

## **APPLICATION PACKAGE INSTRUCTIONS**

Thank you for your interest in our apartment community. By scheduling an appointment when returning the application package, the application process can often be expedited. If you are unable to deliver the application in person, you may return the application by mail. We will be happy to place you on the Waiting List once we have received a complete application. Potential residents must meet certain, verifiable income requirements. It is important that you answer each **question on the application and sign the application and other forms contained with in the application package.**

Please call \_\_\_\_\_ at \_\_\_\_\_ to schedule an appointment.

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**Before returning the application, make sure that all items are completed. If the question does not apply to you, please write N/A. Do not use white out. If you make an error, draw a single line through the mistake and initial the correction. Make sure that all adults sign and date the application. “Adult” is defined as any person 18 years or older or an emancipated person.**

When returning the application package, please bring the following forms of identification:

- ◆ Valid identification for all adults.
  - If you are personally delivering the application, copies of identification will be made at the office.
  - If you are mailing the application, please provide a legible copy of valid identification
- ◆ Copies of Social Security cards (or other evidence of number) for all household members.
  - If social security cards or other evidence of number is not available, contact Resident Manager for required forms.
- ◆ Copies of Birth Certificates for all persons under 18.
  - ◆ **All Sources of Income for Every Household Member:** Including, but not limited to pay stubs, social security benefits, child support, etc.

**Eligibility will be determined based upon these factors and applicant(s) will be notified in writing within 10 days of application as to the acceptance or denial of their application. If no unit is available at the time of acceptance, the application will be placed on the waiting list. For additional information about eligibility or screening, please refer to the Resident Selection Policy.**

*The Housing Company provides equal opportunity to all persons with disabilities and provides accommodations to meet the needs of persons with disabilities upon request, if the accommodation is both reasonable and financially feasible. Management may require verification that the applicant/resident is disabled and is in need of the accommodation because of the disability. Request for accommodation will be promptly processed.*

*The Housing Company does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person in the position 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 (24CFR, Part 8 dated June 2, 1988). Position: Regional Property Manager, The Housing Company P. O. Box 6943, Boise, ID 83707-0943 Voice: 208-331-4890; Hearing Impaired (TDD) 1-800-545-1833 ext. 628*





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#### FOR OFFICE USE ONLY

Apartment Community: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Requested Bedroom Size: \_\_\_\_\_  
Special Needs: \_\_\_\_\_ Preference: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
Unit Add On: \_\_\_\_\_  
Resident Manager Signature: \_\_\_\_\_

#### APPLICANT DATA

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Current Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated

How did you hear about this apartment community?

☐ Website ☐ Newspaper ☐ Flyers/Brochures ☐ Drive By ☐ Housing Agency

☐ Resident Referral (Name \_\_\_\_\_) ☐ Other: \_\_\_\_\_

The following information is being requested to comply with Equal Opportunity requirements and will not affect your housing:

Primary Language: \_\_\_\_\_ Translation Need? ☐ Yes ☐ No

Does anyone in the household have special needs? ☐ Yes ☐ No

Are there any special living accommodations required? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

#### HOUSEHOLD COMPOSITION

Please list yourself and all persons living in your household.

Household Member Name	Relationship (e.g. Head/Spouse/dependent)	Birthdate	Social Security Number	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose



				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose

- Are you and all members of your household a United States citizen? ☐ Yes ☐ No *If no, please list non-citizens* \_\_\_\_\_
- Do you anticipate any changes in the household within the next 12 months? ☐ Yes ☐ No \_\_\_\_\_
- Does anyone live with you who is not listed above? ☐ Yes ☐ No \_\_\_\_\_
- Do you anticipate changes in the number of students or student status within the next 12 months?  
☐ Yes ☐ No
- Is any member of the household 18 years of age, a full-time student and employed? ☐ YES ☐ NO

Please list all household members below and complete

Household Member Name	Student Status	Name of School
	<input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT	
	<input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT	
	<input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT	
	<input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT	
	<input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT	
	<input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT	
	<input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT	
	<input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT	

**Answer the following ONLY IF household is comprised of ALL FULL-TIME students**

- Are any of the students married and entitled to file a joint Federal Income Tax Return with their spouse  
☐ Yes ☐ No
- Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF? ☐ Yes ☐ No
- Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act/Job Training Partnership Act, or under similar Federal, State, or local laws? ☐ Yes ☐ No
- Does the household consist of single-parent(s) and their children, and such parent(s) are not dependent on another individual's tax return and such children are not dependent on another individual other than a parent of such child? ☐ Yes ☐ No
- Does the household consist of at least one student who is or was previously under foster care?  
☐ Yes ☐ No

**UPDATED CONTACT INFORMATION FOR**  
**18+ HOUSEHOLD MEMBERS**

Please provide the most up-to-date information for each 18+ member in the household. Emails must be unique to that member.

Please check on each box for preferred contact method.

