

**Thank you for choosing to apply at Foxfire Property Managements rental properties.
Below you will find our application process with instructions on how to complete.**

YOU MUST ANSWER ALL THE QUESTIONS.

Do not leave any spaces blank: WRITE NONE OR N/A if it does not apply.

Please note the Application will be RETURNED if not fully completed.

APPLICATION PROCESS FOR HOUSING:

- 1) Complete the attached Application please print clearly, in black or blue ink.
- 2) Please indicate which property you are applying for. Please do not request "ANY" You must print out additional Applications for each property that you are applying for.
- 3) After completing the Application, please review again to ensure all pages are filled out properly, any information that is missing will be returned as incomplete, paying close attention to sign and date lines.
- 4) Be sure that all household members 18 years of age or older sign the Certification portion.
- 5) Within ten (10) days of the date your completed Application is received by our office, you will be notified by mail of being placed on the waiting list. Applications are placed on our waiting list by date and time received.
Please note: placement on the waiting list does not confirm housing eligibility.
- 6) Once your name has been placed on the waiting list, please be sure to:
 - Submit updates to your Application, such as changes to mailing address, phone number, etc. to our office in writing or email. This is your responsibility and inability to contact you by either phone or mail may result in removal from the waiting list.
 - Respond to waiting list update letters. We update the waiting list yearly, failure to respond to these correspondences may result in removal from the waiting list. You will have to re-apply if this happens and we cannot contact you.
 - Remain aware that you are welcomed to periodically inquire about the status of your application, however, because multiple factors (such as unit availability, subsidy availability, eligibility of other applicants, etc.) dictate our waiting list and approval process, we are unable to predict how long it will take before your application is processed.
- 7) When your name nears the top of the waiting list you will be contacted as we begin to process your application to determine your eligibility for housing. At this time:
 - We will mail you a new application to complete for current information.
 - Please confirm the property you wish to reside at.
 - We will need a copy of each member's Acceptable Verification of Age, Social Security card (BOTH must be provided prior to move-in for all household members) and Driver's License (if applicable).
 - All household members that are 18 years of age or older are required to complete a criminal record check. Enclosed is the form for New Hampshire or Vermont. Please complete one criminal record form for each household member age 18 or over. (Print additional copies as necessary)
 - Be sure that all household members 18 years of age or older sign the Certification portion.
 - IF YOU ARE RECEIVING Social Security, Social Security Disability, State Pension, or any type of Pension, please include your benefit letter stating your monthly amount.
- 8) After completing the application, please review again to ensure all pages are filled out properly, any information that is missing will be returned as incomplete, paying close attention to sign and date lines. Mail the completed application packet, please make sure you have included copies all necessary documents and have signed all the verifications included in the application packet. Upon returning the completed application packet we will:
 - We will obtain your credit report.
 - We will contact your current and previous landlords for references.
 - We will obtain your official criminal history records from the states you have resided in.
 - We will collect verifications of any assets, income, and income adjustments that you have listed on your application.
- 9) When all necessary documents are received, a determination will be made on regards to your eligibility and your application will either be approved or rejected. You will be notified of this determination by either phone or mail.

