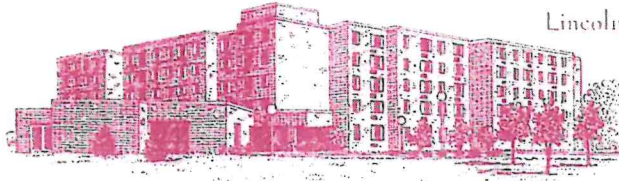


Odd Fellows Friendship Manor, LLC

217-732-9647 Phone 217-732-2847 Fax
email: friendshipmanor2000@yahoo.com

925 Primus Road
Lincoln, IL 62656



Dear Recipient:

We want to thank you for your interest in Friendship Manor. Please find the enclosed Application for Admission and Rental Assistance forms you requested.

We want to welcome you to visit Friendship Manor for a personal tour of our apartments and facility to demonstrate what we have to offer our residents.

- Spacious One Bedroom Apartments
- On Site Amenities:
Grocery Store, Laundry, Game Room, Chapel, Library and Hair Salon
- Free Medical Alert System
- Public Transportation Available Monday thru Friday
- Cable and Internet Availability

If for any reason you have any questions, comments, or concerns, please feel free to contact us at 217-732-9647. Office Hours are 7:30-4pm M-Thu and 7:30-3pm on Fridays.

Again, thank you for your interest and we look forward to hearing from you.

Sincerely,

Roberta Wright
Property Manager



Application for Admission and Rental Assistance

Name _____ Phone _____ Date/Time _____



Friendship Manor
925 Primm Rd.
Lincoln, IL 62656
217-732-9647

Applicant Household Information: List all of the people you expect to live in your household.

Full Name	Relationship to Head	Date of Birth	Social Security Number	Student of Higher Education
	Head of Household			

Rental History

Present Landlord/Contact Name	
Address	
Phone	
Move In and Move Out Dates	
Reason for Leaving	
Previous Landlord/Contact Name	
Address	
Phone	
Move In and Move Out Dates	
Reason for Leaving	
Previous Landlord/Contact Name	
Address	
Phone	
Move In and Move Out Dates	
Reason for Leaving	

Have you or any family member ever lived in Public or HUD-assisted housing? ☐ YES ☐ NO. If yes, at what property & address:

Dates of occupancy: _____

Do you or any member of your household owe money to HUD, an apartment community, or previous landlord? ☐ YES ☐ NO.

If yes, to whom? _____ How much? _____

Have you ever committed fraud in a HUD-assisted housing program or been asked to repay money for knowingly misrepresenting information for such housing programs? ☐ YES ☐ NO. If yes, explain: _____

Have you or any member of your household ever been evicted? ¹ ☐ YES ☐ NO. If yes, give details: _____

Background Check

List all States you or any household member have lived in: _____

Does a member of your household have a criminal/juvenile record, or has any member been convicted of any crime other than a traffic violation?

____ YES ____ NO If yes, describe and list all convictions: _____

Are you or any member of your household a current, illegal user of, or addicted to, a controlled substance? ____ YES ____ NO

Has any member of your household been convicted of the illegal manufacture or distribution of a controlled substance? ____ YES ____ NO

Has any member ever used any name or social security number other than the one they are currently using? ____ YES ____ NO

If yes, explain _____

Total Household Income

Does anyone regularly give you cash or pay some of your bills such as utilities, rent, phone, gas? ____ YES ____ NO If yes, explain: _____

Is any member of your household employed? ____ YES ____ NO If yes, list all employers and contact phone number.

Member _____ Employer _____ Phone # _____

Member _____ Employer _____ Phone # _____

Member _____ Employer _____ Phone # _____

Below list all money earned or received by each member of your household, such as wages, self-employment, unemployment, child support, alimony, family financial support, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, pensions, AFDC, Veterans benefits, etc.

Family Member Name	Employment (Rate times hours)	Monthly Public Assistance	Monthly Child Support/Alimony	Monthly SS/SSI/Pension	Weekly Unemployment	Other
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

Asset Information

Has any household member disposed of any assets for less than market value during the past two years? ____ YES ____ NO

If yes, give date and explanation: _____

Does any household member own or have an interest in any real estate or mobile home? ____ YES ____ NO if yes, describe: _____

Has any household member sold any real estate in the last two years? ____ YES ____ NO If yes, describe: _____

Does any family member have assets such as checking, savings, certificate of deposits, 401K, etc? If so, list below:

Account Type	Family Member Name	Account Number	Bank Name	Value	Annual Income from Asset
Checking				\$	\$
Savings				\$	\$
CD				\$	\$
401K				\$	\$
Stocks/Bonds				\$	\$
Other				\$	\$
Other					

Eligible Deductions from Income to Reduce Rent

HUD has allowed certain deductions to be subtracted from annual income, to enable residents to pay rent based on their ability to pay. Answering the following questions regarding deductions is voluntary. Your answers will be kept strictly confidential and the information provided will be used to help us determine any eligible deductions that you may or may not qualify for.