Head of Household Name: \_\_\_\_\_

☐ Phone: \_\_\_\_\_

☐ Email: \_\_\_\_\_

☐ Mail: \_\_\_\_\_

2<sup>nd</sup> Member Name: \_\_\_\_\_

☐ Phone: \_\_\_\_\_

☐ Email: \_\_\_\_\_

3<sup>rd</sup> Member Name: \_\_\_\_\_

☐ Phone: \_\_\_\_\_

☐ Email: \_\_\_\_\_

4<sup>th</sup> Member Name: \_\_\_\_\_

☐ Phone: \_\_\_\_\_

☐ Email: \_\_\_\_\_

5<sup>th</sup> Member Name: \_\_\_\_\_

☐ Phone: \_\_\_\_\_

☐ Email: \_\_\_\_\_

6<sup>th</sup> Member Name: \_\_\_\_\_

☐ Phone: \_\_\_\_\_

☐ Email: \_\_\_\_\_

## **HOUSEHOLD ELIGIBILITY QUESTIONNAIRE**

1. Do you currently have a Housing Voucher? ☐ Yes ☐ No
2. Are you on the waiting list to receive a Housing Voucher? ☐ Yes ☐ No
3. Are you a veteran of the US Armed Forces? (optional) ☐ Yes ☐ No
4. Are you or any member of your household disabled according to the Fair Housing Act? (optional)  
☐ Yes ☐ No ☐ Choose not to answer
5. Do you or any member of your household now live in subsidized housing of any kind?  
☐ Yes ☐ No
6. Do you have an animal(s) that will be moving in with you? ☐ Yes ☐ No *If yes, please describe: \_\_\_\_\_*  
\_\_\_\_\_
7. Have you or any members of your household been evicted for non-payment of rent or damages?  
☐ Yes ☐ No
8. Are you or any member of your household currently a user of an illegal controlled substance?  
☐ Yes ☐ No
9. If the answer is yes to the question above, has that person successfully completed a controlled substance recovery program, or are they presently enrolled in a program? ☐ Yes ☐ No ☐ N/A
10. Have you or any member of your household ever been convicted of illegal manufacture or distribution of a controlled substance? ☐ Yes ☐ No
11. Have you or any member of your household been evicted from federally assisted housing for drug-related criminal activity? ☐ Yes ☐ No
12. Have you or any member of your household been convicted of a sexual offense or violent crime? ☐ Yes ☐ No
13. Are you or any member of your household required to register as a sex offender under any lifetime State Sex Offender Registration programs? ☐ Yes ☐ No
14. Have you or any member of your household been convicted of a felony, misdemeanor, or crime involving fraud or dishonesty? ☐ Yes ☐ No *If yes, please list what state, type of conviction and date of conviction: \_\_\_\_\_*  
\_\_\_\_\_
15. Are you or any member of your household currently charged with criminal activity? ☐ Yes ☐ No
16. Has any member of your household ever been responsible for willful damage to property? ☐ Yes ☐ No
17. Are you or any member of your household separated, but not divorced? ☐ Yes ☐ No
18. If applicant or co-applicant is under the legal age of eighteen (18), have you provided proof of emancipation? ☐ Yes ☐ No



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19. I have received a copy and have been given the opportunity to read the Resident Selection Policy.

☐ Yes ☐ No

### **AUTOMOBILE:**

<b><u>MAKE</u></b>	<b><u>MODEL</u></b>	<b><u>YEAR</u></b>	<b><u>LICENSE PLATE #</u></b>

### **RESIDENTIAL HISTORY**

*Please include the past 5 years rental history. Include places in which you lived with friends, family, or someone else and include their contact information as the landlord. If you own or have owned a home, please check the box*

<b><u>Household Member</u></b> <i>(List history of other members if different than HOH)</i>	<b><u>Landlord Name</u></b>	<b><u>Address</u></b>	<b><u>Telephone Number</u></b>	<b><u>Dates of Residency</u></b> <i>(MM/YY to MM/YY)</i>	<b><u>Monthly Rent</u></b>

☐ OWN(ED) HOME



## EMERGENCY CONTACT

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone Number</u>

List all states in which you have resided or had an Identification Card or license to drive in the last 5 years:

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## HOUSEHOLD INCOME

<u>Income Source</u>		<u>Monthly Amount</u>	<u>Household Member</u>
Employment 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment 3	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment 5	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment Benefits - 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment Benefits - 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security / SSI - 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security / SSI - 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security / SSI - 3	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security / SSI - 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension/Veteran's Pay - 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension / Veteran's Pay - 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Support / Alimony - 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Support / Alimony - 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TANF / AABD - 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TANF / AABD - 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Retirement Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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<b>Lump Sum Payments</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Gig Income (DoorDash, Instacart, Uber, Lyft, etc.)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Gig Income (DoorDash, Instacart, Uber, Lyft, etc.)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Other Source</b> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Other Source</b> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Other Source</b> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Other Source</b> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## HOUSEHOLD ASSETS

1. Do you have assets of \$51,600 or more? ☐ YES ☐ NO
  2. Have you disposed of any assets for less than Fair Market Value in the past 2 years? ☐ YES ☐ NO
  3. Have you received a tax refund in the past 12 months? ☐ YES ☐ NO
- If yes, how much was received? \_\_\_\_\_

<u>Asset</u>		<u>Current Balance</u>	<u>Interest Rate</u>	<u>Household Member</u>
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Stocks, Bonds, Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Life Insurance (Whole or Universal)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No			







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Disposed Asset	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Prepaid Debit/Direct Express Card	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			

I/we hereby certify that this information is **TRUE** and **ACCURATE**. I/we understand that any misrepresentation on my/our part will result in my/our housing assistance being terminated. I/we also understand I/we must report any changes in the above information to the housing office in writing. I/we certify I/we have read and understand this information in accordance with federal housing regulations at the time I/we am offered assistance.

By signing below, you are authorizing The Housing Company to access my/our credit profiles, and criminal history from any or all credit repositories and criminal data sources. You are further authorizing The Housing Company to contact present and previous landlords, credit references, and employers and any credit report agency. You have the right to request a written summary of your rights under the Federal Fair housing Act as well as a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to dispute the accuracy of any information provided by the screening service. The name and address of the screening company can be obtained from the Resident Manager.

Please complete all questions fully and sign where indicated. Failure to do so will result in paperwork being returned to you for further information and will delay processing of any necessary changes.

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

Spouse or Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_





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**Resident Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



**STUDENT CERTIFICATION**

**1. Establishing student eligibility for Section 8 Assistance:**

If a member of the Household is a student (full or part time) at an institution of higher education the following information is required to determine eligibility for Section 8 rental assistance.

**Check “Yes” or “No” to the following question.**

**Yes    No**

[   ]    [   ]    Is ANY member of the household a student (part or full time) in an institution of higher education (any form of education beyond K-12)? If “yes”, list the names of the student household members: \_\_\_\_\_

**Each student applicant/resident listed must complete a separate addendum. (If a household member is an ineligible student, the entire household is ineligible for rental assistance).**

**Part A:**

**Yes    No**

[   ]    [   ]    I am a student who is or will be living with my parents in Section 8 assisted housing.

