Henderson Property Management, LLC

1500 B 7th Ave., Apt. 107

Belle Fourche, SD 57717

Phone	605-	723-	000
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Fax 605-723-0055

Date Received

Time Received

FULL APPLICATION FOR ADMISSION & RENTAL ASSISTANCE EQUAL HOUSING OPPORTUNITY

Applicant Name	
Current Address	
City, State, Zip	
Home Phone	
Message Phone	5
Work Phone	
If yes.: Property/Complex na	ame:
Address.	(mailing address) (city, state, zip) (phone)
Yes () No Do you have any pets?	
If yes. Type: B	Breed:

Henderson Property Management, LLC Does business in accordance with the Federal Fair Housing Laws. We do not discriminate on the basis of race, color, national origin, religion, sex, familial status or handicap(disability).





Household Composition & Characteristics

1. List the Head of Household (HOH) and all other members who will be living in the unit. Give relationship of each family member to HOH.

Household Member	Relationship	Date of Birth	Sex, Race,		
Full Name		Social Security #	& Ethnicity	iio	Attending
Head of household	self	Birth	MaleFemale	Citizen	School? Y/ N School name,
		SSN	Hispanic Non- Hisp WhiteBlack	Non- Citizen	address:
			Am. Ind Asian	PARTICIPATION OF THE PARTY NAMED IN	Attending
		Birth	MaleFemale	US Citizen	School? Y/N School name,
		SSN	Hispanic Non-Hisp WhiteBlack _ Am. Ind Asian	Non- Citizen	address
		Birth	MaleFemale	US Citizen	Attending School? Y/ N School name,
		SSN.	Hispanic Non-Hisp WhiteBlack Am. Ind _ Asian	Non- Citizen	address
		Birth	Male Female	US Citizen	School? Y/ N School name,
		SSN	Hispanic Non-Hisp White Black Am Ind Asian	Non- Citizer	address
		Birth	Male Female	US	Attending School? Y/ N School name
		SSN	Hispanic Non-Hisp White Black Am. Ind Asian	Non- Citizen	address
		Birth	MaleFemale	US	Attending School? Y/ N School name
		SSN	Hispanic Non-Hisp WhiteBlack _ Am. IndAsian	Non- Citizen	address
550-51		Birth	MaleFemale	US Citizen	Attending School? Y/N School name
		SSN	Hispanic Non-Hisp WhiteBlack Am. Ind Asian	Non- Citizen	address
		Birth	Male Female	US	Attending School? Y/ School name
		SSN	Hispanic Non-His WhiteBlack Am. IndAsian	Non- Citizen	address
Please request add more members.	ition forms for				

2. () Yes (If yes, p) No Do you lease explain: _	expect any hou			or new member	s to move in	?
3. () Yes () No Is the h	ead of househo	old or spouse h	nandicapped or o	disabled? Who?)	
4. () Yes (our household h blease explain:	ave special ho	ousing needs?			
including chi	Idren. Indicate documents - c NF	any income you	are receiving vard letters, and real estate os istance ompensation ment	, or expect to recount statemed Commission Final winn othe Payr othe	ns ncial Aid ings rs that pay your nents made dire ers on your beha	copies of bills ctly to	r,
Person with Income	Type of Income (from list above)	Amount (before deductions)	How often received? (Monthly, weekly, bi- weekly, annually, etc.)	Source of income (Place, person, organization, etc.)	Address and phone #of source	Other info	
		1					

Assets						
() Yes () No	Have you Market va	assets disposed lue? If yes, expl	of any assets in th	e last two yea	rs for less th	an their fair
2. Check and (Provide	explain all a	sset information	for all household m s – account statemen	nembers; ts, letters, etc.)		
□ Savings □ IRAs □ Bonds			ual Funds	□ Trusts		
Household member with account or	Bank / Institution Name	Address	Account Numb	Or asset		alance
asset.						
						100
				1 1		
		Amount you Amount pai	i pay directly for the d by child care assi	stance		How often? How often?
) Yes () No	hous	ehold member nehold to work? I	endant or for any e ecessary to permit f yes, provide the c	that person o	r someone el	se in the
Iderly or Dis	sabled Fan	nilies Only. Ple	ease complete the	following:		
	and the second		-0.15			
()Yes()	No Do yo	ou have Medicar iium?	e? If yes, what is y	our monthly		
	prem	ium?	e? If yes, what is y er kind of medical in		es, complete	the followin
()Yes()	prem No Doy	ium?			How often? (Monthly, quarterly, annually, etc.)	
()Yes()	prem No Doy	ou have any othe	er kind of medical in	nsurance? If y	How often? (Monthly, quarterly,	