***** PLEASE MAIL YOUR COMPLETED APPLICATION TO: *****

**Foxfire Property Management
PO Box 1438
Concord, NH 03302**

All of our properties are smoke-free

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

APPLICATION FOR ASSISTED HOUSING

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- If any member of an applicant household was evicted within the past three years from federally assisted housing for drug related criminal activity or has any misdemeanor conviction within the past three years for any drug-related activity, including marijuana or for a period of 10 years for a felony level conviction for any drug related activity. They will not be allowed to become a tenant with any Foxfire Subsidized Managed Properties. Similarly, if any member of the applicant household is currently engaged in illegal use of any drugs including marijuana, or if Foxfire has reasonable cause to believe that the use or pattern of illegal use of a drug may interfere with the health, safety or right to the peaceful enjoyment of the property by other residents, Foxfire will not allow that applicant to become a tenant.
- As of January 31, 2010, all individuals, including those under the age of six, must now disclose a valid SSN. The only exceptions to this requirement are for tenants age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun prior to January 31, 2010, and individuals who have not claimed eligible immigration status.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Foxfire Property Management, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Foxfire Property Management is a management company that provides low rent housing to eligible households, elderly households and single people. Foxfire Property Management is not permitted to discriminate against applicants on the basis of their race, color, religion, age, sex, sexual orientation, perceived gender identity, marital status, national origin, familial status, or disability handicap. In addition, Foxfire Property Management has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change Foxfire Property Management can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.
- The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, age, color, national origin, religion, sex, sexual orientation, perceived gender identity, marital status, familial status or handicap. HUD applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.
- In compliance with HUD's Final Rule – "Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity", it is our policy to ensure that this housing is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity or marital status.

Foxfire Property Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Dawn Wilson, Deborah Guay, Valerie Foster-Brochu, Andrea Johnston
 Name

PO Box 1438 Concord NH 03301
 Address City State Zip

603-228-2151 ext. 333 (Dawn) ext. 322 (Valerie) ext. 312 (Deb) ext. 302 (Andrea)
 Telephone – Voice

FOR OFFICE USE ONLY:
Date/time Application Received:

____/____/____ : ____AM/PM

Received by (Initials): _____

Which property are you applying for: Circle One

Birchwood	Brookside	Franklin Woods	Mascoma Village	Millbrook Village	Northern View
Parker Village	Pinewood	Redgate Village	Village Green	Wakefield Acres	Whitman Woods

PREFERRED UNIT SIZE: ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ Handicap Accessible

How did you hear about the apartment complex you are applying for? _____

Preferences: If you feel you qualify for any of these preferences please check below:

- ☐ The head of household, spouse, or co-head is not elderly or near elderly over the age of 18 and under the age 62 and a person with disabilities
- ☐ The head of household, spouse, or co-head is elderly persons or families
- ☐ The head of household, spouse, or co-head is employed

A. FAMILY SUMMARY -List all persons, including yourself, who will be living in the apartment.

Applicant Head of household

Last Name		First Name		Middle Initial	Date of Birth	Gender *	
Street				City		State	Zip
How long have you lived here?		Social Security Number			Previous/Maiden Name		Student Status** F/T P/T N/A
Telephone Number		E-mail address					

Applicant Co-Head of household

Last Name		First Name		Middle Initial	Date of Birth	Gender *	
Street				City		State	Zip
How long have you lived here?		Social Security Number			Previous/Maiden Name		Student Status** F/T P/T N/A
Telephone Number		E-mail address					

Applicant Other Occupants

List all other persons who will live in the unit, including unborn children. **NO person is to live with you who are not listed.**

NAME (First, Middle, Last)	Date of Birth	Gender*	Social Security Number	Relationship	Student Status**
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A

*Note: Providing information on Gender is optional.

**Note: F/T=Full Time P/T=Part Time N/A=Not Applicable

Vehicles- List all vehicles owned by the household

Type	Year/Make	Color	License Plate Number:

B. HOUSEHOLD AND BACKGROUND INFORMATION – CURRENT HOUSING

Your current housing situation is best described as:

<input type="checkbox"/> Standard		<input type="checkbox"/> Substandard		<input type="checkbox"/> Without or soon to be without housing	
<input type="checkbox"/> Conventional Public Housing		<input type="checkbox"/> Lacking a fixed nighttime residence		<input type="checkbox"/> Fleeing/Attempting to Flee Violence	
Do you currently receive subsidized housing?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a voucher?			Agency Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you displaced by government action or a Federally Declared disaster?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you or any members served in the military?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any pets other than a service animal?	Type:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you anticipate any changes in household composition in the next 12 months?	If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any members of the household been evicted?	If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any members of the household been evicted from HUD subsidized Housing for drug-related criminal activity?	If yes, explain who and the date of eviction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any members of the household been served a Notice to Quit or been asked to leave by a previous landlord?	If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any members of the household been served with lease violations from a previous landlord?	If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Current Landlord Information- must have 5 years of Landlord History and/or the previous landlord whichever is greater

