



**Golden Manor {114}**  
PO Box 92, Spearfish, SD 57783  
Office : 605- 642-7603, Fax 605-559-0120, goldenmanor@costelloco.com



Dear Applicant,

Thank you for your interest in Golden Manor {114}! Rent includes **water, sewer, garbage, snow removal, lawn care, washer and dryer (2-bedroom units only), dishwasher, playground, 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     | Average Utilities | School Districts |
|-----------|-------------|------------|-------------|-------------------|------------------|
| 1 BEDROOM |             | \$25-967   | \$ 25-967   | \$ 45             | Spearfish        |
| 2 BEDROOM |             | \$25-1,124 | \$ 25-1,124 | \$ 112            | Spearfish        |
|           |             |            |             |                   |                  |
|           |             |            |             |                   |                  |

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).

|           | 1 Person | 2 People | 3 People | 4 People | 5 People |  |
|-----------|----------|----------|----------|----------|----------|--|
|           |          |          |          |          |          |  |
| 50% Limit | 33,950   | 38,800   | 43,650   | 48,500   | 52,400   |  |
|           |          |          |          |          |          |  |

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.

**(March 2017)** *"This Institution is an Equal Opportunity Provider and Employer."*

F:\INTERNAL\Boston Post\BP documents - updated

**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 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 non-US Citizen's INS document(s) [Note to manager
- 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!

**Cassie Gomez**

Golden Manor {114}

PO Box 92

Spearfish, SD 57783

Office : 605- 642-7603, Fax 605-559-0120

goldenmanor@costelloco.com

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

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)."

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.

Form HUD- 92006 (05/09)



## Application for Rental

Revision Date: 6/2/2020

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

**Return to:**

Mail: P.O. Box 92, Spearfish, SD 57783

Email: goldenmanor@costelloco.com

Fax: 605-559-0120

**TTY: 711**

**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<br>(or Alien Registration Number) | Are You a Student?<br>(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**

Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Rate per Hour \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Annual Income \_\_\_\_\_  
How long employed at this job \_\_\_\_\_

#### **Co-Applicant**

Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Rate per Hour \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Annual Income \_\_\_\_\_  
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: \_\_\_\_\_  
Type of Income: \_\_\_\_\_  
Source of Income: \_\_\_\_\_  
Annual Amount: \$ \_\_\_\_\_

Household Member's Name: \_\_\_\_\_  
Type of Income: \_\_\_\_\_  
Source of Income: \_\_\_\_\_  
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, audiotape, 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: \_\_\_\_\_



Return to: Golden Manor {114}  
372 Evans Lane, Spearfish, SD 57783  
Office : 605- 642-7603, Fax 605-559-0120



## 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) |
|------------------------------|-----------------------------------|------------|-----|--------|-------------------------------------------------------|---------------------------------|
|                              | Head of Household                 |            |     |        |                                                       | 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<br/>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 ☐ No13. Do any household members own real estate including residence, vacation home, vacant land, farmland, rental property or other investments? ☐ Yes ☐ NoIf "Yes", is it for sale? ☐ Yes ☐ No      Rented? ☐ Yes ☐ No      Sold? ☐ Yes ☐ No14. 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 ☐ Yes ☐ NoSelf-Employment ☐ Yes ☐ No**Major Note:** Prior 3 year's 1040s also required AND

Schedule C (Business), E (Rental) or F (Farm)

Armed Forces Pay ☐ Yes ☐ NoUnemployment Compensation ☐ Yes ☐ NoSeverance Pay ☐ Yes ☐ NoWorkman Compensation ☐ Yes ☐ NoChild Support – Monitored ☐ Yes ☐ NoChild Support – Non-Monitored ☐ Yes ☐ NoTANF ☐ Yes ☐ NoStudent Financial Assistance (Family, Loans, Grants, Work Study, etc) ☐ Yes ☐ NoTribal Income ☐ Yes ☐ NoWelfare Assistance (Food stamps, etc.) ☐ Yes ☐ NoSocial Security or SSI ☐ Yes ☐ NoRental Income ☐ Yes ☐ NoVeteran's Benefits ☐ Yes ☐ NoPension, Annuity &/or Retirement Account Payments ☐ Yes ☐ NoDisability Benefits (Other than SSI) ☐ Yes ☐ NoDeath Benefits &/or Life Insurance Payments ☐ Yes ☐ NoAlimony ☐ Yes ☐ NoOther: \_\_\_\_\_ ☐ Yes ☐ No*Please list all accounts for all items indicated above on the following graph.*

| Household Member's Full Name | Type of Income<br>(for example, employment,<br>TANF, child support) | Source of Income (for example, employer, Social Services, Office<br>of Child Support Enforcement)<br>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 ☐ NoIf "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 Questionnaire**  
HUD or USDA Properties Only



**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<br/>Paying the Childcare Expense</i> | <i>This Expense allows the<br/>Household Member to attend:</i> | <i>Where is the Expense Paid?<br/>Name and Phone Number of Contact Person</i> | <i>Annual Amount<br/>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<br/>(for example, Insurance,<br/>Pharmacy)</i> | <i>Source of Expense<br/>(for example, Insurance Agency, Pharmacy)<br/>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 \_\_\_\_\_

*"This Institution is an Equal Opportunity Provider"*



# 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: Golden Manor (114)** 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.