Does any member 18 or older attend an institution of higher education, either part-time or full-time? ____ YES ____ NO.

Does any household member pay childcare expenses to enable them to work, seek work, or attend school? ____ YES ____ NO.

Does any household member pay handicap expenses to enable them to work? ____ YES ____ NO.

Does any household member pay medical expenses? ____ YES ____ NO. If yes, fill out medical deductions below.

Does any household member have special needs, or need for a handicap accessible unit? ____ YES ____ NO.

Does any member require a Live-In Aide? ____ YES ____ NO.

Medical Deductions

Households in which the head of household, co-head, or spouse are disabled or elderly, qualify for deductions based on out-of-pocket medical expenses. If any family member qualifies for medical deductions, you may list their medical expenses below. Providing this information is voluntary. Any information provided will be kept strictly confidential.

Doctors:

Name of Doctor

Address

Phone

Prescription Medication Information:

Name of Drugstore

Address

Phone

Over the Counter Medication/Supplies:

Medication/Supply

Cost

Most Often Used

Number per Package

Medical Insurance:

Name of Company

Amount paid

Do you have Medicare or Medicaid? YES ____ No ____

How Often Paid

Deductible Amount

Vehicles

Make/model _____ Year _____ Color _____ Tag # _____ State _____

Vehicle registered to _____ Driver's license number _____

Make/model _____ Year _____ Color _____ Tag # _____ State _____

Vehicle registered to _____ Driver's license number _____

Section 8 Checklist for Family Composition, Income, Assets, & Deductions

This checklist must be completed at Move-In, and each Annual, Interim and Initial Certification thereafter. Each adult member of the household age 18 or older must complete and sign a separate form. Failure to comply could result in denial or termination of assistance.

Last Name

First Name

M.I.

Yes

No

Answer Yes or No to Each Item: If there is not enough room to list all items, use additional pages.

Family Composition

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | I have a family member who will be turning 18 years of age in the next 12 months. |
| ☐ | ☐ | I have a child away at school who will live at my residence during school recesses. |
| ☐ | ☐ | I have a family member who is <u>temporarily</u> absent from the home due to:
☐ employment, ☐ military service, ☐ placement in foster care, nursing home, or hospital. |
| ☐ | ☐ | I have a family member who is <u>permanently</u> confined in a nursing home. |
| ☐ | ☐ | I have a live-in attendant for whom I have a doctor's/licensed health care provider's verification showing a <u>medical</u> need. |
| ☐ | ☐ | I am expecting an addition to my family due to:
☐ pregnancy, ☐ pending adoption, ☐ pending foster child/adult, ☐ pending child custody. |
| ☐ | ☐ | I currently have a foster child/adult in my household. Name(s) _____ |
| ☐ | ☐ | I have joint custody of child(ren) living with me. If yes, check all of the following that apply:
☐ The child(ren) listed in my joint custody agreement will live in my HUD unit at least 50% of the time.
☐ I am (or will be) claiming these child(ren) as deductions on my current HUD paperwork.
☐ The other parent in the joint custody agreement also receives HUD assistance. |

Student of Higher Education in Section 8 Properties

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | I am currently a student of higher education (whether PT or FT), and fall under the item(s) checked below.
☐ I am an 18-23 year old student, and am a veteran.
☐ I am an 18-23 year old student, am married, and my spouse lives in the unit with me.
☐ I am an 18-23 year old student, and have one or more children living in the unit with me.
☐ I am an 18-23 year old student, am an individual with disabilities, and was receiving Section 8 assistance on 11-30-05 when the Student Law was enacted by Congress.
☐ I am an 18-23 year old student, and am (or will be) living with my parent(s) in a HUD-assisted unit.
☐ I am an 18-23 year old student, have established independence from my parent(s) for at least one year, am not included as a dependent on their tax filings, and am of legal contract age in the state where I reside.
☐ I am an 18-23 year old student, am classified as an independent student for Title IV aid, and meet the US Dept of Education's definition of an independent student.
☐ I am an 18-23 year old student and have parents who are income-eligible in the area where they live.
☐ I am at least 24 years old, am a student of higher education, and have no dependents.
☐ I am at least 24 years old, am a student of higher education, and have one or more dependents. |
| ☐ | ☐ | I intend to be a student of higher education (whether PT or FT) within the next 12 months. |