Applicant Head of Household/ Co-Head of Household

Current Landlord Name		Current Landlord Phone Number		Current Landlord Email Address	
Current Landlord Street Address		City		State	Zip
Is this Landlord related to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	Current Rent Amount?	When did you move-in?	Are you currently still living there? <input type="checkbox"/> Yes <input type="checkbox"/> No	When did you Move out?

Previous Landlord information- must list all current/previous landlords for ALL adults household members.

Please attach a separate sheet of paper if you need to add additional previous landlords.

Landlord Name		Landlord Phone Number		Landlord Email Address	
Landlord Street Address		City		State	Zip
Is this Landlord related to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	Current Rent Amount?	When did you move-in?	Are you currently still living there? <input type="checkbox"/> Yes <input type="checkbox"/> No	When did you Move out?

Landlord Name		Landlord Phone Number		Landlord Email Address	
Landlord Street Address		City		State	Zip
Your previous Apartment Street Address		City		State	Zip
Is this Landlord related to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	Previous Rent Amount?	When did you move-in?	Are you currently still living there? <input type="checkbox"/> Yes <input type="checkbox"/> No	When did you Move out?

Background information – Criminal History

Are you or any members of your household subject to a State lifetime sex offender registration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your household been convicted of any illegal drug use, including marijuana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your household been convicted of any crimes below? (If no please skip below section)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Using the numbers below, indicate whether you or any members of your household have been convicted of any crime(s) listed below:

- | | | |
|--------------------------------------|-------------------------------------------|-----------------------------|
| 1. Homicide Murder | 6. Assault/Fighting | 11. Fraud |
| 2. Rape or Child Molesting | 7. Drug Trafficking/Use/Possession | 12. Prostitution |
| 3. Burglary/Robbery/Larceny | 8. Child Abuse/Domestic Violence | 13. Disorderly Conduct |
| 4. Threats or Harassment | 9. Public Intoxication/Drunk & Disorderly | 14. Other (please Explain): |
| 5. Destruction of Property/Vandalism | 10. Receiving Stolen Goods | |

Member Name	Crime(s) #	Status/Disposition
Member Name	Crime(s) #	Status/Disposition
Member Name	Crime(s) #	Status/Disposition

Resident States History - Please list all household member's name and all the states they have resided in

Member Name	States I have lived in	Member Name	States I have lived in

Student Status

Are you or any household members enrolled in a institution of higher education as either a part-time or full-time student for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, please check what is applicable to you or any household members:

- | | | |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> A student and receiving AFDC/TANF | <input type="checkbox"/> A student enrolled in a job training program receiving assistance under Job training Partnership Act | <input type="checkbox"/> A single parent living with his/her minor child or children who is not a dependent on another's tax return |
| <input type="checkbox"/> A student who was previously in a foster care program | | |
| <input type="checkbox"/> Married and file a joint return | | |

C. SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

Are you or any household members require a live-in care attendant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of the live-in care attendant	Relationship, if any to household member	

Households in which the Head, Spouse or Co-Head is disabled or handicap, please indicate If special unit requirements are needed, please indicate below.

All applicants in whom a household member has a disability may qualify for a Reasonable Accommodation and they have the right to request such an accommodation.

