



**Whiting Court Apts {612}**

1006 Whiting Drive, Yankton, SD 57078

Phone: 605-929-0770 Fax: 605-260-3021 Email: whitingcourt@costelloco.com



**The Colored Pages are for your information, there is no need to return them to the office with your application!**

Dear Applicant,

Thank you for your interest in Whiting Court Apts {612}! Rent includes water, sewer, garbage, snow removal, lawn care, on-site laundry facility, dishwasher, microwave, playground, picnic areas, community room, 24 hour emergency maintenance and on-site management.

**\* 12-month Lease is required \* Student restrictions apply \* SMOKE FREE & non-pet property \***

	Square Foot	Rent Range	Deposit	School Districts
1 BEDROOM	625	\$25-\$789	\$ Based On Income	Yankton School District
2 BEDROOM	725	\$25-\$952	\$ Based On Income	Yankton School District

Attached you will find the application packet. Please fill out completely and provide explanation where necessary; incomplete or missing information will delay the approval process. Within the application packet, you will find an *Authorization for Release of Information* form which is required for each person over the age of 18, in order for us to verify your information.

Our *Tenant Selection Plan* is also freely available to anyone who requests it. Please contact me for a copy if you wish, or find it posted at the property office.

We provide federally funded affordable housing; therefore, we are required to provide our units to applicants whose income is at or below certain income limits. The combined income for all household members must be below the limits listed here (these are updated annually).

HUD Section 8	1 Person	2 People	3 People	4 People	5 People
Extremely Low	\$19,700	\$22,500	\$25,820	\$31,200	\$36,580
Very Low	\$32,800	\$37,500	\$42,150	\$46,850	\$50,600
Low	\$52,500	\$60,000	\$67,450	\$74,950	\$80,950
HOME	1 Person	2 People	3 People	4 People	5 People
30% Limit	\$17,900	\$20,450	\$23,000	\$25,550	\$27,600
40% Limit	\$23,880	\$27,280	\$30,680	\$34,080	\$36,840
50% Limit	\$29,850	\$34,100	\$38,350	\$42,600	\$46,050
LITC (Tax Credit)	1 Person	2 People	3 People	4 People	5 People
40% Limit	\$26,240	\$30,000	\$33,720	\$37,480	\$40,480
50% Limit	\$32,800	\$37,500	\$42,150	\$46,850	\$50,600
60% Limit	\$39,360	\$45,000	\$50,580	\$56,220	\$60,720

Costello Companies requires a criminal and credit background check for each adult over 18. You must provide a state or federal issued ID for each adult, as well as social security cards. The address(es) provided on your application will be compared to your credit report; if there is a discrepancy, additional documentation may be needed to verify your identity.

**Occupancy Standards:**

	Minimum	Maximum
1 Bedroom	1	3
2 Bedroom	2	5

**To apply, you will need to turn in all of the following:**

- The completed application (each person 18 years of age or over must sign all pages that require a signature, and fill out a separate *Screening Reports Sheet, Declaration of Section 214 (Citizenship) Status* for each household member, *Child Support/Alimony Questionnaire* in reference to each minor in the household, and *Authorization to Release of Information* sheet).
- A copy of a driver's license or state-issued photo ID for each person 18 years of age or over.
- A copy of each household member's social security card.
- A copy of each household member's Birth Certificate.

If you have any questions about the information requested, please call or email and I will be happy to assist you! *The average time needed to process an application is 14-21 business days.*

Thank you!

**Tami Walter**

Whiting Court Apts {612}

1006 Whiting Drive

Yankton, SD 57078

Phone: 605-929-0770 Fax: 605-260-3021

***"This Institution is an Equal Opportunity Provider"***

In accordance with Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs.)

[RD properties only:] "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 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](mailto:program.intake@usda.gov)."*

## Whiting Court APPLICATION HELPFUL TIPS

If you have any questions, please call the management office at 605-231-2565

### Tenant Selection Plan (8 pages)

- Read/Review and keep for your records

### Supplement To Application-HUD 92006 (1 page)

- All members of Household 18 years and older required to sign/date

### NON-SMOKING Property (1 page)

- All members of Household 18 years and older required to sign/date

### Screening Report Form (1 page; need 1 per adult)

- All members of Household 18 years and older required to complete a separate form

### Application for Rental (3 pages)

- Mark "Yes" or "No" for each question

### Compliance Questionnaire (3 pages)

- Mark "Yes" or "No" for each question
- Under "Asset" and "Income" information: If "Yes", write information in graph

### Expense Questionnaire (1 page)

- Mark "Yes" or "No" for each question
- If "Yes", write information in graph

### HOME Tenant Questionnaire (3 pages)

- Complete questions 1-12

### HOME Program Eligibility Release Form (1 page)

- All members of Household 18 years and older required to initial and sign/print/date

### Declaration of Section 214—Citizen/non-citizen status (3 pages; need 1 per household member)

- All members of Household need to complete separately (Adults may sign for minors)
- If citizen of United states, disregard pages 2&3

### Race and Ethic Data Form (2 pages; need 1 per household member)

- All members of Household need to complete separately (Adults may sign for minors)

### Child Support/Alimony Questionnaire (1 page; need 1 per minor)

- Complete for one for each minor in household
- Even if no minors live with you, you need to initial an option and sign/print/date

### Student Status Questionnaire--HUD, HOME, USDA (1 page; need 1 per adult)

- All members of Household 18 years and older required to complete a separate form

### Student Status Questionnaire--Tax Credit (1 page)

- Include all members of Household
- Mark "Yes" or "No" for each question

### Authorization of Release of Information Form (1 page per adult)

- All members of Household 18 years and older required to complete a separate form

### Document Package for Applicant's/Tenant's Consent (6 pages)

- All members of Household 18 years and older sign/date page 3 & 6

Property Name: Whiting Court  
Address: 1006 Whiting Drive  
Address: Yankton, SD 57078  
Phone: 605.231.2565 Fax: 605.260.3021 Email: [whitingcourt@costelloco.com](mailto:whitingcourt@costelloco.com)

### Project Eligibility Requirements

This document lays out the requirements that relate to applying for and acceptance at the above property. NOTE: The manager of the property that you are applying for is working in behalf of the owner and is referred to in this policy as the "manager" or "owner/agent."

**Project Specific Requirements** – This housing community is funded by HUD Section 8, the Low Income Housing Tax Credit (LIHTC) and HOME Funds programs and houses persons of all ages.

1. The apartment unit must be the sole residence of all adult household members.
2. All household members who are 18 years of age or older are required to sign consent and verification forms.
3. All information reported by the household is subject to verification.
4. Applicants must agree to pay the rent required by the program under which they will receive assistance.
5. Household members are not required to disclose gender.
6. No one may be added to the lease, or move into the unit without prior approval. The new household member will be subject to the same background screening criteria as a new move-in.
7. EIV – Enterprise Income Verification is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons." EIV accesses information from many sources including the following:
  - a. The Social Security Administration – benefits for Social Security (SS), Supplemental Security Income (SSI) and Dual Entitlement.
  - b. The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH) – wages, unemployment compensation and new hires.
  - c. The EIV system provides the manager of the property with income information for all household members and their employment history. This information is used to meet HUD's requirements to independently verify employment and /or income shortly after a household moves in and when they recertify for continued rental assistance.
  - d. Property managers can use the EIV system to determine if applicants:
    - Correctly reported their income
    - Used a false social security number
    - Failed to report or under-reported the income of a all household members.
    - Receive rental assistance at another property.
  - e. Household consent is required to get information from EIV. When they sign form HUD-9887, *Notice and Consent for the Release of Information*, and form HUD-9887-A, *Applicant's/Tenant's Consent to the Release of Information*, they are giving consent for HUD and the property owner or manager to obtain information to verify employment and/or income and determine all household member's eligibility for HUD rental assistance. Failure to sign the consent forms may result in the denial of housing and assistance or termination of assisted housing benefits. Only those parties listed on the consent form HUD-9887 that is signed have access to the information in EIV pertaining to household members.
  - f. All Applicants MUST disclose if they are currently receiving HUD housing assistance. The owner/agent will not knowingly assist applicants who will maintain a residence in addition to the HUD-assisted unit.
    - HUD provides the owner/agent with information about an applicant's current status as a HUD housing assistance recipient. The owner/agent will use a report called the *Existing Tenant Report* provided through EIV to determine if any member of the applicant household is currently receiving HUD assistance.
    - Nothing prohibits a HUD housing assistance recipient from applying to this property. However, the applicant must move out of the current property and/or forfeit any HUD assistance (including *Housing Choice Vouchers*) before HUD assistance on this property will begin. Special consideration for possible exceptions apply to:
      - a) Minor children in joint custody arrangements where two or more "custodians" received HUD assistance.
      - b) Recipients of HUD assistance in another unit who are moving to establish a new household when other household members will remain in the original unit.



- There will be reports produced and reviewed on a monthly basis pertaining to failed verifications, deceased tenants and new hires. Additionally, reports will be generated to prepare for annual and interim recertifications. Also, once a household has resided in the property for 90 days, a report will be processed to verify that income reported at move-in matches income reported in EIV.