*If you answered “yes” sign and date the form. If you answered “no” proceed to Part B.*

**Part B:            Eligibility – Please check all that apply.**

**Primary Eligibility:** If you check at least one of these items a. through e. you meet HUD’s definition of an eligible student under the Section 8 program rules. Information must be verified.

a.	<input type="checkbox"/>	I am 24 years old
b.	<input type="checkbox"/>	I am a veteran of, or am currently serving in, the US Military. <i>(If checked, you must provide a copy of your discharge or service documentation)</i>
c.	<input type="checkbox"/>	I am married. <i>(If checked, you must provide a copy of your marriage license)</i>
d.	<input type="checkbox"/>	I have legal dependents other than a spouse. <i>(If checked, you must provide a tax return or birth certificate for dependents.)</i>
e.	<input type="checkbox"/>	I am a person with a disability and was receiving rental assistance as of November 30, 2005.
f.	<input type="checkbox"/>	My parents are receiving or eligible to receive Section 8 Assistance.

**Secondary Eligibility:** If you did not answer yes to any questions above, you may still be eligible.

g.	<input type="checkbox"/>	I will be 24 by December 31 <sup>st</sup> of the year in which I am requesting assistance.
h.	<input type="checkbox"/>	I am or was an orphan, in foster care, or ward of the court after the age of 13;(If checked, you must provide legal documentation to verify your situation)
i.	<input type="checkbox"/>	I am, or was immediately prior to the age of majority, an emancipated minor or in legal guardianship. <i>(You must provide a copy of marriage license or certificate)</i>
j.	<input type="checkbox"/>	I am a graduate or professional student; <i>(If checked, a third-party Verification of Student Status must be secured prior to determining your eligibility)</i>
k.	<input type="checkbox"/>	I meet the definition of an unaccompanied youth, at risk of homelessness and self-supporting. <i>(documentation required, ask the property manager for details)</i>
l.	<input type="checkbox"/>	None of the above applies. I can, however, provide documentation from a financial aid administrator that I meet the independence rule by reason of other unusual circumstances.

**Yes    No**

[   ]    [   ]    Do your parents claim you as a dependent on tax returns?

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**Part C: Verifications:** *In addition to the specific documentation listed in Part B, please provide copies of the following.*

- \_\_\_\_\_ List of previous addresses for at least the last year (see application
  - \_\_\_\_\_ Copy of Income Tax Return for previous year
  - \_\_\_\_\_ Verification of income from parents (INC 15) even if there is no financial support provided (not required if claiming independent status under Part B: items h, i, or k.)
- 

**2. Financial Assistance to be included in income:**

I understand that unless I am over 23 and have dependent child(ren) or I am a student living with my parents, the calculation of annual income on which rent is calculated will include all financial assistance (exclusive of loans) received in excess of tuition. (*Applicant/Resident must provide the name of the institution of higher learning; evidence of all financial assistance; and an official statement of tuition fees, all of which will be verified*). *Financial assistance means grants, scholarships, financial assistance from family members or other persons, financial assistance from any federal, state or local agency, work study, etc.)*

3. If you are ineligible for rental assistance because of student status, you and your household are prohibited from participating in the Section 8 program and may not move into a Section 8 assisted apartment.

I hereby certify that all of the above questions have been answered truthfully, and that I understand when financial assistance will be included in the calculation of annual income, which determines the amount of rent I will pay. I also understand that if any member of my household is ineligible for assistance because of student status, the household is prohibited from moving into a Section 8 assisted apartment, and that should any member of the household become an ineligible student after initial occupancy, the household will no longer be eligible for rental assistance and rent will be increased to market rent.

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**Applicant/Resident**

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**Date**

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



**APPLICANT DECLARATION**

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet (Attachment 5).

LAST NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_

ALIEN REGISTRATION NO: \_\_\_\_\_  
(if applicable, this is an 11-digit number found on INS Form I-94, Departure Record).

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

SAVE verification number: \_\_\_\_\_ (to be entered by owner if and when received.)

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

**DECLARATION:**

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

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

If you checked this block, no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child, should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**\_\_\_\_\_ 2. A non-citizen with eligible immigration status in the category checked below: (Please check one of the following)**

- \_\_\_\_\_ ( i ) 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 98 U.S.C. 1001(a)(20) and 1101 (a)(15), respectively). [immigrants]. (This category includes a non-citizen admitted under section 210 or 210A of the INA (9 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- \_\_\_\_\_ ( ii ) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States 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 U.S.C. 1259);
- \_\_\_\_\_ (iii) A non-citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under section 208 of the INA (8 U.S.C. 1158) [Asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153 (a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- \_\_\_\_\_ ( iv ) A non-citizen who is lawfully present in the United States 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 U.S.C. 1182 (d)(5) [parole statute];
- \_\_\_\_\_ ( v ) A non-citizen who is lawfully present in the United States as a result of the Attorney General withholding deportation under section 243 (h) of the INA (8 U.S.C. 1253 (h) [threat to life of freedom]; or
- \_\_\_\_\_ ( vi ) A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

(Please continue on reverse side)

**If you checked one of the items in block 2 you must submit the following documents:**

- a. Verification Consent Format (Attachment 9) AND
- b. One of the following documents:
  - (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
  - (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
    - (i) Admitted as Refugee Pursuant to Section 207";
    - (ii) "Section 208" or "Asylum
    - (iii) "Section 243(h)" or "Deportation stayed by Attorney General";
    - (iv) "Paroled pursuant to Sec. 212(d)(5) of the INA";
  - (3) If for I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
    - (i) A final court decision granting asylum (but only if no appeal is taken);
    - (ii) A letter from an INS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an INS district director granting asylum (if application was filed before October 1, 1990).
    - (iii) A court decision granting withholding or deportation; or
    - (iv) A letter from an INS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
  - (4) Form I-688, temporary Resident Card, which must be annotated ☐ section 245A: or ☐ section 210";
  - (5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or ☐ Provision of Law 2741.12";
  - (6) 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.
  - (7) Form I-151, Alien Registration Receipt Card

If block 2 is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

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

Check here if adult signed for a child: \_\_\_\_\_

If for any reason, the documents shown above are not currently available, complete the request for extension block below.