- | | | |
|-------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> A Separate Bedroom | <input type="checkbox"/> Unit for Vision-Impaired | <input type="checkbox"/> A Mobility Impaired Unit |
| <input type="checkbox"/> A Barrier Free Unit | <input type="checkbox"/> Unit for Hearing-Impaired | <input type="checkbox"/> Physical Modification to a Typical Unit |
| <input type="checkbox"/> Any Other Accommodation List Below | | |

D. HOUSEHOLD INCOME - List each source of income for ALL household members. Use gross amounts (before deductions)

Over the next 12 months, do you or does anyone in your household expect to receive income from (check all that apply):

- | | |
|----------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Student Financial Aid |
| <input type="checkbox"/> Military Pay | <input type="checkbox"/> Social Security (SS/SSI/SSDI etc.) |
| <input type="checkbox"/> Veteran's Pay | <input type="checkbox"/> State Supplemental Income |
| <input type="checkbox"/> Pension/Annuities | <input type="checkbox"/> Other Retirement Accounts |
| <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Income from Trust |
| <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Regular Payments from Settlement |
| <input type="checkbox"/> AFDC/TANF/OAA/ APTD/Public Assistance | <input type="checkbox"/> Income from Lottery Winning or Inheritance |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Income from Rental Property or Real Estate |
| <input type="checkbox"/> Any other income not listed: | |

Please total your anticipated Gross ANNUAL Income:

\$ _____

Household Member Name	Source of Income Name;	Gross Amount \$ _____ Per Week/Month/Year (Circle One)	
Source Street Address	City	State	Zip
Household Member Name	Source of Income Name;	Gross Amount \$ _____ Per Week/Month/Year (Circle One)	
Source Street Address	City	State	Zip

Household Income Continued-

Household Member Name	Source of Income Name;	Gross Amount \$ _____ Per Week/Month/Year (Circle One)	
Source Street Address	City	State	Zip

Household Member Name	Source of Income Name;	Gross Amount \$ _____ Per Week/Month/Year (Circle One)	
Source Street Address	City	State	Zip

Do you anticipate any changes in your household income in the next 12 months?	If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------------------------------------------------------------------	------------------	------------------------------	-----------------------------

E. ASSET INFORMATION – List asset information for ALL household members

Do you or anyone in your household have or expect to have any of the following within the next 12 months? (Please check all that apply)

- | | |
|---------------------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> 401K |
| <input type="checkbox"/> Checking | <input type="checkbox"/> IRA |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Mutual Funds |
| <input type="checkbox"/> Payroll Card | <input type="checkbox"/> Other Retirement Funds |
| <input type="checkbox"/> Direct Express | <input type="checkbox"/> Money Market |
| <input type="checkbox"/> Benefit Card(EBT) (welfare/child support)
(not for food stamps) | <input type="checkbox"/> Stocks |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Bonds |
| <input type="checkbox"/> Life Insurance (whole or universal only) | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Any other assets not listed: | <input type="checkbox"/> Trusts |

Please total your anticipated ASSET value:
 \$ _____

Household Member Name	Source of Asset Name;	Type of Account:	
Source of Asset Street Address	City	State	Zip
Account/Policy Number:	Account Balance: \$	Interest/Dividend Rate:	Penalty for Early Withdrawal:
			Value/Policy Amount: \$
			Maturity Date:

Household Member Name	Source of Asset Name;	Type of Account:	
Source of Asset Street Address	City	State	Zip
Account/Policy Number:	Account Balance: \$	Interest/Dividend Rate:	Penalty for Early Withdrawal:
			Value/Policy Amount: \$
			Maturity Date:

Household Member Name	Source of Asset Name;	Type of Account:	
Source of Asset Street Address	City	State	Zip
Account/Policy Number:	Account Balance: \$	Interest/Dividend Rate:	Penalty for Early Withdrawal:
			Value/Policy Amount: \$
			Maturity Date:

Household Member Name	Source of Asset Name;	Type of Account:	
Source of Asset Street Address	City	State	Zip
Account/Policy Number:	Account Balance: \$	Interest/Dividend Rate:	Penalty for Early Withdrawal:
			Value/Policy Amount: \$
			Maturity Date:

Asset Information Continued-

Have you or any members in the household sold or disposed of any asset(s) valued over \$1000.00 in the last two years?		If yes, Who and type of asset (e.g. money/land/house):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Market Value when sold/dispensed \$	Amount sold/dispensed for \$		Date of Transaction:		
Do you have any personal property held as an Investment (e.g. stamp collection/dolls/cars)?		If yes, please describe:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own any property?	If yes, explain type of property and location:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appraised market value? \$	Mortgage or outstanding loan due \$		Income earned from this property per month? \$		
Broker/Realtor Name		Broker/Realtor Phone Number		Broker/Realtor Email Address	
Broker/Realtor Street Address		City		State	Zip
Do you anticipate any changes in your household Asset(s) in the next 12 months?		If yes, explain:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

F. MEDICAL AND CHILD CARE EXPENSES

Medical expenses- Complete only if Head or Co-head/Spouse is 62 or older and/or disabled and only if these medical expenses are paid for out of your pocket and not reimbursed by medical insurance within the past 12 months. Provide the following information for all members of the household (use another sheet of paper if necessary).

- ☐ Medicare (Part B)
☐ Medical Insurance
☐ Pharmacy/Prescriptions
☐ Medical Practitioners (doctors/dentists/etc.)

☐ Medical bills outstanding (hospital/doctors/etc.)
☐ Other Medical Expense
Please total your anticipated Medical Expenses each month:
 \$ _____

Household Member Name		Source of Medical Expense Name;		Type of Expense:	
Source of Medical Expense Street Address		City		State	Zip
Amount of Premium: \$ Per Week/Month/Year (Circle One)	Amount of Bill: \$ Per Week/Month/Year (Circle One)	Amount of Payment: \$ Per Week/Month/Year (Circle One)	Balance Due: \$		
Household Member Name		Source of Medical Expense Name;		Type of Expense:	
Source of Medical Expense Street Address		City		State	Zip
Amount of Premium: \$ Per Week/Month/Year (Circle One)	Amount of Bill: \$ Per Week/Month/Year (Circle One)	Amount of Payment: \$ Per Week/Month/Year (Circle One)	Balance Due: \$		
Household Member Name		Source of Medical Expense Name;		Type of Expense:	
Source of Medical Expense Street Address		City		State	Zip
Amount of Premium: \$ Per Week/Month/Year (Circle One)	Amount of Bill: \$ Per Week/Month/Year (Circle One)	Amount of Payment: \$ Per Week/Month/Year (Circle One)	Balance Due: \$		
Household Member Name		Source of Medical Expense Name;		Type of Expense:	
Source of Medical Expense Street Address		City		State	Zip
Amount of Premium: \$ Per Week/Month/Year (Circle One)	Amount of Bill: \$ Per Week/Month/Year (Circle One)	Amount of Payment: \$ Per Week/Month/Year (Circle One)	Balance Due: \$		

Child Care Expenses- Complete for children in the household that are 12 and younger that are paid out of pocket and are not reimbursed to you or paid on behalf of you by an outside agency. **Please total your anticipated Childcare Expenses each month:**
 \$ _____

Do you or any household members anticipate to pay for childcare for a child or children 12 years old or younger in the next 12 months? If YES, please explain why _____				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or any household members pay for childcare for a child or children 12 years old or younger? If YES, please complete the information below for each child				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Member Name	Source of Child Care Provider Name;		Reason for Childcare Expense: <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Other		
Source of Child Care Provider Street Address		City	State	Zip	
Amount of Child Care Expense: \$ _____ Per Week/Month/Year (Circle One)		Are you receiving assistance if any from an outside agency? \$ _____ Per Week/Month/Year (Circle One)			

Household Member Name	Source of Child Care Provider Name;		Reason for Childcare Expense: <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Other		
Source of Child Care Provider Street Address		City	State	Zip	
Amount of Child Care Expense: \$ _____ Per Week/Month/Year (Circle One)		Are you receiving assistance if any from an outside agency? \$ _____ Per Week/Month/Year (Circle One)			