**Citizenship Requirements** – Assisted housing is restricted to U.S. citizens or nationals and non-citizens who have eligible immigration status. All household members, regardless of age, must declare their citizenship or immigration status on a *Citizenship Declaration* form. Non-citizen applicants will be required to submit documentation of eligible immigration status at the time of application, and this documentation will be verified with the government SAVE system through EIV. If the documents needed to support eligible immigration status is temporarily unavailable, the applicant may request an extension. Mixed-citizenship households (where some are citizens or eligible non-citizens and some are not) may be eligible for prorated assistance. Applicants who hold a non-citizen student visa are ineligible for assistance, as are any non-citizen household members living with the student.

**Social Security Number Disclosure Requirements** – Applicants must disclose and provide documentation of Social Security Numbers (SSN) for all household members age 6 and older prior to move-in. If a SSN is not disclosed for an applicant household member who is under the age of 6, the household may move in, provided the child was added to the household within the last six months prior to move-in. The households will have 90 days to provide the SSN. Under extenuating circumstances, one additional 90-day extension may be granted. This is the same extension timeframe allotted to in-place households wishing to add a new member under the age of 6, to the household. The requirement to disclose SSNs applies to all persons living in the unit, including any foster children or foster adults and live-in aides who assist disabled household members.

Social security number requirements do not apply to:

- a) Individuals who do not contend eligible immigration status.
  - The owner/agent will use each resident's *Citizenship Declaration* on file (see *Citizenship Requirements*, above) – whereby the individual did not contend eligible immigration status – to support exception to the requirements to disclose and provide verification of a SSN.
- b) Individuals age 62 or older as of January 31<sup>st</sup>, 2010, whose initial determination of eligibility for HUD assistance was before January 31, 2010.
  - The eligibility date is based on the initial effective date of the form *HUD – 50059* or form *HUD – 50058*, whichever is applicable.
  - Documentation that verifies the applicant's exemption status must be obtained from the owner of the property where the initial determination of eligibility was determined prior to January 31, 2010. The owner/agent cannot merely accept a certification from the applicant stating they qualify for the exemption.
  - This documentation will be retained in the resident file.
  - The exception status for these individuals is retained if the individual moves to a new assisted unit under any HUD assisted program or even if there is a break in his or her participation in a HUD assisted program.

### Income Limits

HUD establishes and publishes income limits annually based on household size for each county in the United States based on the median income of the geographic area. New households must be at or below these limits, as applicable to the unit they are applying for. The specific income limits for this property are listed on the cover letter to this Plan.

**Economic Mix (Income Targeting) Requirements for Section 8 Properties** – 40% of all move-ins to this property each year must be at or below the extremely-low (30%) income limit. Applicants who are above this limit may receive lower priority until the 40% is reached each year based on historical levels. Other applicants must be below the very-low (50%) limits.

### Procedures for Accepting Applications and Selecting from Waiting List

**Procedures for Accepting Applications and Pre-applications** – Applications for residency are available to all persons.

Anyone who wishes to be a resident will generally need to provide at least the following:

- Photo IDs for all adult household members.



- Information on household characteristics: name, age, disability status (only to establish eligibility for a specific property for the elderly/disabled or for certain deductions when determining rent), need for an accessible unit, and race/ethnicity information.
- Household contact information.
- Sources and estimates of household's anticipated annual income and assets
- A completed *Citizenship Declaration*
- Screening Information
- Whether the applicant or any household member is subject to any state's lifetime sex offender registration
- List of states where the applicant and all members of the household have resided
- Disclosure of SSN's for all members of the household or information on applicants who were age 62 or older as of January 31, 2010 and who do not have a SSN if they were receiving HUD rental assistance on January 31, 2010.

Form HUD-92006 will be provided for applicants to identify an individual or organization that the owner may contact in cases of emergency.

1. Applications will be accepted once completed in full and properly signed per unit size and type in chronological time and date order. Households that include persons with disabilities will be given preference for units with special accessibility features. If a unit that fits the applicant's needs is not available, their name will be placed on the waiting list (maintained in the same time-and-date order) after preliminary eligibility determination. If an extremely low-income applicant is needed to achieve income targeting requirements, and the next applicant has income above the extremely-low (30% AMI) income limit, that applicant must stay on the waiting list until the property is ready to house an applicant with income above the extremely low-income limit (see *Economic Mix (Income Targeting) Requirements for Section 8 Properties* section above).
2. Applicants for properties with certain HUD funding (sections 221(d)(3) and 236) who have been displaced by government action or a presidentially declared disaster qualify for a preference. This will prioritize them below those waiting for features of an accessible unit, but above other applicants. Applicants who believe that they may meet this preference may inquire of the property manager to see if the preference applies and to supply documentation supporting their status to meet the preference.
3. The waiting list will be updated a minimum of once every six months. Applicant households who have not informed the property that they want to remain on this list may be removed.
4. Applicants will be moved to the bottom of the waiting list if their application is approved but the applicant is unable or unwilling to accept one of the available units.
5. Applicants will be deactivated from the waiting list if:
  - a. They do not inform the manager of their desire to stay on the list at least once every 6 months.
  - b. They accept a unit at another community.
  - c. Their application is denied for any reason.
  - d. The property manager is no longer able to contact the applicant by phone or mail.
  - e. They inform the manager by phone, in person or by mail that they no longer need a unit.
  - f. The applicant is offered and rejects a unit three times at the community.

Applicants who are denied may appeal the denial in writing within ten (10) days from the date of receiving a denial letter. A successful appeal will result in reactivation on the top of the waiting list.

**Procedures for Applying Preference (Income Targeting)** – A preference is applied at this property for extremely-low (30% AMI) income households, called by HUD *Income Targeting*. Owners must make at least 40 percent of the assisted units that become available each year available for leasing to households whose income do not exceed 30 percent of the area median income (*extremely-low* income) at the time of admission or when rental assistance begins. If the owner actively markets at least 40 percent of the annually available units to extremely low-income households but is unable to fill all the units with households meeting the requirement, the owner may be permitted to rent to other eligible households after a reasonable marketing period has expired.

#### **Applicant Screening Criteria – Criminal and Drug-related History and Sex Offender Checks**

All applicants age 18 or older and dependents turning 18 years of age after initial tenancy will be screened for residency. Screening criteria will be applied consistently to all applicants. However, consideration may be made when negative history directly relates to a disability and such history is likely not to be repeated if reasonable accommodations can be made. Victims of violence whose negative history directly relates to the violence may also have certain rights (see *Violence Against Women Act* section below).

- A. **Criminal history checks** will be run on every applicant 18 years of age and older. Such checks help the owner to meet a serious business responsibility toward the legitimate end of ensuring safety for residents and physical integrity of the



property. Certain crimes, if repeated, would pose a risk to residents and property. Where admission may be denied to a household based on criminal background, and such denial is appealed, an individualized assessment of the criminal record and its impact on the household's suitability for admission will be conducted to the extent possible. This individualized assessment will include consideration of the following factors: (1) the seriousness of the criminal offense; (2) the relationship between the criminal offense and the safety and security of residents, staff, or property; (3) the length of time since the offense, with particular weight being given to significant periods of good behavior; (4) the age of the household member at the time of the offense; (5) the number and nature of any other criminal convictions; (6) evidence of rehabilitation, such as employment, participation in a job training program, education, participation in a drug or alcohol treatment program, or recommendations from a parole or probation officer, employer, teacher, social worker, or community leader; and (7) tenancy supports or other risk mitigation services the applicant will be receiving during tenancy.

When reviewing criminal backgrounds, the below general standards will be used.

- 1) **Expunged or sealed convictions** will not be used in determining eligibility.
- 2) **Arrest or charge that was resolved without conviction** will not be used. Although admission will not be denied solely based on an arrest, an arrest may be the basis for further inquiry and a decision can be made on the conduct and other supporting information such as police reports detailing the circumstances of the arrest, witness statements and other relevant documentation. Arrests and open cases may also be used to determine that a pattern of behavior evidenced by past convictions continues.
- 3) Any applicant unlawfully obtaining government assistance or committing fraud will be denied.
- 4) **Violent crimes against persons**
  - a. If a member of an applicant household has been convicted of a violent felony offense involving crimes of physical violence to persons or the nature of which would be detrimental to the safety or welfare of other residents or their peaceful occupancy of the premises, the application may be denied if the conviction, or exit from incarceration, occurred within 20 years of application. Persons with felony convictions for murder, attempted murder and terrorism may be denied for up to 50 years.
  - b. If a member of an applicant household has been convicted of a violent misdemeanor offense involving crimes of physical violence to persons or the nature of which would be detrimental to the safety or welfare of other residents or their peaceful occupancy of the premises, the application may be denied if the conviction, or exit from incarceration, occurred within 10 years of application. Persons with convictions for misdemeanor murder or attempted murder may be denied for up to 25 years. Persons with convictions for misdemeanor terrorism may be denied for up to 50 years.
- 5) **Crimes against property**
  - a. If a member of an applicant household has been convicted of a violent felony offense involving crimes against property, the application will be denied if the conviction, or exit from incarceration, occurred within 7 years of application; and may be denied if the conviction, or exit from incarceration, occurred more than 7 years before application. The limit for persons with a felony arson conviction is 15 years.
  - b. If a member of an applicant household has been convicted of a violent misdemeanor offense involving crimes against property, the application may be denied if the conviction, or exit from incarceration, occurred within 5 years of application. The limit for persons with a misdemeanor arson conviction is 10 years.
- 6) **Nonviolent felony and misdemeanor offenses**
  - a. If a member of an applicant household has been convicted of a nonviolent felony offense that is not a crime against a person or property, the application may be denied if the crime, if repeated, would impact the safety of the residents or the integrity of the programs funding the property (such as fraud). Such convictions will generally not result in denial after 7 years for felonies and 5 years for misdemeanors.
  - b. Some criminal convictions (felony or misdemeanor) that do not involve violent crimes against others or property and that, if repeated, are not likely to impact the safety of the residents or the integrity of the programs funding the property, provide no basis for application denial.
- 7) **Drug-related**
  - a. All applicants who are currently engaging in illegal drug use will be denied.
  - b. All applicants who have been convicted of **distribution or manufacture of illegal drugs** will be denied.



