current balance		
Certificates of deposit		
Money market funds		
IRA/Keogh account		
Stocks		
Bonds		
Treasury bills		
Trust funds (do you have access to the funds?)		
If yes, is the trust irrevocable?		
Real estate		
Whole life or universal life insurance policy (term not included)		
Cash held in safety deposit boxes or home		
Assets held in another state or foreign country		
Other		
2. Have you or any other members of the household received any		
lump sum payments, such as:		
Inheritance		
Lottery winnings		
Insurance settlements		
Other		
3. Have you or any other household members disposed of any asset(s) for less than fair market value in the past two (2) years?		
4. Do you or any other household members have any assets that are held jointly with another person?		

C. Deductions	YES	NO
1. Are there any fulltime students 18 years of age or older in the household?		
2. Does any household member qualify for elderly deduction (age 62 or older or a person with disabilities)?		
3. Do you have medical expenses that are not paid for by an outside source such as insurance (applicable to elderly/disabled)?		
4. Do you have disability expenses that are not paid for by an outside source?		
If yes, is this service necessary to enable a household member (including the member with a disability) to be employed?		
5. Do you have attendant care expenses?		
If yes, is this service necessary to enable a household member (including the member with a disability) to be employed?		
6. Do you currently pay for childcare services for any children under the age of 13 residing in your household?		
If yes, is this service necessary in order for you to be employed or to attend school?		
If yes, are any of these expenses reimbursed by an outside source?		

 Resident Signature

 Date

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APPLICANT RESIDENT HISTORY VERIFICATION LETTER

Date: _____

Name: _____

Address: _____

City State Zip

CURRENT OR FORMER LANDLORD

Name

Address

City State Zip

Dear Sir (or Madam):

Our tenant selection policy obliges us to verify certain information about all members of families applying for admission to our apartment community. To comply with this requirement, we ask your cooperation in supplying information on the resident history of the family listed above. This information will be used in determining whether the family can be accepted for admission.

Your prompt return of this information on the attached Tenant Screening Verification Form will be appreciated. A stamped, self-addressed return envelope is enclosed. If you have any questions, please call me at _____.
(phone number)

Sincerely,

Resident Managers Signature

I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.

Name of Applicant (Please Print)

Signature of Applicant

Date



APPLICANT RESIDENT HISTORY VERIFICATION FORM



Applicants Name: _____

Current Address: _____

Name of Person Contacted: _____ Position: _____

_____ Current Landlord _____ Previous Landlord _____ Other _____

Dates of Applicants Residency: From: _____ To: _____

1. RENT PAYMENTS

A. Is (was) the applicant current on the rent? _____

B. Has (had) he/she ever been late? _____ How Late? _____

C. Have (had) you ever begun eviction proceedings for nonpayment? _____

2. CARING FOR THE UNIT

A. Does (did) the applicant keep the apartment clean? _____

B. Has (had) the applicant damaged the apartment? _____

Describe: _____

What was the repair cost? _____ How often did it occur? _____

C. Has (had) the applicant paid for the damage? _____

D. Will you (did you) keep any of the security deposit? _____

E. If answer to D is yes, why? _____

3. GENERAL

A. Does (did) the applicant permit persons other than those on the Lease to live in the apartment? _____

B. Has (had) the applicant or family members damaged or vandalized the common areas? _____

C. Does (did) the applicant create any physical hazards to the project or residents? _____

D. Does (did) the applicant interfere with the rights and quiet enjoyment of the other residents? _____

E. Has (had) the applicant given you any false information? _____ Describe: _____

F. Would you re-admit this applicant? _____

If no, why not? _____

Date: _____

Signature: _____

(Resident Manager)

(Telephone Number)

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ACKNOWLEDGEMENT OF RECEIPT

PROPERTY NAME: _____

1. Things You Should Know About USDA Rural Rental Housing

Resident/Applicants Name: _____

Unit Number (if available): _____

I, _____ have been given a copy of the
USDA prepared brochure entitled "Things You Should Know About USDA Rural
Rental Housing".

Resident's Signature

Date

Manager's Signature

Date

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EQUAL HOUSING
OPPORTUNITY

Revised 4/30/2014

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Page 60 - Section 3



Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998

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To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.