**REQUEST FOR EXTENSION**

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

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

Check here if adult signed for a child: \_\_\_\_\_

If you do not wish to complete the form or provide us with evidence of your eligible immigration status, complete block 3 below.

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

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

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

Check here if adult signed for a child: \_\_\_\_\_

Return this form to:

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

The Housing Company does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



**OWNER'S NOTICE NO. 1  
FOR AN APPLICANT FAMILY**

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

**Dear:** \_\_\_\_\_

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible non-citizen in the following HUD Programs:

- a. Section 8 Housing Assistance Payments programs
- b. Section 236 of the National Housing Act
- c. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; therefore, **you are required** to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a *Family Summary Sheet*, using the attached blank format (identified as *Attachment 5*) to list all family members who will reside in the assisted unit.
2. Have a *Declaration Format (Attachment 7)* completed by each family member (including yourself) who is listed on the *Family Summary Sheet*. If there are 10 people listed on the *Family Summary Sheet*, you should have 10 completed copies of the *Declaration Format*. The *Declaration Format* has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each *Declaration Format*.
3. Submit the *Family Summary Sheet*, the *Declaration Formats* and any other forms and/or evidence to the name and address listed below at the time you turn in your application.

**Complex:** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact the Resident Manager \_\_\_\_\_ at \_\_\_\_\_ apartments. He/she will be happy to assist you.

If you are unable to provide the required documentation by the date shown above, you should immediately contact the Resident Manager and request an extension, using the block provided on the *Declaration Format*. **Failure to provide this information or establish eligible status may result in you not being considered for housing assistance.**

If this section 214 review results in determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you if at least one member of your household has submitted the required documentation. Following verification of all the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Notification of Nondiscrimination on the Basis of Disability (504):

The Housing Company does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person in the position 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 (24CFR, Part 8 dated June 2, 1988).

\*Position: Regional Property Manager, The Housing Company, P.O. Box 6943, Boise, ID 83707-0943. Voice: 208-331-4890, TDD: 800-545-1833, ext. 628\*



## FAMILY SUMMARY SHEET

Mbr. No.	Last Name of Family Member	First Name	Relationship	Date of Birth

Return this form to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Housing Company does not discriminate on the basis of handicapped status in the admission of access to, or treatment or employment in, its federally assisted programs and activities.





## APPLICANT VERIFICATION CONSENT

**INSTRUCTIONS:** Complete this format for each noncitizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

**CONSENT (print or type first name, middle initial, last name)**

I, \_\_\_\_\_ hereby  
consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use of transmission of the evidence by the entity receiving it, to:
  - (i) HUD, as required by HUD; and
  - (ii) The DHS for purposes of verification of the immigration status of the individual.

### NOTIFICATION TO APPLICANTS:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use of transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
**Signature of Applicant**

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

Check here if adult signed for a child: \_\_\_\_\_

### PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6) (7) and (8). Violations 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)**

## HUD-9887/A Fact Sheet

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

### What Verification Involves

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

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

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

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

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

### Customer Protections

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

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

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

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

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

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

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

### Consequences for Not Signing the Consent Forms

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

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

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

### Programs Covered by this Fact Sheet

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

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

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

# Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	<del>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.):</del>
---	---	---

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

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

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

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

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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

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

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

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

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

## Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

## Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

## Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

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

### Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

### Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

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

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

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Name of Applicant or Tenant (Print)

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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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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**Signature of Applicant**

**Date**

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

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





# APPLYING FOR HUD HOUSING ASSISTANCE?

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

## Do You Realize...

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

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

## Do You Know...

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

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

## So Be Careful!

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

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

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

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

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

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

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

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

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

## Ask Questions

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

## Watch Out for Housing Assistance Scams!

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

## Report Fraud

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



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

## ACKNOWLEDGEMENT OF DOCUMENT RECEIPT

HOH Name \_\_\_\_\_ Unit # \_\_\_\_\_

☐ Applicant    ☐ Tenant                      ☐ Application    ☐ Move-In    ☐ AR

(Complete the date of receipt of each document)

\_\_\_\_\_ EIV and You Brochure  
(required **during the application process** and each AR)

\_\_\_\_\_ Resident Rights & Responsibilities  
(required **during the application process** (prior to MI and each AR)

\_\_\_\_\_ HUD Fact Sheet (How Your Rent is Determined)  
(required **during the application process** (prior to MI and each AR)

\_\_\_\_\_ Is Fraud Worth It? (HUD 1141)  
(required at MI and each AR)

\_\_\_\_\_ Notice of Protections Provided through VAWA with Certification  
(required at application rejection, MI, and AR prior to 12/16/17)

\_\_\_\_\_ Lead-based Paint Disclosure  
(required for properties built before 1978 housing children under 6)

By signing below, I verify that I have received all of the forms and documents indicated and have been given the opportunity to ask questions about the information provided in these required forms and documents.

\_\_\_\_\_  
HOH (signature)

\_\_\_\_\_  
Date

*If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.*

## RESIDENT SELECTION PLAN - SECTION 8 NEW CONSTRUCTION SUBSIDIZED RENTAL HOUSING

### Apartment Community: HAZLE PARK

**INTRODUCTION:** The procedures used for selection of residents shall be implemented in compliance with the Department of Housing and Urban Development (HUD) Handbook 4350.3, as amended, and all other applicable federal statutes and regulations.