- c. All applicants may be denied for which the landlord determines that there is reasonable cause to believe that a household member's alcohol abuse or pattern of alcohol abuse (or illegal use of drugs or pattern of illegal use of drugs) may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.
  - d. Any household member that has been evicted from federally-assisted housing for drug-related criminal activity for 5 years from the date of eviction may be denied. If the evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist (for example the household member no longer resides with the applicant household) the owner may, but is not required to, admit the household.
  - e. Exceptions to the criminal standards relating to past illegal drug use (but not distribution or manufacture) may be made for those participating in or having graduated from a State Drug Court Program. Only programs sanctioned by the State's Judicial System following the National Drug Court Model will be considered for this exception.
- B. All applicant household members will be checked against the Dru Sjodin National Sex Offender Database for lifetime sex offenders in all states that they have lived. If found on registry, applicant will be denied.

### Applicant Screening Criteria – EIV Existing Tenant Search

Prior to move-in, the EIV Existing Tenant Search will be run on all applicants. This report will inform if a household is receiving HUD assistance at any other property and not eligible to receive assistance at the new property.

### Applicant Screening Criteria – Credit and Other Screening Criteria

- A. Credit reports will be done on all applicants 18 years of age and older.
- 1) Applicants without credit history will not be denied.
  - 2) A positive credit history is desired.
  - 3) Applicants with the following negative credit history may be denied;
    - a) Undischarged bankruptcies within 24 months
    - b) Outstanding landlord debt evident within 60 months
    - c) Collections within 24 months
    - d) Legal items, such as judgements, within 24 months
    - e) Outstanding tax liens within 24 months
    - f) Evictions filed within 60 months
    - g) If they are included on management exclusion list for negative history with other Costello properties.
    - h) Passing bad checks
    - i) Address(es) provided on application could not be verified.
- B. Rental History
- 1) Lack of rental history is not grounds for rejection; however personal references will be required.
  - 2) Applicants with previous rental history must have references as a good resident, including but not limited to the following:
    - a. Favorable rent history (rent was paid on time).
    - b. Have no material non-compliance violations of the rental agreement.
    - c. Kept the unit clean and in good condition.
    - d. Must not have allowed unauthorized residents to reside in the unit.
    - e. Must not have endangered the health and safety of any other residents, the landlord or any of his agents.
    - f. Must not have interfered with the rights and quiet enjoyment of the other residents.
    - g. If any household member has been evicted from any type of housing for drug related criminal activity in the last 5 years, the application will be denied.
- C. If a household is applying for a unit that does not have rental assistance, they must demonstrate the ability to pay rent. Applicants must have monthly gross income no less than two and one half times (2 ½ X) the monthly rental amount.

**Procedures for Rejecting Ineligible Applicants** – If an applicant is denied admission to the property they will receive a written notice stating the reason(s) for the rejection. The notice will also inform how the applicant can obtain the background checks that were used to make the decision. The applicant has the right to respond in writing to dispute the rejection within 14 days of the notice.





Management reserves the right to reject any application in which applicant delays the processing of an application or delays their move in date for more than 10 days.

Victims of domestic violence, dating violence, sexual assault, or stalking have certain rights. See the section below *Violence Against Women Act*.

### Occupancy Standards

In order to ensure that a property and unit is not overburdened with too many residents while not underutilizing units, occupancy standards have been established with minimum and maximum numbers of residents allowed by unit size. The specific income limits for this property are listed on the cover letter to this Plan.

1. A single person cannot occupy a unit with two or more bedrooms unless one of the following applies:
  - a. A person with a disability needs the larger unit as a reasonable accommodation.
  - b. A person displaced from another unit at the property needs a unit when no appropriately sized unit is available.
  - c. One member remains of a formerly larger household and no appropriately sized unit is available.
2. A larger unit size may be assigned upon request if one of the following conditions exists:
  - a. The household needs a larger unit as a reasonable accommodation for a household member who has a disability.
  - b. No eligible applicant household in need of the larger unit is available to move into the unit within **60 days** and the property has the proper size unit for the household but it is not currently available. The household must also agree in writing to move at its own expense when a proper size unit becomes available.

### Unit Transfer Policies

1. Current tenants requesting a unit transfer must have just cause. No transfer will be made without management's approval and consideration of the community's financial status. Households will be added to the waiting list of applicants provided there is no record of consistent late or unpaid rental obligations, no record of police activity, infractions and inspection of the tenant's current unit must indicate there is no damage to the property or poor housekeeping habits resulting in health or safety hazards.
2. Current resident households requesting a unit transfer for the following reasons will be given preference for a unit over those on the waiting list to move into the property. The order of granting multiple transfer requests outstanding at the same time will be on a priority basis based on urgency of need, then time of request.
  1. A unit transfer for a medical reason certified by a qualified professional, a need for an accessible unit or to accommodate a person with a disability.
  2. A victim of violence that seeks an emergency transfer within a property under the Violence Against Women Act (VAWA) to avoid imminent danger of repeated violence or when the violence was sexual assault within 90 days of the request. The resident will not need to reapply or be subject to rescreening.
  3. A victim of violence that seeks an emergency transfer from another property managed by Costello Property Management under the Violence Against Women Act (VAWA) to avoid imminent danger of repeated violence or when the violence was sexual assault within 90 days of the request. The resident will need to re-apply but will not be subject to re-screening as long as they are in good standing at their current residence.
  4. A victim of violence that seeks an emergency transfer from another property not managed by Costello Property Management under the Violence Against Women Act (VAWA) to avoid imminent danger of repeated violence or when the violence was sexual assault within 90 days of the request. The resident will need to re-apply and will be subject to re-screening as are other applicants.
  5. A required unit transfer due to household size or changes in household composition. When an owner determines that a transfer is required, the household must move within 30 days after notification that a unit of the required size is available within the property or may remain in their current unit and pay the approved market rent.

### Policies to Comply with Section 504 of the Rehabilitation Act of 1973, The Fair Housing Act and other Civil Rights Statutes and Executive Orders

1. Non-Discrimination Policies  
The owner and management company does not discriminate based upon race, color, religion, creed, national origin, sex, age, disability or familial status.
2. 504 Compliance  
The landlord complies with Section 504 of the Rehabilitation Act, which prohibits discrimination in all HUD subsidized or assisted housing programs solely based on disability and that physical accessibility is provided for persons with disabilities. Questions relating to Section 504 and accessibility for individuals with disabilities



can be directed to Costello Property Management's 504 Coordinator, Scott Michael Dunn, by phone at (605)336-9131. If an applicant feels that they have been discriminated against, contact South Dakota Housing and Development Authority's (SDHDA) 504 Coordinator, at 1-800-540-4241.

3. **FHA Compliance**

The Fair Housing Act (FHA) prohibits discrimination in the sale, rental or financing of housing based on race, color, religion, sex, disability, familial status, or national origin. Federal law also prohibits discrimination based on age and state law prohibits discrimination based on creed. If an applicant has a question regarding Fair Housing or feel that they have been discriminated against, contact the statewide Fair Housing ombudsman, Paul Flogstad, at (877) 832-0161.

4. **Limited English Proficiency**

Executive Order 13166, *Improving Access to Services for Persons with Limited English Proficiency (LEP)* requires government agencies and owners to take affirmative steps to communicate with persons who need services or information in a language other than English. We take all reasonable steps to ensure meaningful access to the information and services we provide for persons with LEP. This may include interpreter services and/or written materials translated into other languages.

### Opening and Closing the Waiting List

1. The waiting list will be closed for one or more unit sizes when the average wait is one year or more. Potential applicants will be advised if the waiting list is closed and additional applications will not be accepted. Notice of this action will be published in the local newspaper.
2. When the waiting list is re-opened and applications will be accepted again, notice will be published in the local newspaper.

### Eligibility for Students

#### HUD and HOME Student Eligibility

Student eligibility restrictions apply to applicants enrolled at an institution of higher education who are under 24 years of age, unless the student is living with his/her parents.

If the student meets at least one of the following criteria, they qualify:

- A veteran
- Married
- A parent with a dependent child
- A disabled individual who was receiving Section 8 assistance prior to November 30, 2005

If they do not meet one of the above, the student must be either:

1. Independent from parents OR
2. Have parents who are income-eligible

To prove that a person is "independent," ALL of the following must be documented. The person must:

- A. Be of legal contract age under state law, AND
- B. Have established a separate residence (NOT dormitory housing) from parents for at least a year OR meet the U.S. Department of Education definition of an independent student, AND

▪ NOTE: in addition to the above criteria, an "independent student" includes one who is any one of the following:

- A veteran
- Has a legal dependent (example: a parent)
- A graduate or professional student
- A "vulnerable youth", including:
  - An orphan or ward of the State or in foster care at any point since age 13.
  - An unaccompanied homeless child or youth who is self-supporting as defined by 1) the McKinney-Vento Act, 2) Runaway and Homeless Youth Act or 3) a financial aid administrator.
  - An emancipated minor or was one before they became an adult.