	ii yes, pie	and the prototo	he following rega	arding those ex	helises.	E 28 200 30	
Provider Name		SS (must provide information)	Phone Number	Amount	Other info		*
							201 5
		2				1	
			* 4				
						1	
						J .:	
() Yes() No	Do you e please e	expect to incur	any medical exp	enses in the ne	ext 12 months?	? If yes,	
() Yes () No			ember of the ap				
Rental History Name & Address	of current l		er of the applica	ant's household	d has resided.	** s	*
Rental History	of current I	andlord ere:			d has resided.		
Rental History Name & Address Phone Number: How long have you Monthly rental an Why are you leave Name & Address	of current I	andlord ere:					
Rental History Name & Address Phone Number: How long have you Monthly rental an Why are you leav Name & Address Phone Number: How long have you	of current I	ere:		Dates:			
Rental History Name & Address Phone Number: How long have you Monthly rental an Why are you leav Name & Address Phone Number:	of current I	ere: s landlord:		Dates:	Į.		
Rental History Name & Address Phone Number: How long have you Monthly rental an Why are you leav Name & Address Phone Number: How long have you Monthly rental an Employment (for	of current I	ere: s landlord:		Dates:	Į.		
Rental History Name & Address Phone Number: How long have you leav Why are you leav Name & Address Phone Number: How long have you Monthly rental and Employment (for	of current lou rented horount: of previous of previous ou rented horount: Thead of H	landlord ere: landlord: ere:	Supervisor	Dates:	toto		
Rental History Name & Address Phone Number: How long have you Monthly rental an Why are you leav Name & Address Phone Number: How long have you Monthly rental an Employment (for	of current lou rented horount: of previous of previous ou rented horount: Thead of H	landlord ere: landlord: ere:	Supervisor	Dates:	toto		

RELEASE FOR INFORMATION

Ihereby authorize Henderson Property Management or its	
representative to contact previous employers, previous landlords and law enforcement agencies to obtain the following information: Criminal, Rental, and Employment History.	
I hereby certify that the information provided to Henderson Property Management is correct and understand any false or incorrect statements will be grounds for denial of this application.	
Applicant Signature:Date	
a Applicant Signature	

ist Three References (include name, address and	phone number):
1	
2	
3	
PLEASE PROVIDE COPIES OF BIRTH CERTIFICATES A FOR ALL MEMBERS OF THE HOUSEHOLD WHEN TU	
Applicant Certification	
/We certify that if selected to receive assistance, my/our only residence. I/We understand that the collected to determine my/our eligibility. I/We aut of Henderson Property Management, LLC to verify application and to contact current or previous land and verification information which may be release or local agencies. I/We certify that the statements rue and complete to the best of my/our knowleds that false statements or information are punishab	above information is being thorize the owner/management all information provided on this dlords or other sources of credited to appropriate federal, states made in this application are ge and belief. I/We understand
Signature of Head of Household	Date
ignature of Spouse/Co-Head/Other Adult	Date
lenderson Property Management, LLC Rep	Date

NOTE: IT IS THE RESPONSIBILITY OF THE APPLICANT TO UPDATE INFORMATION OF ANY AND ALL CHANGES IMMEDIATELY IN WRITING. FAILURE TO DO SO WILL RESULT IN REMOVAL FROM THE WAITING LIST.