**NON-DISCRIMINATION:** The management agent shall comply with all federal, state and local fair housing and civil rights laws and with all equal opportunity requirements as required by law, including without limitation HUD administrative procedures. Federal laws forbid discrimination based on race, color, creed, religion, sex, age, disability, familial status, or national origin. Discrimination against a particular social or economic class is also prohibited (for example: welfare recipients; single parent households, etc.) These requirements apply to all aspects of tenant relations including without limitation: accepting and processing applications, selecting residents from among eligible Applicants on the waiting list, assigning units, certifying and re-certifying eligibility for assistance, granting accommodation and terminating tenancies.

**ELIGIBILITY FOR RENTAL ASSISTANCE:** Applicants seeking rental assistance in subsidized rental developments must meet the following eligibility factors:

1. Household must meet eligibility criteria for the specific apartment community:
  - a. Family Apartment Communities do not restrict occupancy to a certain population.
  - b. Elderly Apartment Communities restrict occupancy to:
    - i) Elderly Households of two or more persons with at least one person who is 62 years of age or older;
    - ii) A Single Person who is 62 years of age or older;
    - iii) A household whose head, spouse or sole member is Disabled.
2. The household's annual income and assets must not exceed the applicable limits. Annual income is calculated in accordance with the Housing Opportunity Through Modernization Act (HOTMA), which includes new rules for what is considered income and what is excluded. A household will be considered ineligible for admission if their total net family assets exceed the statutory asset limit (currently **\$103,200**, subject to annual adjustments).
3. The Applicant agrees to pay the portion of rent required by the subsidy program under which the Applicant will be admitted.
4. The unit must be the Family's only residence.
5. At the time of admission, the Applicant may not be receiving Section 8 assistance on another housing unit.
6. Household must meet citizenship or immigration status requirements as follows and submit applicable documentation:
  - a. A Family shall not be eligible for assistance unless every member of the Family residing in the unit is determined to have eligible status, with the exception noted herein.  
     Exception: Despite eligibility of one or more Family members, a mixed Family (a family with one or more ineligible family members and one or more eligible family members) may be eligible for pro-rata assistance.
  - b. Applicants must submit documentation required by the Department of Housing and Urban Development at the time the application is submitted. Management will supply, to the Applicant, a list of acceptable documents to verify citizenship or immigration status. Applicants will be placed on the waiting list pending verification of immigration status. Upon receipt of the application, Management will verify documentation provided by non-citizens utilizing the Systematic Alien Verification for Entitlements (SAVE) Program. If eligible immigration status cannot be verified, Applicant will be removed from the waiting list and notified of the action.
  - c. If a noncitizen Applicant is waiting to receive appropriate documentation, Applicant must wait to submit a complete application for an apartment until the documentation is received. Management does not provide temporary deferrals for this requirement.
7. Each member of the household must provide a valid social security card (or other acceptable evidence of a Social Security Number). A household may be placed on the waiting list prior to providing an SSN for all non-exempt household members. In such cases, the applicant must submit verification of SSNs for all household members within 90 days from the date they are first offered an available unit. An extension of up to 90 days may be granted at management's discretion if the household can demonstrate a good faith effort to obtain the SSN(s).

8. Individuals who are students in institutions of higher learning will not be eligible for assistance unless the student is living with his or her parents or the individual is a student who:
    - i. Is 24 years old or older;
    - ii. Is a veteran of the U.S. military;
    - iii. Has dependent children;
    - iv. Is married;
    - v. Is a person with disabilities and was receiving Section 8 assistance as of November 30, 2005; or
    - vi. Is living with their parents, and the parents are also receiving Section 8 assistance.
  - a. Unless the student is living with his or her parents or 24 or older and has dependent child(ren), the calculation of annual income on which rent is calculated will include all financial aid (exclusive of loans) received in excess of tuition.
  - b. Section 8 Rental Assistance will not be prorated between eligible and ineligible students. If a household includes an ineligible student, the entire household is ineligible.
9. Each household member must provide consents for verification of all sources of income or other information relative to occupancy in the community.

**ELIGIBILITY OF SINGLE PERSONS:** Eligible Single Persons include those persons 18 years of age or older or a Single Person under 18 years of age who has been emancipated through marriage under Idaho law. Eligible single persons may not be offered a two-bedroom apartment except: (1) in situations requiring reasonable accommodation; (2) for an elderly person with a verifiable need for the larger apartment or (3) for a Displaced Person if there are no one-bedroom apartments available.

**APPLICATION REQUIREMENTS:** Anyone who wishes to secure housing must fully complete the application form provided by management. The information provided must contain enough information for management to make an initial determination of the income eligibility of the household; the size of unit desired or needed and sufficient information to screen Applicant's prior landlord history. Applicants must consent to management's requirement to secure a credit and criminal background history and must provide sufficient information to enable management to secure such reports. Incomplete applications will not be processed.

**CHANGES IN INCOME OR FAMILY COMPOSITION FOR WAITING LIST APPLICANTS:** If an Applicant's income changes to an amount which is no longer eligible under the limitations of the assistance program by the time the application reaches the top of the waiting list, written notice will be given advising the Applicant that: (1) they are not presently eligible for assistance under the Section 8 program; (2) the Applicant could become eligible if the household income decreases, the number of household members changes, the Income Limit changes, or HUD grants an exception to the Income Limits, and (3) asks whether or not the Applicant wishes to remain on the waiting list.

Households must report any decrease in their annual adjusted income that results in a cumulative decrease of **10% or more**. The Owner will then conduct an interim recertification. Owners may, at their discretion, choose to set a lower threshold for reporting income decreases.