- C. Not be claimed on their parent's tax return, AND
- D. Have documentation from their parents establishing if they do or do not receive financial assistance from the parents (except for "vulnerable youths").





# Tenant Selection Plan

for HUD/LIHTC/HOME funded properties (non-senior)

If the applicant does not meet any of the above criteria; they must meet eligibility requirements and their parents, individually and jointly, must be below the low-income limit for the area in which they live. If any student in a household is an ineligible student at the time of application, the household application will be denied for occupancy.

If any member of a household becomes an ineligible student at any point in the future, the household is ineligible to receive rental assistance.

## LIHTC Student Eligibility

In addition to the above HUD-based student rules, each household must also meet completely different LIHTC student rules, as follows.

Generally, households made up entirely of full-time students do not qualify for LIHTC units. The following 5 exceptions apply, however.

1. All adults are married and entitled to file a joint tax return.
2. An adult member is a single parent with a minor child in the unit, the adult is not a tax dependent of any third party, and the children are not claimed as a tax dependent by anyone other than one of their parents (even if the other parent is not in the unit).
3. The household includes a member who receives welfare assistance in the form of Temporary Assistance to Needy Households (TANF).
4. The household includes a member who formerly was a foster child or adult
5. The household contains a member who gets assistance from the Job Training Partnership Act (JTPA), Workforce Investment Act or similar program.

If a full-time student household does not meet any of the above criteria at the time of application, the household application will be denied for occupancy.

If any household becomes an ineligible student household at any point in the future, the household is no longer eligible to reside in an LIHTC unit.

## The Violence Against Women Act

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. If a household otherwise qualifies for occupancy, they cannot be denied admission or denied assistance solely based on the fact any member is or has been a victim of domestic violence, dating violence, sexual assault, or stalking.

If an application is denied based on factors that a household feels are directly related to the fact that a household member is a victim, they may inform the manager of this at the property where they are applying. A *Victim Certification* form will be provided along with a *Notice of Rights Under VAWA*. A completed *Victims Cert*, police reports, statements from persons who provided victim care or other documentation as listed in the *Notice* may be submitted within 14 business days. The manager will then consider their rights under VAWA and inform if they qualify for overturn of the appeal. If a request is not received within the 14 days, the owner is under no further obligation and the denial will be upheld. All information provided will be kept in the strictest confidence and not put on any shared database.



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: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<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.

--	--

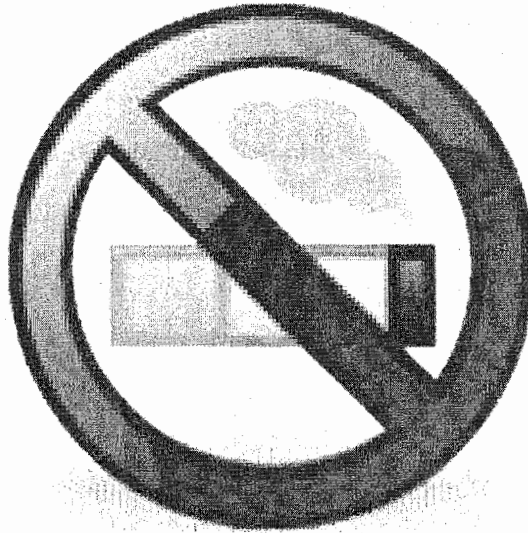
**Signature of Applicant**

**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.

# Whiting Court Apts {612} is a NON-SMOKING PROPERTY



By signing this acknowledgment, you are agreeing to all terms and conditions pertaining to maintaining a non-smoking property. This applies to ALL Units, garages and all common areas located on this property.



\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**Screening Reports, Inc.**

**729 N Route 83 Suite 321**

**Bensenville, IL 60106**

**Toll-Free Phone (866) 389-4042**

**Toll-Free Fax (866) 389-4043**

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on application. I have personally filled in and/or reviewed all information listed on application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. I acknowledge that SRI monitors criminal activity and reports it promptly to the community. My signature(s) below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Birthday

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Legal First Name (please print)

\_\_\_\_\_  
Legal Full Middle Name (print)

\_\_\_\_\_  
Legal Last Name (please print)

\_\_\_\_\_  
Physical Street Address (no PO Box accepted)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Monthly Income

\_\_\_\_\_  
Whiting Court Apts {612}  
Community Billed

For Office Use: Complete from State ID		No Photo
Birthdate	Soc. Sec #	
_____ Legal Last Name		Verified By
_____ Legal First Name	_____ Middle Full Name	

**Referred By: (please check one)**

<input type="checkbox"/> Apartments.com	<input type="checkbox"/> Costello Website
<input type="checkbox"/> Drive By	<input type="checkbox"/> Local Newspaper
<input type="checkbox"/> Other	<input type="checkbox"/> Previous Resident
<input type="checkbox"/> Current Resident	<input type="checkbox"/> Renter's Guide
<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Online
<input type="checkbox"/> Outreach Group	<input type="checkbox"/> Other: _____





# Screening Reports

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Birthday

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Legal First Name (please print)

\_\_\_\_\_  
Legal Full Middle Name (print)

\_\_\_\_\_  
Legal Last Name (please print)

\_\_\_\_\_  
Physical Street Address (no PO Box accepted)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Monthly Income

\_\_\_\_\_  
Whiting Court Apts {612}  
Community Billed

For Office Use: Complete from State ID		No Photo
Birthdate	Soc. Sec #	
_____ Legal Last Name		Verified By
_____ Legal First Name	_____ Middle Full Name	

<b>Referred By: (please check one)</b>	
<input type="checkbox"/> Apartments.com	<input type="checkbox"/> Costello Website
<input type="checkbox"/> Drive By	<input type="checkbox"/> Local Newspaper
<input type="checkbox"/> Other	<input type="checkbox"/> Previous Resident
<input type="checkbox"/> Current Resident	<input type="checkbox"/> Renter's Guide
<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Online
<input type="checkbox"/> Outreach Group	<input type="checkbox"/> Other: _____



Return to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TTY: 711

<b>Management Use Only</b>		HHID #: _____
Application Received: _____		
Date	Time	
Pre-Application Rec'd: _____		
Date	Time	

**This is a Non-Smoking Community!**



APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETED IN FULL

Bedroom Size Requested: One Bedroom \_\_\_\_\_ Two Bedroom \_\_\_\_\_ Three Bedroom \_\_\_\_\_ Four Bedroom \_\_\_\_\_

Applicant Name \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_

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

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

City, State ZIP \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Home/Cell Phone Number(\_\_\_\_\_) \_\_\_\_\_

Home/Cell Phone Number(\_\_\_\_\_) \_\_\_\_\_

Work Phone Number (\_\_\_\_\_) \_\_\_\_\_

Work Phone Number (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Current Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Current Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

**DISCLOSURE REGARDING TEXTING:**

By signing the below and providing my cell phone number above, I authorize Costello to contact me via text message. I understand that text messages will only be used to communicate with me about an apartment I have applied for or leased from Costello.

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

Co-Applicant's Signature: \_\_\_\_\_

**DID ANYONE ASSIST YOU IN COMPLETING THE APPLICATION PACKET?**

Yes  No

If Yes, who: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

List the head of household and all other members who will be living in the unit. Attach an additional sheet of paper if necessary.

First Name (Maiden Name) Last Name	Relationship	Birth Date	Social Security Number (or Alien Registration Number)	Are You a Student? (circle one)
	Head of Household			Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

1. How did you hear about our apartment Community? \_\_\_\_\_

2. What state(s) has each household member lived in: \_\_\_\_\_

3. Do you anticipate adding anyone to your household? If Yes, please explain: \_\_\_\_\_  Yes  No

4. Is anyone in the household a current user/abuser of an illegal controlled substance? \_\_\_\_\_  Yes  No



5. Has anyone in the household ever been involved in any of the following crimes: violence, firearms violations, illegal drugs, thefts, vandalism, disorderly conduct, disturbing the peace, assaults or stalking?  Yes  No
6. Is anyone in the household listed above currently involved in, have ever been charged with or convicted of a misdemeanor or felony? (excluding misdemeanor traffic violations)?  Yes  No
7. Have you or any member of your household been convicted of any crime involving physical violence to persons or property at any time, including any form of sexual assault, rape, or sexual contact?  Yes  No
- If Yes to any of these, please explain (if more room is needed, please continue on back). \_\_\_\_\_
- 
8. Are you or any member of your household required to register your address or other information pursuant to a Sex Offender Registration Law of any state?  Yes  No
- If Yes, please list each State you have lived in: \_\_\_\_\_
9. Does anyone in the household have a Companion/Assistance/Service Animal? List animal(s): \_\_\_\_\_  Yes  No
10. Does anyone in the household have a pet? If yes, list pet(s): \_\_\_\_\_  Yes  No
11. Is any member of the household disabled and have special housing needs (i.e. wheelchair accessible unit, flashing fire alarm, etc)?  Yes  No