OMB Control # 2502-0581 Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:		
Mailing Address:		
Telephone No:	Cell Phone No:	
Name of Additional Contact Person or Organization:		
Address:		
Telephone No:	Cell Phone No:	
E-Mail Address (if applicable):		
Relationship to Applicant:		
Reason for Contact: (Check all that apply) Emergency Unable to contact you Termination of rental assistance Eviction from unit Late payment of rent	Assist with Recertification Process Change in lease terms Change in house rules Other:	S
Commitment of Housing Authority or Owner: If you are apprarise during your tenancy or if you require any services or special issues or in providing any services or special care to you.	roved for housing, this information will be kell care, we may contact the person or organization	ept as part of your tenant file. If issues ation you listed to assist in resolving the
Confidentiality Statement: The information provided on this fo applicant or applicable law.	rm is confidential and will not be disclosed t	o anyone except as permitted by the
Legal Notification: Section 644 of the Housing and Community requires each applicant for federally assisted housing to be offered organization. By accepting the applicant's application, the housing requirements of 24 CFR section 5.105, including the prohibition programs on the basis of race, color, religion, national origin, see age discrimination under the Age Discrimination Act of 1975.	ed the option of providing information regarding provider agrees to comply with the non-dissipance of the comply with the non-dissipance of the comparticity of the compart	ling an additional contact person or scrimination and equal opportunity pation in federally assisted housing
Check this box if you choose not to provide the contact	information.	
Signature of Applicant		Date

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

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

ATTACHMENT TO APPLICATION FOR HOUSING

The management company will conduct a criminal background check on each adult member of an applicant household. An adult means a person 18 or older or a person convicted of a crime as an adult under federal, state or tribal law. If the criminal background report reveals negative information about a household member and the management company proposed to deny admission due to the negative information, the subject of the record (and the applicant, if different) will be provided notice of the proposed adverse action and an opportunity to dispute the accuracy and relevance of the record. The notice will also provide the opportunity for the applicant to request a copy of the criminal record report. If the applicant does not contact the management company to dispute the accuracy of the criminal record within 10 days, the management company will send a written notice of ineligibility to the applicant stating the specific reason for denial. If the applicant did not contact the management company within the specified time period due to a disability, the management company may provide a reasonable accommodation extending the dispute period as is reasonable.

The applicant has the opportunity to submit with the application evidence of mitigating circumstances, as well as the protections available under the Violence Against Women and Justice Department Reauthorization Act of 2005 (see attached to application)

Revised 8-23-16

LEASE ADDENDUM

-	VIOLENCE AGAINST WOMEN AND J	USTICE DEPARTMENT REAUT	HORIZATION ACT OF 2005
	TENANT	LANDLORD	UNIT NO. & ADDRESS
	s lease addendum adds the following ant and Landlord.	paragraphs to the Lease between	een the above referenced
Pur	pose of the Addendum		
	The lease for the above referenced un Violence Against Women and Justice		
Con	flicts with Other Provisions of the	Lease	
	In case of any conflict between the p the provisions of this Addendum sha		nd other sections of the Lease,
Ter	m of the Lease Addendum		
	The effective date of this Lease Adde continue to be in effect until the Leas	The state of the s	This Lease Addendum shall
VA	WA Protections		
2	1. The Landlord may not consider it serious or repeated violations of the tenancy or occupancy rights of the Landlord may not consider of member of a tenant's household of for termination of assistance, tenamember of the tenant's family is 3. The Landlord may request in write behalf, certify that the individual Violence, Dating Violence or State on the certification form, be compupon extension date, to receive precertification or other supporting deviction.	the lease or other "good cause" he victim of abuse. riminal activity directly relatired any guest or other person unancy, or occupancy rights if the the victim or threatened victin ting that the victim, or a family is a victim of abuse and that the liking, Form HUD-91066, or opleted and submitted within 14 rotection under the VAWA. F	ng to abuse, engaged in by a nder the tenant's control, cause tenant or an immediate of that abuse. It is member on the victim's he Certification of Domestic other documentation as noted business days, or an agreed railure to provide the
Tena	ant	Date	
Land	llord	Date	

Form HUD-91067 (9/2008)

Date

U.S. Department of Housing and Urban Development

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 corning 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 pos sible.

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 43:50.3 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.

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.):

U. S. Dept of Housing & Urban Development, 1670 Broadway 24th Floor, Denver, CO 80202

requesting release information (Owner should provide the full name and address of the Owner.): Hendleson Property Manut 1500-7374 Ave Apt 107 Belle Lauche, SD 57717

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.):

SDHDA, P.O. Box 1237, Pierre, SD 57501-1237

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 verity 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 abovenamed 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.

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 Barters 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

- 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.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Name of Project Owner or his/her representative

Title

Signature & Date cc:Applicant/Tenant Owner file

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