**OCCUPANCY STANDARDS:** Occupancy standards have been established to ensure that units are not overcrowded or underutilized. The number of occupants in a unit must be in accordance with the occupancy standards as set forth by The Housing Company based upon local law and Agency regulations. These occupancy standards are subject to change during the lease term if changes in laws, ordinances, or regulations make such changes necessary. The minimum occupancy limit will correspond to the number of bedrooms. The maximum occupancy limit will depend on local law and regulations, and the square footage of usable sleeping areas as defined by local law and suggested Agency guidelines. Notwithstanding the above, The Housing Company shall have the right to make reasonable accommodations for individuals with disabilities and may adjust occupancy limits to further the goal of providing reasonable accommodations. Minimum and maximum limits are as follows:

UNIT SIZE	MINIMUM	MAXIMUM
1	1	3
2	2	5
3	3	7
4	4	9

Generally, the presumptive standard is two (2) persons per bedroom. Household composition will be considered when applying this general rule.

**DETERMINING UNIT SIZE AT MOVE-IN:** The management agent must balance the need to avoid overcrowding with the need to make the best use of available space, and to avoid unnecessary subsidy. To determine how many bedrooms a Family may have, the management agent shall count:

1. all full-time members of the household;
2. children who are away at school but live with the Family during school recesses;
3. children who are subject to a joint custody agreement but live in the unit at least 50% of the time;
4. an unborn child or children who are in the process of being adopted or whose custody is being obtained by an adult;
5. foster children or children who are temporarily absent due to placement in a foster home;
6. live-in attendants; and
7. foster adults.

The management agent shall not provide bedroom space for persons who are not members of the household, such as adult children on active military duty, permanently institutionalized Family members, or visitors.

**OVERCROWDED OR UNDER-UTILIZED UNITS:** Units, which are smaller or larger than needed by the Applicant, may be assigned if doing so will not cause serious overcrowding. The action may not conflict with local codes and larger units than indicated by the number of household members may only be issued if no units of appropriate size are available. In such cases, the Family must agree to move to the correct sized unit, at its own expense, when one becomes available. After move-in, if a unit becomes overcrowded or under-used because of changes in household composition, the management agent will require the Family to move to an appropriate sized unit when one becomes available. If the resident refuses to move, the household must pay HUD-approved market rent to remain in the same unit. In such instances, transfers will take priority over any preference or Applicants on the waiting list.

**PREFERENCES:** Management will observe preferences listed below, prioritized in the order of the list:

**Accommodation for Existing Residents:** Requests for reasonable accommodation from existing residents requiring unit transfers will take priority over all waiting list Applicants. Accommodation results when a third-party-verified disability requires a change or repairs which make it easier for the existing resident to reside in the community. Reasonable costs associated with unit transfers or repairs will be covered by management, unless doing so will cause an undue financial and administrative burden.

**Units Specifically Designed for Disabled or Handicapped Persons:** When attempting to fill a unit that has features designed to meet the needs of disabled persons, management will grant a preference to households with Disabled members (who otherwise qualify) and need the accessible features of the unit. For example, units designed for accessibility to individuals with mobility, hearing or vision impairments, will be rented to households that require the features provided in those units. This preference will be granted upon proper notification by Applicant and verification of need by management.

**Elderly Properties:** Properties that are designed for the elderly must verify that the applicant household qualifies as an elderly household. An elderly household is one in which the head of household, spouse and/or co-head is 62 years of age or older, or disabled. A disabled person need not be 62 or older in order to qualify at certain properties designated for the elderly.

**Extremely Low Income Households:** Extremely Low Income Households, defined as households with income not exceeding 30% of the area median income (AMI) established by HUD and periodically updated, shall receive preference over households on the waiting list with incomes exceeding 30% AMI. Extremely Low Income Households will be selected from the waiting list in chronological order, and other eligible households will be housed after all Extremely Low Income Households on the waiting list have been housed. The Housing Company will continue to market units with efforts to reach the Extremely Low Income population. If there are no Extremely Low Income Households on the waiting list, other households will be housed in the order in which they have applied. This preference will be determined utilizing income stated on the application, but will be revoked at the discretion of management if Applicant has misstated income as determined by verification. The preference will be in place during the first six months of each calendar year or until such time during the year that the number of new move-ins rented to Extremely Low Income Households is equal to 40% of the average turn-over in the previous three years.

**Transfers for Existing Tenants:** No waiting list preference shall be granted to households seeking transfers (for reasons other than accommodation) between units in a specific apartment community or between apartment communities located within the same market area which are owned or managed by The Housing Company. Exceptions will be made for Emergency Transfers under VAWA. Other households seeking such transfers shall receive only chronological status on the waiting list.

**PROCESSING STEPS:** The development shall be rented and occupancy maintained on a first-come, first-served basis with preferences taken into consideration. All persons wishing to be admitted to the development or placed on the waiting list must complete an application and supply all documentation required. Prospective tenants submitting incomplete applications will not be considered for occupancy. The initial application shall be timed and dated when received, and the resident manager shall maintain at the rental office a chronological list of all Applicants (categorized on a bedroom size requirement). Applicants may be included on one or more waiting list, depending upon the needs of the Family and management's determination of overcrowding or under-utilization. Preference households and existing residents requiring unit transfers because of accommodation will move ahead of chronological status Applicants. Applicants shall be offered housing (after meeting all selection criteria requirements including the verification process), placed on the waiting list, or declined. Potentially eligible Applicants who have met tenant selection criteria, and for whom the right size unit is not available, will be placed on the waiting list and contacted when an appropriate unit becomes available. The Applicant must contact the development's resident manager every three (3) months to remain on the waiting list. Applicants who fail to provide acceptable landlord references, credit history, or who have a criminal background will be notified that they have been removed from the waiting list.

All Applicants will be provided with a copy of the Enterprise Income Verification brochure prior to move-in. The Housing Company utilizes EIV to determine if an applicant is receiving subsidy at another complex or through the Section 8 Voucher program. Each applicant's social security number will be used to run an "Existing Tenant Search" prior to move-in. Should other subsidy be discovered, the resident manager will work with the applicant to ensure that a dual subsidy situation does not occur. During tenancy, the EIV system will also be used to confirm that the tenant is not receiving subsidy elsewhere, and verify certain types of income, including social security, wages, and unemployment. It will also be monitored periodically to determine if a household member has obtained new employment during tenancy.