Household Member Name	Source of Child Care Provider Name;		Reason for Childcare Expense: <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Other		
Source of Child Care Provider Street Address		City	State	Zip	
Amount of Child Care Expense: \$ _____ Per Week/Month/Year (Circle One)		Are you receiving assistance if any from an outside agency? \$ _____ Per Week/Month/Year (Circle One)			

Household Member Name	Source of Child Care Provider Name;		Reason for Childcare Expense: <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Other		
Source of Child Care Provider Street Address		City	State	Zip	
Amount of Child Care Expense: \$ _____ Per Week/Month/Year (Circle One)		Are you receiving assistance if any from an outside agency? \$ _____ Per Week/Month/Year (Circle One)			

G. RACE AND ETHNICITY – FOR STATISTICAL PURPOSE ONLY – THIS INFORMATION WILL NOT AFFECT TENANT SELECTION

Head of Household (only)
Ethnicity: (Please select one)
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race: (Please select all that apply)
☐ White
☐ Black or African American
☐ Asian
☐ American Indian/Alaskan Native
☐ Native Hawaiian or Other Pacific Islander
☐ Other

CERTIFICATION

I/We understand that Foxfire Property Management is relying on this information to prove my household eligibility for HUD and/or Rural Development program. I/We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my/our eligibility. I/We understand that providing false or undisclosed information or making false statements may be grounds for denial of my application. I/We also understand that such action may result in criminal penalties. I/We will not maintain a separate subsidized rental unit in another location.

I/We authorize my/our consent to have management verify the information contained in this Application for purposes of providing my/our eligibility for occupancy. I/We will provide all necessary information including source names, address, phone numbers, accounts numbers where applicable and other information required for expediting this process. I/We understand that my/our occupancy is contingent on meeting management, resident selection criteria and HUD and/or Rural Development program requirements.

ALL Household Members 18 and Older MUST sign

HEAD OF HOUSEHOLD SIGNATURE	DATE
SPOUSE OR CO-HEAD SIGNATURE	DATE
OTHER ADULT HOUSEHOLD MEMBER	DATE
OTHER ADULT HOUSEHOLD MEMBER	DATE
OTHER ADULT HOUSEHOLD MEMBER	DATE
OTHER ADULT HOUSEHOLD MEMBER	DATE

PENALTIES FOR MISUSING THIS FORM:

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

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): US Dept. of Housing & Urban Development 275 Chestnut Street Manchester, NH 03101	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Foxfire Property Management, Inc. P.O. Box 1438 Concord, NH 03302-1438	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.): New Hampshire Housing & Finance Authority P.O. Box 5087 Manchester, NH 03108
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family 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

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner, or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

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

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the 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)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date

cc: Applicant/Tenant

Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A, or the PHA responsible for the unauthorized disclosure or improper use.

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)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date

cc: Applicant/Tenant

Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A, or the PHA responsible for the unauthorized disclosure or improper use.

Exhibit 3-5: Citizenship Declaration

This Section to be completed by the Applicant

Last Name: _____ First Name: _____ Middle name: _____

Relationship to the head of household: _____ Sex: _____ Date of Birth: _____

Social Security Number: _____ Alien Registration Number: _____

Admission Number: _____ Nationality: _____
(If applicable-from INS Form I-94, Departure record) (Country to which you owe legal allegiance-may or may not be country of birth)

Instructions: Complete the declaration below by reviewing all four boxes and signing the **ONE** box that applies. A separate declaration form must be signed for each member of the household.

I, _____ hereby declare, under penalty of perjury, that:
(Print First name, Middle initial, Last Name)

1. I am a citizen or national of the Unites States of America.

Signature _____ Date _____

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required.

2. I am a non-citizen with eligible immigration status, as described on the reverse.

Signature _____ Date _____

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the Verification Consent on the next page.