State Lifetime Sex Offender Registration

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | I am subject to a lifetime state sex offender registration program in the following state(s): _____ |
|--------------------------|--------------------------|---|

Social Security Number Requirements

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | I have provided documentation of SSNs for all of my family members. |
| ☐ | ☐ | I am one of the following exceptions for the requirement to document a SSN:
☐ I was 62 or older on 1-31-10, and my initial determination of eligibility was begun before that date.
☐ I am not a citizen of the US, and I do not contend eligible immigration status. |

Citizenship Status

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | I am a citizen or national of the US, or am an eligible immigrant due to asylum, permanent residency, or refugee status. |
| ☐ | ☐ | I am a non-citizen, am not contending eligible immigration status, and understand I am not eligible for assistance. |

Form HUD 92006/Supplemental Supportive Contact Information

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | I would like to provide, update, remove, or change my contact information regarding who may be contacted to assist in providing any delivery of services or special care during my tenancy at this HUD-assisted property. |
|--------------------------|--------------------------|---|



Initials/Date _____

Yes **No** Answer Yes or No to Each Item. If there is not enough room to list all items, use additional pages.

Divestiture of Assets

☐ ☐ I have sold, given away, or transferred an asset for less than it was worth in the last 2 years. Date of divestiture: _____

Declaration of Assets

☐ ☐ I have cash held in savings, checking, safety deposit boxes, homes, or _____

☐ ☐ There are children in my household who have assets such as savings, bonds, or _____

☐ ☐ I have assets held in another state. Type: _____ List state(s): _____

☐ ☐ I have assets held in a foreign country. Type: _____ List country(ies): _____

☐ ☐ I own a funeral or trust account that is: Revocable _____ Nonrevocable _____

☐ ☐ I have a life insurance policy that is a: Whole Life policy _____ Universal Life policy _____

☐ ☐ I have savings accounts. How many? _____ List all institutions: _____

☐ ☐ I have checking accounts. How many? _____ List all institutions: _____

☐ ☐ I have time certificates/CDs/money market accounts. List: _____

☐ ☐ I have IRA's/401(k)/Mutual Fund accounts. List: _____

☐ ☐ I have stocks. List all companies: _____

☐ ☐ I have bonds or treasury bills. List: _____

☐ ☐ I have a retirement/annuity account. List: _____

☐ ☐ I own real estate. How many properties? _____ Name location(s): _____

☐ ☐ I have equity in rental property or other capital investments. Name: _____

☐ ☐ I have another residence which I will continue to maintain. Name location. _____

☐ ☐ I receive rental income from real estate/farmland. Name location(s): _____

☐ ☐ I receive income from oil or gas rights. Name location(s): _____

☐ ☐ I own a land contract, mortgage or deed of trust. Name location(s): _____

☐ ☐ I own a mobile home. Name location(s): _____

☐ ☐ I own personal property for investment purposes (gems, jewelry, antique cars, coin or stamp collections).

☐ ☐ I have assets other than what are listed above. Describe: _____

☐ ☐ I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney, in case I become incompetent. These other persons do not own the assets, and receive no income from the assets.

☐ ☐ I have joint ownership on one or more of the above assets, and the other owner(s) pay taxes on their share of the income.

Income other than Asset Income

☐ ☐ I have a child under the age of 18 in my household with income other than employment.

☐ ☐ I am a student of higher education and receive Student Financial Assistance (SFA). Source: _____

☐ ☐ I am a student of higher education and am currently employed or expect to be employed during the summer months.

☐ ☐ I receive contributions or gifts (including utility, phone, cable, rent, car payments, insurance, etc. paid on my behalf).

☐ ☐ I receive unemployment or Worker's Compensation benefits.

☐ ☐ I am serving in the military. Check here if you also receive hazardous pay _____

☐ ☐ I am employed. List all of the companies you work for: _____

☐ ☐ I receive tips, bonuses or commissions.

☐ ☐ I am currently working overtime, or expect to work overtime in the next 12 months.