**RESIDENTIAL HISTORY**

*(List consecutively)*

**Applicant**

**Co-Applicant**

Current Residence _____	Current Residence _____
Landlord/Realtor Phone # (____) _____ - _____	Landlord/Realtor Phone # (____) _____ - _____
Address _____	Address _____
Present monthly rent/mortgage \$ _____	Present monthly rent/mortgage \$ _____
Dates of Occupancy _____	Dates of Occupancy _____
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA
Previous Residence _____	Previous Residence _____
Landlord/Realtor Phone # (____) _____ - _____	Landlord/Realtor Phone # (____) _____ - _____
Address _____	Address _____
Monthly rent/mortgage \$ _____	Monthly rent/mortgage \$ _____
Dates of Occupancy _____	Dates of Occupancy _____
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA

12. Do you have equity in real estate? If yes, what is the address? \_\_\_\_\_  Yes  No
13. Are you being evicted? If yes why? \_\_\_\_\_  Yes  No
14. Have you ever been evicted? If yes, When \_\_\_\_\_ Where \_\_\_\_\_  Yes  No
- Why \_\_\_\_\_
15. Are you or any member of your household currently receiving Rental Assistance?  Yes  No
- If yes, Which Kind: \_\_\_\_\_
- From Who: \_\_\_\_\_

**ESTIMATED HOUSEHOLD INCOME**

**Applicant**

**Co-Applicant**

Employer Name \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Rate per Hour \_\_\_\_\_ Hours per Week \_\_\_\_\_

Rate per Hour \_\_\_\_\_ Hours per Week \_\_\_\_\_

Annual Income \_\_\_\_\_

Annual Income \_\_\_\_\_

How long employed at this job \_\_\_\_\_

How long employed at this job \_\_\_\_\_

16. Does **any** household member have income or expect to receive income other than what is listed above (such as self-employment, armed forces pay, unemployment, severance pay, workman compensation, child support, TANF, student financial assistance, tribal income, social security, rental income, veteran's benefits, pensions, disability benefits, death benefits, life insurance payments, alimony/spousal support, etc.)?  Yes  No

If Yes, please list here:

Household Member's Name: \_\_\_\_\_

Household Member's Name: \_\_\_\_\_

Type of Income: \_\_\_\_\_

Type of Income: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Annual Amount: \$ \_\_\_\_\_

Annual Amount: \$ \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Home Telephone Number (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Work Telephone Number(\_\_\_\_) \_\_\_\_\_

City, State ZIP \_\_\_\_\_ Relationship \_\_\_\_\_

Is this person authorized to enter your home in the event of an emergency?  Yes  No

**SIGNATURE AND CONSENT**

I/We certify that the apartment unit will be a permanent residence, and I/we further certify that if the complex stated is funded by HUD or Rural Development I/we do/will not maintain a separate rental unit in a different location. I/We hereby authorize the landlord to make a check of my/our criminal history and credit history and authorize the credit bureau and my/our financial institutions and references to release information to the landlord. I/We further agree to release and hold harmless the landlord from any damages or liability resulting from the use of such information. I/We declare that the statements contained in this application are true and complete to the best of my/our knowledge. I/We hereby authorize the release of any information contained herewith to determine my/our eligibility for this housing. I/We certify that the above information is true and complete. I/We understand that the above information may be collected to determine my/our eligibility for federal programs and is subject to verification. These programs may include, but are not limited to, the US Dept of Housing and Urban Development, the USDA Rural Development, and/or the Low Income Housing Tax Credit Program. It is the managements aim to ensure that this apartment community is a drug-free/crime-free zone. The use and sale of controlled substances will not be tolerated. By signing this application form, I/we verify my/our support for this policy.

**WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.**

*“In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2. Fax: (202) 690-7442; or 3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.”*



**All household members 18 years of age or older must sign below.**

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

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

Co-Applicant's Signature: \_\_\_\_\_

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

Co-Applicant's Signature: \_\_\_\_\_

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

## Compliance Questionnaire

This apartment complex participates in either the HUD Section 8, HOME, RD Section 515 and/or Section 42 LIHC Program. To determine your initial or continued eligibility, you must provide the following information on this form. The information will be kept confidential by the Owner or Managing Agent, except as necessary to prove that you qualify. Read each item carefully and provide the information requested. Making a false statement can result in loss of your rental assistance (if applicable) and/or loss of your housing. If you have any questions, please consult your property manager.

***All questions that do not apply to your household must be marked***  Yes  No

### HOUSEHOLD COMPOSITION AND CHARACTERISTICS

*This list should include the Head of Household, all current household members and any household members temporarily living away from home. Also, please include any persons who will be added to the household within the next 12 months (Include any unborn children if you wish to have them counted in determining your household size). All dependents listed must be expected to reside in the unit at least 50% of the time during a year.*

Household Member's Full Name	Relationship to Head of Household	Birth Date	Age	Gender	Social Security Number (or Alien Registration Number)	Are You a Student? (circle one)
	<i>Head of Household</i>					Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No

1. Will this unit be the PRIMARY residence for the Head of Household and all Co-Heads of Household?  Yes  No
2. Are any household members separated, but not divorced? If yes, who? \_\_\_\_\_  Yes  No
3. Are the minors listed above in your household less than 50% of the time?  Yes  No
4. Are any of the above listed minors in your household in a joint custody arrangement? List all below.  Yes  No  
 Household Member: \_\_\_\_\_ Joint custody with: \_\_\_\_\_
5. Are any of the members of your household temporarily absent? (For example: in the military or away at college)  Yes  No  
 Who: \_\_\_\_\_ Explain: \_\_\_\_\_
6. Are any members of your household full or part-time students in a post-high school institution of higher learning?  Yes  No  
 If yes, how will you pay for school? \_\_\_\_\_
7. Will your household be receiving a Section 8 Voucher or Certificate?  Yes  No

**ASSET INFORMATION**

*All information should be calculated on an Annual Basis.*

8. Do any household members hold any assets jointly with someone not in the household?  Yes  No

If "Yes", explain: \_\_\_\_\_

9. In the last 24 months, has any household member given away or disposed of any assets for less than Fair Market Value?  Yes  No

If "Yes", explain: \_\_\_\_\_

10. Is the total value of all assets for your household less than \$5,000?  Yes  No

11. Does anyone in the household have any of the following assets?

- |                                                 |                                                          |                                             |                                                          |
|-------------------------------------------------|----------------------------------------------------------|---------------------------------------------|----------------------------------------------------------|
| Checking                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Retirement (IRA / 401(k) / Keogh)*          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Savings                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Certificates of Deposit (CD's)*             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reloadable Card (SS, TANF, Child Support, etc)* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Whole Life Insurance (not Term)*            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Money Market*                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Annuities*                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Savings Bonds*                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Internet-based Assets (Venmo, PayPal, etc)* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stocks / Bonds / Mutual Funds*                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other Asset Accounts*                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trusts*                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                             |                                                          |

\*Note to Manager: If 3<sup>rd</sup> party verification cannot be gathered, these accounts may need to be verified with the appropriate account statements

*Please list all accounts for all items indicated above on the following graph.*

<i>Owner's Full Name</i>	<i>Type of Account</i>	<i>Financial Institution – Location Name &amp; Phone Number of Contact Person</i>	<i>Value</i>

12. Do you have cash on hand, at home, or in a safe deposit box? If "Yes", value: \_\_\_\_\_  Yes  No

13. Do any household members own real estate including residence, vacation home, vacant land, farmland, rental property or other investments?  Yes  No

If "Yes", is it for sale?  Yes  No      Rented?  Yes  No      Sold?  Yes  No

14. Do any household members hold any personal property as an investment (for example: coin collection or antique cars held for business resale)? (Do not consider necessary personal items such as family cars, jewelry, or furniture.)  Yes  No

*Please list all accounts for all items indicated above on the following graph.*

<i>Owner's Full Name</i>	<i>Type of Asset (for example, real estate, coin collection)</i>	<i>Location of Asset (for example, address of Real Estate, safe deposit box, or closet)</i>	<i>Value</i>

**INCOME INFORMATION**

*All information should be calculated on an Annual Basis.*

15. Does anyone in the household receive regular payments from any of the following?

- |                                                         |                                                          |                                                                       |                                                          |
|---------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------|
| Employment                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Student Financial Assistance (Family, Loans, Grants, Work Study, etc) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Self-Employment                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tribal Income                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Mgr Note: Prior 3 year's 1040s also required AND</i> |                                                          | Welfare Assistance (Food stamps, etc.)                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Schedule C (Business), E (Rental) or F (Farm)</i>    |                                                          | Social Security or SSI                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Armed Forces Pay                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rental Income                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unemployment Compensation                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Veteran's Benefits                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Severance Pay                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pension, Annuity &/or Retirement Account Payments                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Workman Compensation                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Disability Benefits (Other than SSI)                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Support – Monitored                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Death Benefits &/or Life Insurance Payments                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Support – Non-Monitored                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Alimony                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TANF                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other: _____                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Please list all accounts for all items indicated above on the following graph.*

Household Member's Full Name	Type of Income (for example, employment, TANF, child support)	Source of Income (for example, employer, Social Services, Office of Child Support Enforcement) Name and Phone Number of Contact Person	Annual Amount

16. Are any members of the household not receiving the full amount of child support or alimony that has been court ordered?  Yes  No

If "Yes" is it being pursued through either a court or agency?  Yes  No

Which agency is pursuing collections? \_\_\_\_\_

17. Are there any adult household members who have no income:  Yes  No

If yes, who: \_\_\_\_\_

18. Does anyone outside the household pay any regular expenses and/or give you cash or non-cash contributions regularly?  Yes  No

If yes, who: \_\_\_\_\_

19. Are any changes in income arranged from any source during the upcoming year? Explain \_\_\_\_\_  Yes  No

**HOUSEHOLD MEMBER'S STATEMENT AND SIGNATURE**

I/We, \_\_\_\_\_ certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to the release of information in order to qualify for HUD, RD or Section 42 Housing. I/We understand the providing false information or making false statements may be grounds for denial of my/our application or continued residence and may subject me/us to criminal penalties. I/We agree to provide verification of all income, asset and/or expense information as required by the Owner or its Agent. I/We further authorize disclosure of all information necessary to verify my/our incomes, assets and/or expenses.

**WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.**

**All household members 18 years of age or older must sign below.**

Applicant _____	Date _____
Co-Applicant _____	Date _____
Other Adult Household Member _____	Date _____
Other Adult Household Member _____	Date _____

**EXPENSE INFORMATION**

*All information should be calculated on an Annual Basis.*

Does anyone in the household pay childcare for another member of the household who is under age 13? (E-01)  Yes  No

*Please list all requested information relating to childcare below:*

<i>Household Member Paying the Childcare Expense</i>	<i>This Expense allows the Household Member to attend:</i>	<i>Where is the Expense Paid? Name and Phone Number of Contact Person</i>	<i>Annual Amount Paid</i>
	<input type="checkbox"/> Work <input type="checkbox"/> School		
	<input type="checkbox"/> Work <input type="checkbox"/> School		
	<input type="checkbox"/> Work <input type="checkbox"/> School		
	<input type="checkbox"/> Work <input type="checkbox"/> School		

**This section is only for households whose Head or Co-Head of Household is Elderly, Disabled or Handicapped.**

Does anyone in the household make payments for any of the following?

Medical Insurance (E-03)  Yes  No

Other Medical Expenses (E-06)  Yes  No

Prescription Expenses (E-06)  Yes  No

Care Attendant Expenses (E-06)  Yes  No

*Please list all accounts for all items indicated above on the following graph.*

<i>Household Member's Full Name</i>	<i>Type of Expense (for example, Insurance, Pharmacy)</i>	<i>Source of Expense (for example, Insurance Agency, Pharmacy) Name and Phone Number of Contact Person</i>	<i>Annual Amount</i>

**HOUSEHOLD MEMBER'S STATEMENT AND SIGNATURE**

I/We, \_\_\_\_\_ certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to the release of information in order to qualify for HUD, RD or Section 42 Housing. I/We understand the providing false information or making false statements may be grounds for denial of my/our application or continued residence and may subject me/us to criminal penalties. I/We agree to provide verification of all income, asset and/or expense information as required by the Owner or its Agent. I/We further authorize disclosure of all information necessary to verify my/our incomes, assets and/or expenses.

**WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.**

**All household members 18 years of age or older must sign below.**

Head of Household/Applicant \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_

Project Name: \_\_\_\_\_ Initial Certification: \_\_\_\_\_

Unit No.: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_ Annual Recertification: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street, Box No. City State Zip

**1. List all occupants of the unit**

Occupant	Relationship	Social Security Number	Date of Birth	Sex
(a) _____	Head of Household	_____	_____	_____
(b) _____	_____	_____	_____	_____
(c) _____	_____	_____	_____	_____
(d) _____	_____	_____	_____	_____
(e) _____	_____	_____	_____	_____
(f) _____	_____	_____	_____	_____

**2. Are all members of the household U.S. Citizens?** Yes  No

**3. Is any member of the household a full or part-time student at an institution of higher education?** Yes  No

**4. Race - Head of Household:**

- |                                                                                   |                                                                 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> White                                                    | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian & White                                            | <input type="checkbox"/> Black/African American                 |
| <input type="checkbox"/> Asian                                                    | <input type="checkbox"/> Black/African American & White         |
| <input type="checkbox"/> American Indian/Alaskan Native                           | <input type="checkbox"/> Native Hawaiian/Pacific Islander       |
| <input type="checkbox"/> American Indian/ Alaskan Native & Black African American | <input type="checkbox"/> Other Multi-Racial                     |

**Hispanic Head of Household:** Yes  No

**5. The following question is optional. However, the information supplied may be used to determine any special needs you may have.**

Do any family members have a disability? Yes  No   
 If so, what type of special accommodations may be needed? \_\_\_\_\_

**6. If tenant is already residing in the HOME project, complete this section. Otherwise, go to Question 7.**

<b>CURRENT RENT</b>	<b>CURRENT UTILITY ALLOWANCE</b>
Monthly \$ _____	Monthly \$ _____

**7. Do you currently receive rental assistance?** Yes  No   
 If yes, are you receiving: Section 8 Certificate  Amount Per Month: \$ \_\_\_\_\_  
 Section 8 Voucher   
 Other

**8. Please answer each of the following questions. For each "Yes" answer provide details in the chart below.**

- |                                                                                                                                                                                                                                    | <u>Yes</u>               | <u>No</u>                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Is any member of your household employed, full-time, part-time, or seasonally?                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does any member of your household expect to work for any period during the next 12 months?                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does any member of your household work for someone who pays them in cash?                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave?                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does any member of your household now receive or expect to receive unemployment benefits?                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Does any member of your household now receive or expect to receive child support?                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Is any member of your household entitled to child support that he/she is not now receiving?                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Does any member of your household now receive or expect to receive alimony payments?                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Is any member of your household entitled to alimony payments that he/she is not now receiving?                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Does any member of your household receive or expect to receive welfare assistance?                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Does any member of your household receive or expect to receive Social Security benefits?                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Does any member of your household receive or expect to receive income from a pension or annuity?                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Does any member of your household receive income from assets, including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from the rental of property? | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Is anyone in the household a student at an institute of higher learning and age 18-23?                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |

**For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next 12 months.**

Family Member	Source & Type of Income	Annual Income

If additional space is needed attach a separate sheet.



**9. List all checking and savings accounts (including IRA's, Keough accounts, and Certificates of Deposit) of all household members, including accounts disposed of during the past two years.**

Family Member	Financial Institution	Account Number	Type	Balance

If additional space is needed attach a separate sheet.

**10. List value of all stocks, bonds, trusts, pension contributions, or other assets:**

---

**11. Do you own a home or other real estate?**  Yes  No

**12. Did you have any assets in the last two years not listed above?**  Yes  No

a. If yes, did you dispose of any assets for less than fair market value?  Yes  No  
 (This means that the assets were either given away or sold at less than the allotted market value.)

b. What were the assets, the market value at the time of disposition, the amount received, and date you disposed of the assets? \_\_\_\_\_

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification will be counted as assets if the difference between the value and the amount received exceeds \$1000.

**RESIDENT'S STATEMENT:** I understand that the above information is being collected to determine my eligibility for residency. I authorize the owner/manager to verify all information provided on this application and my signature is consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no assets other than those listed on this form (other than personal property). I further certify that the statements made in this application are true and complete to the best of my knowledge and belief and am aware that false statements are punishable under Federal law and grounds for eviction. I declare and affirm under the penalties of perjury that the claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse or Co-Tenant: \_\_\_\_\_ Date: \_\_\_\_\_



**HOME Program  
Eligibility Release Form**

Organization requesting release of information  
(PJ name, address, telephone, and date)

Information Covered: Inquiries may be made about  
items initialed by applicant/tenant.

*Purpose:* Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME TBRA Program
- HOME Homebuyer Program
- HOME Rental Rehabilitation Program
- HOME Homeowner Rehabilitation Program

*Privacy Act Notice Statement:* The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

*Instructions:* Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**

	Verification Required	Initials
Income (all sources)	X	
Assets (all sources)	X	
Child Care Expense	X	
Handicap Assistance Expense (if applicable)	X	
Medical Expense (if applicable)	X	
Other (list)	X	
Dependent Deduction		
<input type="checkbox"/> Full-Time Student	X	
<input type="checkbox"/> Handicap/Disabled Family Member		
<input type="checkbox"/> Minor Children		

*Authorization:* I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date:  
Family Member HEAD

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #2

X

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #3

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #4

X

# DECLARATION OF SECTION 214 CITIZEN/NON-CITIZEN STATUS

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

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

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

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

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

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

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

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

## DECLARATION

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child,



## DECLARATION OF SECTION 214 CITIZEN/NON-CITIZEN STATUS

- 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**  
*If you checked this block, you must submit the following documents:*

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

If you checked this block and you are less than 62 years of age, you should submit the following documents: non-citizens claiming eligible status who is 62 or older:

- a. Verification Consent Form

### AND

- b. One of the following documents:

1. Form I-551, Permanent Resident Card.
2. Form I-94, Arrival-Departure Record annotated with one of the following:
  - a. "Admitted as a Refugee Pursuant to Section 207";
  - b. "Section 208" or "Asylum";
  - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
  - a. A final court decision granting asylum (but only if no appeal is taken);
  - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
  - c. A court decision granting withholding of deportation; or
  - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Check here if adult signed for a child.



# DECLARATION OF SECTION 214 CITIZEN/NON-CITIZEN STATUS

## REQUEST FOR EXTENSION

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child.

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child.