When an appropriate unit is available, the resident manager shall interview the Applicant; confirm and update all information on the application; update credit and criminal reports older than one year; obtain current information of income, expense, and family composition to certify eligibility and compute the resident's share of the rent. Verification of income and assets will follow the hierarchy required by HUD regulations. For households with total net assets below the statutory threshold (currently **\$50,000**, subject to annual adjustment), applicants may be permitted to self-certify their assets at recertification as allowed by HUD guidance. However, third-party verification will be required at move-in and at least once every three years of tenancy. Each Applicant will be required to evidence citizenship and comply with the Social Security Disclosure Regulations, which means each Family member must supply their Social Security number and verification of the same. The Applicant shall be informed that a final decision on eligibility cannot be made until all verifications are complete.

Applicants, whose position on the waiting list enables application processing, will receive only two consecutive notices of housing availability. If the Applicant is unable or decides not to complete the application process, the Applicant shall be removed from the waiting list upon receiving the second notice and must reapply for eligibility.

**OPENING & CLOSING THE WAITING LIST:** The waiting list shall be updated every three months and may be closed for one or more unit sizes when the average wait for admission is excessive (e.g. one year or more). If the waiting list is closed, a notice will be published in the local newspaper, posted on our website and posted at the apartment community office. The same process will be followed when the waiting list is re-opened.

**SCREENING CRITERIA:** The following factors shall be considered in screening Applicant for occupancy:

1. Demonstrated ability to meet financial obligations and to pay rent on time.
2. History as a good resident.
3. History of disturbing neighbors or destroying property.
4. Applicant's credit history.
5. Ability to maintain (or with assistance would have the ability to maintain) the housing in a decent and safe condition based on living or housekeeping habits and whether such habits adversely affect the health, safety or welfare of the household and other residents in the community.
6. Ability to meet all obligations of tenancy.
7. Current use or history of using illegal drugs or current use or history of abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of others.

8. History of felony or misdemeanor convictions by any household member involving crimes of physical violence against persons or property, fraud, dishonesty and any other criminal activity including but not limited to Drug-Related Criminal Activity.
9. Any household member, including a Live-in Aide, has been evicted from assisted housing within three years as a result of Drug-Related Criminal Activity.
10. Any household member has Registered Sex Offender status, or is subject to a lifetime registration requirement under a state sex offender registration program.
11. Income Limit qualification.

Note: Live-In Aides will be screened for drug abuse and criminal activity, and must sign required release forms.

**REFERENCES; CRIMINAL AND CREDIT HISTORY:** Management will require consent of all adult household members and Live-In Aides for verification of references and permission to seek criminal background history.

**Landlord References:** Landlord references will be required for up to five (5) years, including the present landlord. Applicants, who have been previous homeowners, must be able to demonstrate that they have made mortgage payments in a timely manner.

Applicants, who have had no previous rental or homeownership history, must provide references from people they lived with during the last five years. Further, such Applicants must agree to monthly inspections of their apartment to continue until management deems that the Applicant is maintaining the apartment in a clean, safe and sanitary condition.

Unfavorable landlord or professional references may result in removal from the waiting list.

**Credit History:** Credit reports will be ordered for each Applicant. The credit report will be reviewed to determine the Applicant's history of meeting financial obligations including payments for rent, utilities, loans, revolving credit cards, and other obligations. Applicant's credit history must be acceptable to management before they will be approved to occupy a unit. The credit report will be reviewed to:

1. confirm current address;
2. confirm credit sources included on the application;
3. confirm current and past employment listed on the application; and
4. to determine whether the Applicant has an acceptable credit history.

Applicants, whose credit histories are unacceptable, will be declined and removed from the waiting list. An unacceptable credit history may include the following: past-due payments of more than 90 days; a history of repeated insufficient fund checks; derogatory credit (repossession, foreclosures, judgments, collections, charge-offs, liens, bankruptcy not yet discharged, etc); delinquent or charge off debt due other apartment communities; or unpaid utility company collections which would prohibit applicant from obtaining services. The lack of credit history or past due payments or derogatory credit relating to medical expense or student loans will not be considered as grounds for declining an Applicant. Consideration will be granted when current credit history demonstrates a pattern of improvement; history of rent payment overshadows other debt issues or Applicant can demonstrate acceptable reasons for credit history. Applicants may wish to provide an explanation that evidences efforts to correct credit deficiencies through payment plans or other work out solutions. If such explanation is acceptable to management, further screening may be conducted and written confirmation of payment plans may be required from the creditor(s).

In the event of decline based upon credit, the Applicant has 14 days to provide an explanation and request further consideration. Management will provide a copy of Applicant's credit report upon request. It is the Applicant's responsibility to contact the credit-reporting agency to resolve any items that have been incorrectly reported.

**Criminal Activity Reports:**

A criminal activity report will be ordered for each Applicant, and an Applicant with a history that includes felonious crimes, serious misdemeanors, Drug-Related crimes, violent crimes, or sexual crimes will be declined and removed from the waiting list. Reports will be obtained from local and/or state records. Consideration may be granted to Applicants with past criminal records occurring five or more years in the past with no further criminal record. If the Applicant has resided in a state other than Idaho and has a past felony conviction, a report will be required from that state or federal organization. Applicants will be required to certify that they or members of their household are not Registered Sex Offenders. Registered Sex Offenders will not be admitted to the apartment community.

**DECLINING APPLICANTS:** Applicants may be declined if any one of the following categories applies:

1. Failure to meet one or more of the screening criteria.
2. Information required by the application and income verification process is not provided.