**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                      Golden Manor {114}  
Community Billed

|                                        |                  |             |
|----------------------------------------|------------------|-------------|
| For Office Use: Complete from State ID |                  | No<br>Photo |
| Birthdate                              | Soc. Sec #       | Verified By |
| Legal Last Name                        |                  |             |
| 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: _____      |





**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 <u>and</u> are they tax dependents of their parents/legal guardians? (provide prior year's tax return)             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any adult household members married and entitled to file a joint tax return? (provide prior year's tax return or marriage certificate) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any Students receiving TANF (AFDC)?<br>(provide contact information for case worker)                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any Students part of a JPTA program?<br>(provide contact information for supervisor)                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any Students formerly part of a Foster Care Program?<br>(provide contact information for case worker)                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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



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

(Revised July 2018) "This Institution is an Equal Opportunity Provider"

# Golden Manor {114} 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

*"This Institution is an Equal Opportunity Provider"*

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**Child Support/Alimony Questionnaire**  
**A separate form is needed for EACH minor under the age of 18**



\*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

# 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)

|                                        |                                             |                                 |
|----------------------------------------|---------------------------------------------|---------------------------------|
| Golden Manor {114}                     |                                             | P.O. Box 92                     |
| <b>Name of Property</b>                | <b>Project No.</b>                          | Spearfish, SD 57783             |
| Golden Manor LP/Costello Property Mgmt |                                             | <b>Address of Property</b>      |
| <b>Name of Owner/Managing Agent</b>    | <b>Type of Assistance or Program Title:</b> |                                 |
| <b>Name of Head of Household</b>       |                                             | <b>Name of Household Member</b> |

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

| Ethnic Categories*                        | Select One  |
|-------------------------------------------|-------------|
| Hispanic or Latino                        |             |
| Not-Hispanic or Latino                    |             |
| Racial Categories*                        | One or More |
| 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 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.

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

### A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You may mark one or more.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

## 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.



**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.):  
Golden Manor LP  
PO BOX 2238  
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.):

**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

(✓)

(✓)

Head of Household

Date

Other Family Member 18 and over

Date

(✓)

(✓)

Spouse

Date

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

Other Family Member 18 and over

Date

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev -1, 4571.1, 4571.2 &  
4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887 (02/2007)

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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

### 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.

# **FACT SHEET**

## **For HUD ASSISTED RESIDENTS**

### **Section 8**

## **“HOW YOUR RENT IS DETERMINED”**

**Office of Housing**

**September 2010**

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

### **Why Determining Income and Rent Correctly is Important**

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

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

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

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

### **Residents' Responsibilities:**

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

### **Income Determinations**

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

### **What is Annual Income?**

$\text{Gross Income} - \text{Income Exclusions} = \text{Annual Income}$

### **What is Adjusted Income?**

$\text{Annual Income} - \text{Deductions} = \text{Adjusted Income}$

### **OAs' Responsibilities:**

## Determining Tenant Rent

### Project-Based Section 8 Rent Formulas:

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

- 30% of the family's monthly *adjusted* income
- 10% of the family's monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.

OR

- \$25.00 Minimum Rent

## Income and Assets

HUD assisted residents are required to report **all** income from **all** sources to the Owner or Agent (OA).

Exclusions to income and deductions are part of the tenant rent process.

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

### Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount \*\*except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)\*\*
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay \*(except for lump-sum additions to family assets, see Exclusions from Annual Income, below.
- Welfare assistance

- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- \*\*For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income

### Assets Include:

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

### Assets Do Not Include:

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

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

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

### **Exclusions from Annual Income:**

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- \*\*Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, \*\* the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State

or local employment training programs and training of a family member as resident management staff

- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

### **Federally Mandated Exclusions:**

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs

- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product* liability litigation
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

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

## Reference Materials

### Legislation:

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

### Regulations:

- General HUD Program Requirements; 24 CFR Part 5

### Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

### Notices:

- "Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

### For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>

## Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## **Do You Realize...**

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## **Do You Know...**

**You are committing fraud if you sign a form knowing that you provided false or misleading information.**

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## **So Be Careful!**

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

form HUD-1141  
(12/2005)

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

form HUD-1141  
(12/2005)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# EIV & You

## ENTERPRISE INCOME VERIFICATION



What YOU Should Know  
if You are Applying for or are Receiving  
Rental Assistance through the Department of  
Housing and Urban Development (HUD)

## What is EIV?

EIV 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".



## What income information is in EIV and where does it come from?

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HHS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

## What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

## Is my consent required to get information about me from EIV?

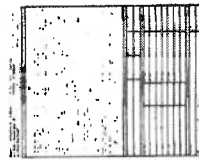
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

## Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

## What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and



the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.

### Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

### Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
  - Child support
  - AFDC payments
  - Social security for children, etc.

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.



### What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

### What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

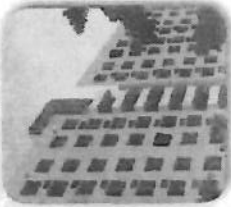
### What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10084.html>.

### Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



### Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: [www.hud.gov/offices/hsg/mfh/mhip/eiv/eivhome.cfm](http://www.hud.gov/offices/hsg/mfh/mhip/eiv/eivhome.cfm).



JULY 2009