# DECLARATION OF SECTION 214 CITIZEN/NON-CITIZEN STATUS

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

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

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

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

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

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

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

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

## DECLARATION

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child,



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*If you checked this block, you must submit the following documents:*

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

If you checked this block and you are less than 62 years of age, you should submit the following documents: non-citizens claiming eligible status who is 62 or older:

- a. Verification Consent Form

### AND

- b. One of the following documents:

1. Form I-551, Permanent Resident Card.
2. Form I-94, Arrival-Departure Record annotated with one of the following:
  - a. "Admitted as a Refugee Pursuant to Section 207";
  - b. "Section 208" or "Asylum";
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  - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
  - c. A court decision granting withholding of deportation; or
  - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Check here if adult signed for a child.



# DECLARATION OF SECTION 214 CITIZEN/NON-CITIZEN STATUS

## REQUEST FOR EXTENSION

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child.

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child.





**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Whiting Court Apts {612}		1006 Whiting Drive Yankton, SD 57078
<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
Whiting Court Ltd Partnership/Costello Property Mgmt		
<b>Name of Owner/Managing Agent</b>	<b>Type of Assistance or Program Title:</b>	
<b>Name of Head of Household</b>		<b>Name of Household Member</b>

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

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>One or More</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

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

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

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

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

**Race and Ethnic Data  
Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Whiting Court Apts {612}		1006 Whiting Drive Yankton, SD 57078
<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
Whiting Court Ltd Partnership/Costello Property Mgmt		
<b>Name of Owner/Managing Agent</b>	<b>Type of Assistance or Program Title:</b>	
<b>Name of Head of Household</b>		<b>Name of Household Member</b>

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

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>One or More</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

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

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

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

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



\*ALL adult members need to initial all items that apply.

Minor's Name: \_\_\_\_\_

1. Custodial Parent's Name: \_\_\_\_\_

2. Non-Custodial Parent/Guardian's Name: \_\_\_\_\_

3. Both biological parents of the above listed child live in the household:  Yes  No

4. Initial **all** areas that apply:

a. \_\_\_\_\_ I have never been court ordered to receive child support or alimony.

b. \_\_\_\_\_ I am not currently receiving child support or alimony, but I have just filed for a court order and do not have any preliminary paperwork at this time.

c. \_\_\_\_\_ I receive child support or alimony that is not court ordered.  
(Includes help from child's father or mother for child care, expenses, clothes, groceries etc.).  
I receive \$ \_\_\_\_\_ total per month for \_\_\_\_\_ from the  
Non-custodial parent/guardian or other person named: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Address: \_\_\_\_\_

d. \_\_\_\_\_ I have been court ordered and am entitled to receive child support or alimony, but I am currently not receiving it. Payments are behind or not made on a regular basis (sporadic payments are to be counted as income) because:  
\_\_\_\_\_  
\_\_\_\_\_

**\*Required: provide print-outs of your court ordered amount AND all payments rec'd in the last 12 months.**

e. \_\_\_\_\_ I have taken the following steps to receive the child support or alimony I am entitled to (if NO steps have been taken, then child support must be counted in full): \_\_\_\_\_

**\*Required: provide print-outs of your court ordered amount AND all payments rec'd in the last 12 months.**

f. \_\_\_\_\_ I receive \$ \_\_\_\_\_ total per month for \_\_\_\_\_ from  
Child Support Enforcement or other Collection Agency  
Case Worker: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Address: \_\_\_\_\_

**\*Required: provide print-outs of your court ordered amount AND all payments rec'd in the last 12 months.**

**Note for Rural Development Complexes:** Rural Development in Nebraska & South Dakota have an agreement with the Dept. of Labor to provide wage-matching information for the purpose of detection of fraudulent statements regarding income.

**Warning: Section 1001 of Title 18, United States Code provides:** "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."

Under penalty of perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Member Signature	Printed Name	Date
Member Signature	Printed Name	Date
Member Signature	Printed Name	Date



\*ALL adult members need to initial all items that apply.

Minor's Name: \_\_\_\_\_

1. Custodial Parent's Name: \_\_\_\_\_

2. Non-Custodial Parent/Guardian's Name: \_\_\_\_\_

3. Both biological parents of the above listed child live in the household:  Yes  No

4. Initial **all** areas that apply:

- a. \_\_\_\_\_ I have never been court ordered to receive child support or alimony.
- b. \_\_\_\_\_ I am not currently receiving child support or alimony, but I have just filed for a court order and do not have any preliminary paperwork at this time.
- c. \_\_\_\_\_ I receive child support or alimony that is not court ordered.  
(Includes help from child's father or mother for child care, expenses, clothes, groceries etc.).  
I receive \$ \_\_\_\_\_ total per month for \_\_\_\_\_ from the  
Non-custodial parent/guardian or other person named: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Address: \_\_\_\_\_
- d. \_\_\_\_\_ I have been court ordered and am entitled to receive child support or alimony, but I am currently not receiving it. Payments are behind or not made on a regular basis (sporadic payments are to be counted as income) because:  
\_\_\_\_\_

**\*Required: provide print-outs of your court ordered amount AND all payments rec'd in the last 12 months.**

- e. \_\_\_\_\_ I have taken the following steps to receive the child support or alimony I am entitled to (if NO steps have been taken, then child support must be counted in full): \_\_\_\_\_  
**\*Required: provide print-outs of your court ordered amount AND all payments rec'd in the last 12 months.**

- f. \_\_\_\_\_ I receive \$ \_\_\_\_\_ total per month for \_\_\_\_\_ from  
Child Support Enforcement or other Collection Agency  
Case Worker: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Address: \_\_\_\_\_

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Member Signature	Printed Name	Date
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Member Signature	Printed Name	Date
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Member Signature	Printed Name	Date
------------------	--------------	------



Student Status Questionnaire
HUD, HOME & USDA Properties



In order to receive rental assistance, a student must meet special 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. Each household member 18 years of age or older is required to complete a separate form.

Are you enrolled as a student in an institute of higher education? [ ] Yes [ ] No (If no, skip all other questions & sign/print/date at bottom)

How are you enrolled as a student in an institute of higher education? [ ] Full Time [ ] Part Time

Name of Institute: \_\_\_\_\_

Name of Advisor or Counselor: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

To determine if you qualify for housing assistance please answer the following:

\*\*Note to Manager: a verified "Yes" to any of the following qualifies the applicant to receive assistance.\*\*

- \*I am a dependent of the household. [ ] Yes [ ] No
\*I am an orphan or ward of the court. [ ] Yes [ ] No
\*I am married. Date Married: \_\_\_\_\_ [ ] Yes [ ] No
\*I have dependent child(ren). Name(s) \_\_\_\_\_ [ ] Yes [ ] No
\*I am 24 years old or older. Birthday: \_\_\_\_\_ [ ] Yes [ ] No
\*I am a veteran of the U.S. Armed Forces with honorable release or discharge. [ ] Yes [ ] No
\*I am a graduate or professional student. [ ] Yes [ ] No
\*I have been independent of my parents or guardians for at least 1 year. [ ] Yes [ ] No

My parents or guardians are eligible for or receiving assistance under Section 8 of the United States Housing Act of 1937. If yes, provide the following for each: [ ] Yes [ ] No

Name \_\_\_\_\_ Address \_\_\_\_\_
Telephone ( ) \_\_\_\_\_ City, St, ZIP \_\_\_\_\_
Name \_\_\_\_\_ Address \_\_\_\_\_
Telephone ( ) \_\_\_\_\_ City, St, ZIP \_\_\_\_\_

To determine how much assistance you may qualify for, please answer the following:

Note to Manager: For Section 8 assistance recipients only, all financial assistance is to be verified; amounts in excess of tuition and school fees are to be counted as income for the student.

I am receiving financial assistance from other sources (family members, associations, etc.) to assist in funding my education and/or living expenses. [ ] Yes [ ] No

If yes, provide the following for each source of assistance (use back if more space is needed):

Name \_\_\_\_\_ Address \_\_\_\_\_
Telephone ( ) \_\_\_\_\_ City, St, ZIP \_\_\_\_\_

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.

Signature \_\_\_\_\_ Printed Name/Title \_\_\_\_\_ Date \_\_\_\_\_



**Student Status Questionnaire**  
HUD, HOME & USDA Properties



**In order to receive rental assistance, a student must meet special 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. Each household member 18 years of age or older is required to complete a separate form.**

**Are you enrolled as a student in an institute of higher education?**       Yes     No (If no, skip all other questions & sign/print/date at bottom)

**How are you enrolled as a student in an institute of higher education?**     Full Time     Part Time

Name of Institute: \_\_\_\_\_

Name of Advisor or Counselor: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**To determine if you qualify for housing assistance please answer the following:**

*\*\*Note to Manager: a verified "Yes" to any of the following qualifies the applicant to receive assistance. \*\**

- \*I am a dependent of the household.  Yes     No
- \*I am an orphan or ward of the court.  Yes     No
- \*I am married. Date Married: \_\_\_\_\_  Yes     No
- \*I have dependent child(ren). Name(s) \_\_\_\_\_  Yes     No
- \*I am 24 years old or older. Birthday: \_\_\_\_\_  Yes     No
- \*I am a veteran of the U.S. Armed Forces with honorable release or discharge.  Yes     No
- \*I am a graduate or professional student.  Yes     No
- \*I have been independent of my parents or guardians for at least 1 year.  Yes     No

My parents or guardians are eligible for or receiving assistance under Section 8 of the United States Housing Act of 1937. If yes, provide the following for each:  Yes     No

Name _____	Address _____
Telephone (____) _____	City, St, ZIP _____

Name _____	Address _____
Telephone (____) _____	City, St, ZIP _____

**To determine how much assistance you may qualify for, please answer the following:**

*Note to Manager: **For Section 8 assistance recipients only**, all financial assistance is to be verified; amounts in excess of tuition and school fees are to be counted as income for the student.*

I am receiving financial assistance from other sources (family members, associations, etc.) to assist in funding my education and/or living expenses.  Yes     No

If yes, provide the following for each source of assistance (use back if more space is needed):

Name _____	Address _____
Telephone (____) _____	City, St, ZIP _____

**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.

---

Signature \_\_\_\_\_ Printed Name/Title \_\_\_\_\_ Date \_\_\_\_\_



**Student Status Questionnaire**  
Tax Credit Properties



I/We, \_\_\_\_\_, certify that all information listed below is true.