3. Failure to respond to written requests for information.
4. Declaration by Applicant that they are no longer interested in housing.
5. Unacceptable credit history.
6. Income exceeds the appropriate Very Low Income Family Income Limit (when dictated by Federal programmatic requirements).
7. Inability to appropriately maintain housing in a decent safe and sanitary condition.
8. Applicant is single, under 18 years of age and has never been emancipated through marriage under Idaho law.
9. Family size is too large for available units, and serious overcrowding would result in providing a smaller unit.
10. History of unjustified and chronic nonpayment of rent and financial obligations.
11. History of disturbing the quiet enjoyment of others.
12. A risk of intentional damage or destruction to the unit or surrounding premises by the Applicant or those under the Applicant's control.
13. History of violence and harassment of others.
14. History of violations of the terms of previous rental agreements such as destruction of a unit or failure to maintain a unit in a decent, safe, and sanitary condition.
15. Criminal history includes felony or misdemeanor convictions for Drug Related Activity, violent crimes, sexual crimes, physical violence against persons or property, fraud, dishonesty or any other criminal activity (excepting traffic violations) which, at the sole discretion of management, is deemed a risk to the well being of the community.
16. Illegally using a controlled substance or abusing alcohol in a way that may interfere with the health, safety and well being of other residents. Waiver of this requirement is subject to Applicant demonstrating they are no longer engaging in such activity and producing evidence of participation in or completion of a supervised rehabilitation program.
17. Applicant or a member of the household is a Registered Sex Offender under any state sex offender registration program.
18. Applicant or a household member has engaged in or threatened abusive or violent behavior towards any staff member of management or another resident.
19. Applicant or a member of household was evicted from housing within three years as a result of Drug-Related Criminal Activity.
20. Applicant, requesting rental assistance, does not meet the eligibility criteria when household members include students in institutions of higher education (any educational facility beyond K-12).
21. Application is incomplete, or is found to contain false information.
22. Appropriately sized housing is not and will not be available in the apartment community.

If an Applicant is declined, Applicant will be informed in writing with an explanation of the reasons for decline. The Applicant will be notified that they have 14 days to respond in writing or to request a meeting to discuss the decline. All declined applications and supportive documentation shall be maintained at the management agent's home office in a manner that assures confidentiality.

**Violence Against Women and Justice Department Reauthorization Act of 2005:** In accordance with the Act, admission to the apartment community will not be denied on the basis that the Applicant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking if Applicant otherwise qualifies for admission. Applicant may request protection under the Act by completing the Certification of Domestic Violence, Dating Violence or Stalking (HUD form 5382) and Management will verify the certification as allowed by the Act.

## **DEFINITIONS:**

**APPLICANT** includes all adult members of the Family or household.

**DISABLED PERSON** is a person with a disability as defined by Section 223 of the Social Security Act or as generally defined in 42 USC Section 6001(8) as a severe, chronic disability which:

1. is attributable to a mental/or physical impairment or combination of mental and physical impairments;
2. was manifested before age 22;
3. is likely to continue indefinitely;
4. results in substantial limitations in three (3) or more of the following areas of major life activities: self care, receptive and responsive language, learning mobility, self direction, capacity for independent living, and economic Self Sufficiency; and

5. reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or the other services, which are of lifelong, or extended duration and are individually planned and coordinated.
6. is a person with a physical or mental impairment that:
  - a. is expected to be of long, continued and indefinite duration;
  - b. substantially impedes the person's ability to live independently; and
  - c. is such that the person's ability to live independently could be improved by more suitable housing conditions.
7. is a person with a developmental disability.

**DISPLACED PERSON** is a person displaced by governmental action or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

**DRUG RELATED CRIMINAL ACTIVITY** Drug Related Activity means the illegal manufacture, sale, distribution or use of a drug or the possession with the intent to manufacture, sell or distribute a controlled substance. Drug-Related Criminal Activity does not include the use or possession, if the household member can demonstrate that they:

1. have an addiction to a controlled substance, has a record of such an impairment, or is regarded as having such an impairment; **and**
2. have recovered from such addictions and do not currently use or possess controlled substances. The household member must submit evidence of participation in, or successful completion of, a treatment program as a condition to being allowed to reside in the unit.

**ELDERLY PERSON** is a person who is at least 62 years old.

**ELDERLY HOUSEHOLD** is a household whose head, spouse, or co-head qualifies as elderly or disabled. The household may be two or more Elderly or Disabled Persons who are not related, or one or more such persons living with a Live-in Aide(s) essential to their care or well being. A household may NOT designate a Family member as head of household solely to qualify the Family as an Elderly Household.

**FAMILY** is one or more persons in a household whose income and resources are available to meet the Family's needs.

**INCOME LIMITS** are defined as those income limitations published by organizations regulating the development.

**INDEPENDENT STUDENT**: The individual must be of legal contract age under state law; the individual must have established a household separate from parents or legal guardians for at least one year prior to application for occupancy or the individual meets the U.S. Department of Education's definition of an independent student (which includes the following criteria: must be at least 24 years old before December 31 of the award year for which aid is sought; be an orphan or a ward of the court through the age of 18; be a veteran of the U.S. Armed Forces; have legal dependents other than a spouse (for example, dependent children or elderly dependent parent); be a graduate or professional student, or be married); the individual must not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations and the individual must obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support (this certification is required even if no assistance will be provided.).

**LOW INCOME HOUSEHOLD** is a Family whose income does not exceed eighty percent (80%) of the area median income as determined by HUD.

**LIVE-IN AIDE/ATTENDANT** is a person who lives with an Elderly or Disabled individual(s), is essential to that individual's care and well being, is not obligated for the support of the person, and would not be living in the unit except to provide the support services. While a relative may be considered to be a Live-in Aide/Attendant, the relative can reside in the unit as a Live-in Aide/Attendant only if the tenant requires special care. The Live-in Aide qualifies for occupancy only as long as the tenant requires supportive services and may not qualify for continued occupancy as a Remaining Family Member. Live-In Aides may be evicted for violation of house rules.

**REMAINING MEMBER HOUSEHOLD** is a person who remains in a unit following a decrease in Family composition.

**SINGLE PERSON** is a person who intends to live alone.

**VERY LOW INCOME FAMILY** is a Family whose income does not exceed fifty per cent (50%) of the area median income as determined by HUD.