Request for an Extension

3. I hereby certify that I am a non-citizen with eligible immigration status as noted in #2 above, and as described on the reverse, 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 taken to obtain this evidence.

Signature _____ Date _____

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the Verification Consent on the next page.

4. I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.

Signature _____ Date _____

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required. You are NOT eligible for housing assistance.

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

This Section to be completed by the Applicant

If you checked box 2 on the previous page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes MUST be checked:

- ☐ A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- ☐ A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);
- ☐ A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
- ☐ A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
- ☐ A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or
- ☐ A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

If you checked one of the above boxes you must submit one of the following documents:

- ☐ Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- ☐ Form I-94, Arrival-Departure record, with one of the following annotations:
 - a) "Admitted as Refugee Pursuant to Section 207"
 - b) "Section 208" or "Asylum"
 - c) "Section 243(h)" or "Deportation stayed by Attorney General"
 - d) "Paroled pursuant to Section 212(d)(5) of the INA"
- ☐ If Form I-94, Arrival-Departure Record, is not annotated, please provide one of the following documents:
 - a) A final court decision granting asylum (but only if no appeal is taken);
 - b) A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
 - c) A court decision granting withholding of deportation; or
 - d) A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
- ☐ Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- ☐ Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- ☐ A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.;
- ☐ Form I-152, Alien Registration Receipt Card.

If you checked box 2 or 3, please complete this consent form
Verification Consent

I, _____ hereby consent to the following:
(Print First name, Middle initial, Last Name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to; (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. **Notification:** Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature _____ Date _____

Exhibit 3-5: Citizenship Declaration

This Section to be completed by the Applicant

Last Name: _____ First Name: _____ Middle name: _____

Relationship to the head of household: _____ Sex: _____ Date of Birth: _____

Social Security Number: _____ Alien Registration Number: _____

Admission Number: _____ Nationality: _____
(If applicable-from INS Form I-94, Departure record) (Country to which you owe legal allegiance-may or may not be country of birth)

Instructions: Complete the declaration below by reviewing all four boxes and signing the **ONE** box that applies. A separate declaration form must be signed for each member of the household.

I, _____ hereby declare, under penalty of perjury, that:
(Print First name, Middle initial, Last Name)

1. I am a citizen or national of the Unites States of America.

Signature _____ Date _____

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required.

2. I am a non-citizen with eligible immigration status, as described on the reverse.

Signature _____ Date _____

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the Verification Consent on the next page.

Request for an Extension

3. I hereby certify that I am a non-citizen with eligible immigration status as noted in #2 above, and as described on the reverse, 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 taken to obtain this evidence.

Signature _____ Date _____

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the Verification Consent on the next page.

4. I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.

Signature _____ Date _____

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required. You are NOT eligible for housing assistance.

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

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If you checked box 2 on the previous page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes MUST be checked:

- ☐ A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- ☐ A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);
- ☐ A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
- ☐ A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
- ☐ A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or
- ☐ A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

If you checked one of the above boxes you must submit one of the following documents:

- ☐ Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- ☐ Form I-94, Arrival-Departure record, with one of the following annotations:
 - a) "Admitted as Refugee Pursuant to Section 207"
 - b) "Section 208" or "Asylum"
 - c) "Section 243(h)" or "Deportation stayed by Attorney General"
 - d) "Paroled pursuant to Section 212(d)(5) of the INA"
- ☐ If Form I-94, Arrival-Departure Record, is not annotated, please provide one of the following documents:
 - a) A final court decision granting asylum (but only if no appeal is taken);
 - b) A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
 - c) A court decision granting withholding of deportation; or
 - d) A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
- ☐ Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- ☐ Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- ☐ A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.;
- ☐ Form I-152, Alien Registration Receipt Card.

If you checked box 2 or 3, please complete this consent form
Verification Consent

I, _____ hereby consent to the following:
(Print First name, Middle initial, Last Name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to; (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. **Notification:** Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature _____ Date _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant

Date

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

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

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.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
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Signature of Applicant

Date

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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.