Please list ALL household members below.

Household Member's Full Name	Social Security Number (or Alien Reg Number)	Age	Attending School?	Name of School	Month & Year Started	Month & Year Ended
			<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			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

1) Are ALL members of the household currently full-time students?  Yes  No  
(Children in kindergarten through twelfth grades are ALSO considered full-time students.)

2) Will ALL members of the household be full-time students at any point in the next 12 months?  Yes  No

3) Will ALL members of the household be/have been full-time students any 5 months of this calendar year?  Yes  No

- 4) If #1 or #2 or #3 were answered " Yes", please answer the following:
- Are any Students minors and are they tax dependents of their parents/legal guardians? (provide prior year's tax return)  Yes  No
  - Are any adult household members married and entitled to file a joint tax return? (provide prior year's tax return or marriage certificate)  Yes  No
  - Are any Students receiving TANF (AFDC)? (provide contact information for case worker)  Yes  No
  - Are any Students part of a JPTA program? (provide contact information for supervisor)  Yes  No
  - Are any Students formerly part of a Foster Care Program? (provide contact information for case worker)  Yes  No

**A full-time student household may qualify if one of the questions in 4) are checked "yes" and verified.**

*Warning: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."*

Tenant/Applicant Signature	Printed Name	Date
Co-Tenant/Applicant Signature	Printed Name	Date



# AUTHORIZATION FOR RELEASE OF INFORMATION



ALL adult household members must sign a separate form.

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Costello Property Management dba: Whiting Court Apts {612}** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or Rural Development (RD) in administering and enforcing program rules and policies. I also consent for HUD or RD or the PHA to release information from my file about my rental history to HUD or RD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- IDENTITY AND MARITAL STATUS**                      **EMPLOYMENT, INCOME, AND ASSETS**                      **RESIDENCES & RENTAL ACTIVITY**
- CREDIT AND CRIMINAL ACTIVITY**                      **MEDICAL OR CHILD CARE ALLOWANCES**

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) includes but is not limited to:

- |                                            |                                           |                                                 |                             |
|--------------------------------------------|-------------------------------------------|-------------------------------------------------|-----------------------------|
| <b>TRIBAL, LOCAL, STATE, &amp; FEDERAL</b> | <b>SOCIAL SECURITY ADMINISTRATION</b>     | <b>STATE UNEMPLOYMENT AGENCIES</b>              | <b>SCHOOLS AND COLLEGES</b> |
| <b>COURTS AND POST OFFICES</b>             | <b>MEDICAL &amp; CHILD CARE PROVIDERS</b> | <b>UTILITY COMPANIES</b>                        | <b>WELFARE AGENCIES</b>     |
| <b>LAW ENFORCEMENT AGENCIES</b>            | <b>SUPPORT &amp; ALIMONY PROVIDERS</b>    | <b>VETERANS ADMINISTRATION</b>                  | <b>LANDLORDS</b>            |
| <b>CREDIT PROVIDERS &amp; BUREAUS</b>      | <b>PAST &amp; PRESENT EMPLOYERS</b>       | <b>BANKS &amp; OTHER FINANCIAL INSTITUTIONS</b> |                             |
| <b>PUBLIC HOUSING AGENCIES</b>             | <b>RETIREMENT SYSTEMS</b>                 |                                                 |                             |

A \_\_\_\_\_ **APPLICATION FEE** FOR BACKGROUND PROCESSING WILL BE REQUIRED AT THE TIME OF YOUR RENTAL APPLICATION. Costello Property Management uses a 3<sup>rd</sup> party provider to obtain all credit and criminal records. Each application is screened against the property specific criteria above. Should your application be declined you may contact Screening Reports, Inc. at 1-866-389-4042.

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or RD, or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or RD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

*For information requested from financial institutions, Costello Property Management certifies that it handles all information gathered in compliance with the applicable provisions of the Right to Financial Privacy Act of 1978. "This Institution is an Equal Opportunity Provider & Employer."*

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper 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 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

**DISCLOSURE:** "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 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](mailto:program.intake@usda.gov)."*

**CONDITIONS:** I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE. I UNDERSTAND I HAVE A RIGHT TO REVIEW MY FILE AND CORRECT ANY INFORMATION THAT I CAN PROVE IS INCORRECT.

**SIGNATURES**

Adult Household Member	(Print Name)	Date
Authorized Representative of Costello Property Management	Manager (Print Name and Title)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.





# AUTHORIZATION FOR RELEASE OF INFORMATION



ALL adult household members must sign a separate form.

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Costello Property Management dba: Whiting Court Apts (612)** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or Rural Development (RD) in administering and enforcing program rules and policies. I also consent for HUD or RD or the PHA to release information from my file about my rental history to HUD or RD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- IDENTITY AND MARITAL STATUS**
- EMPLOYMENT, INCOME, AND ASSETS**
- RESIDENCES & RENTAL ACTIVITY**
- CREDIT AND CRIMINAL ACTIVITY**
- MEDICAL OR CHILD CARE ALLOWANCES**

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**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) includes but is not limited to:

- TRIBAL, LOCAL, STATE, & FEDERAL**
- SOCIAL SECURITY ADMINISTRATION**
- STATE UNEMPLOYMENT AGENCIES**
- SCHOOLS AND COLLEGES**
- COURTS AND POST OFFICES**
- MEDICAL & CHILD CARE PROVIDERS**
- UTILITY COMPANIES**
- WELFARE AGENCIES**
- LAW ENFORCEMENT AGENCIES**
- SUPPORT & ALIMONY PROVIDERS**
- VETERANS ADMINISTRATION**
- LANDLORDS**
- CREDIT PROVIDERS & BUREAUS**
- PAST & PRESENT EMPLOYERS**
- BANKS & OTHER FINANCIAL INSTITUTIONS**
- PUBLIC HOUSING AGENCIES**
- RETIREMENT SYSTEMS**

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### SIGNATURES

\_\_\_\_\_  
Adult Household Member (Print Name) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative of Costello Property Management (Print Name and Title) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Manager

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

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

**This Package contains the following documents:**

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

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

# 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 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):	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Whiting Court Ltd Partnership 7401 S. Bitterroot Place Sioux Falls, SD 57101	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

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

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

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

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974,

5 U.S.C. 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

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

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.**

Signatures:

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

\_\_\_\_\_ Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_ Date

\_\_\_\_\_  
Other Family Member 18 and over

\_\_\_\_\_ Date

\_\_\_\_\_  
Other Family Member 18 and over

\_\_\_\_\_ Date

Additional Signatures, if needed:

\_\_\_\_\_  
Other Family Member 18 and over

\_\_\_\_\_ Date

\_\_\_\_\_  
Other Family Member 18 and over

\_\_\_\_\_ Date

\_\_\_\_\_  
Other Family Member 18 and over

\_\_\_\_\_ Date

\_\_\_\_\_  
Other Family Member 18 and over

\_\_\_\_\_ Date

**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 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.

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)

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

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.**

**Costello Property Mgmt**

\_\_\_\_\_  
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.

**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 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.

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)



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

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.**

**Costello Property Mgmt**

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Title

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

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.

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## 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.

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**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.

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## 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 HUD-9887/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





NON-EMPLOYMENT CERTIFICATION



NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

*A separate form must be filled out by each adult within a household that is not working.*

A. Check applicable statement:

- 1. I am not employed and do not anticipate becoming employed within the next twelve (12) months.
- 2. I am not presently employed, and not aware of an employment start date, but anticipate becoming employed within the next twelve (12) months.
- 3. I am not presently employed but am aware of an employment start date of \_\_\_\_\_  
Employer's Name: \_\_\_\_\_
- 4. I am employed but I am currently not working due to Covid-19 but anticipate returning.
  - I filed for Unemployment on: \_\_\_\_\_
  - I do not anticipate filing for Unemployment.

B. Check applicable statement:

- I have been employed in the last year. If yes, complete the Employment information below:

My last employers name & address was: \_\_\_\_\_  
\_\_\_\_\_

Last date of employment was: \_\_\_\_\_

- I have not been employed for at least a year.

Note for Rural Development Complexes: Rural Development in Nebraska and South Dakota has an agreement with the Department of Labor to provide wage-matching information for the purpose of detection of fraudulent statements regarding income.

I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 10 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction.

Under penalty of perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

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

Signature: \_\_\_\_\_

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

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write 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.

(May 2020)

*"This Institution is an Equal Opportunity Provider"*