☐ ☐ I am self-employed. Type of business: _____



Initials/Date _____

Yes **No** Answer Yes or No to Each Item. If there is not enough room to list all items, use additional pages.

Income other than Asset Income (cont)

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | I am a member of an Indian Tribe receiving gaming payments. |
| ☐ | ☐ | I receive periodic payments from lottery winnings. |
| ☐ | ☐ | I own a small business. Name of business: _____ |
| ☐ | ☐ | I receive Social Security/SSI. |
| ☐ | ☐ | I receive Veteran's Administration benefits or benefits from the GI Bill. |
| ☐ | ☐ | I receive disability or death benefits other than Social Security. |
| ☐ | ☐ | I currently have a monthly income benefit reduced to adjust for a prior overpayment. |
| ☐ | ☐ | I receive welfare and/or quarterly payments from the Family Independence Agency for the State-paid portion of SSI. |
| ☐ | ☐ | I receive alimony. Name of ex-spouse _____ |
| ☐ | ☐ | I receive child support. How many providers? _____ Is it paid directly to Social Services? _____ |
| ☐ | ☐ | I've been awarded a judgment for child support, have not been receiving payments, but have taken legal action to collect amounts due. |
| ☐ | ☐ | I receive adoption assistance payments. |
| ☐ | ☐ | I receive income from annuities, an inheritance, or a nonrevocable trust fund. List: _____ |
| ☐ | ☐ | I receive regular payments from insurance policies. List all policies: _____ |
| ☐ | ☐ | I receive income from retirement funds. List all companies: _____ |
| ☐ | ☐ | I receive income from one or more pensions. List all pensions: _____ |
| ☐ | ☐ | I have a pension where funds are paid directly to my former spouse pursuant to the terms of a court decree of divorce, annulment or legal separation. |
| ☐ | ☐ | I receive pension funds from my former spouse pursuant to the terms of a court decree of divorce, annulment or legal separation. |
| ☐ | ☐ | I received a cash settlement or a lump sum receipt in the last 12 months, or expect to in the next 12 months. |
| ☐ | ☐ | I have received a delayed periodic receipt. List agency: _____ |
| ☐ | ☐ | I have income from other sources not listed above. Explain: _____ |

Deductions

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | I am a full-time student, am 18 or older, and am <u>not</u> a head, spouse, co-head, or foster adult in my unit. |
| ☐ | ☐ | I am elderly (62 or older), or am handicapped/disabled (18 or older). |
| ☐ | ☐ | I pay medical expenses out of my own pocket. |
| ☐ | ☐ | I pay expenses relating to a handicap or disability out of my own pocket. |
| ☐ | ☐ | I pay medical or attendant care expenses for which I am reimbursed by an outside source or governmental agency. |
| ☐ | ☐ | I pay child care expenses out of my own pocket during hours I am employed, looking for employment, or going to school. |

CERTIFICATION

I certify under penalty of perjury that all statements made on this checklist form are true and complete. I understand that false or incomplete statements made on this form could result in denial or termination of housing assistance.

Signature

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



Optional and Supplemental 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.

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

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	☐ Assist with Recertification Process
☐ Unable to contact you	☐ Change in lease terms
☐ Termination of rental assistance	☐ Change in house rules
☐ Eviction from unit	☐ Other: _____
☐ Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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.

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

A. General Instructions:

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

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

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

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

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

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

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

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 03/31/2014)

Friendship Manor 07224012 935 Primm Rd Lincoln IL 62656
Name of Property Project No. Address of Property

Odd Fellow Rebekah Housing Inc. Section 8
Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

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

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

Signature

Date

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

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

Directive Number: HUD-4350.3 REV 1

Exhibit 3-4:
The Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex M/F	Date of Birth Month-Day-Year
Head			Self		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

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June 12, 2003

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Directive Number: HUD-4350.3 REV 1

Exhibit 3-7:
Owner's Summary of Family

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex M/F	Date of Birth	Declaration	Date Verified
Head			Self				
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

source = www.hudclips.org

June 12, 2003

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Exhibit 3-5: Sample Citizenship Declaration

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

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

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

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

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

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

DECLARATION

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

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

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

Signature _____ Date _____

Check here if adult signed for a child: _____

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

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature_____
Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

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

Signature_____
Date

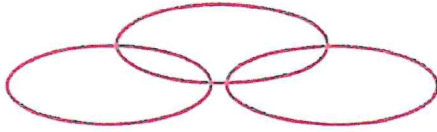
Check if adult signed for a child: _____

_____ 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 form 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

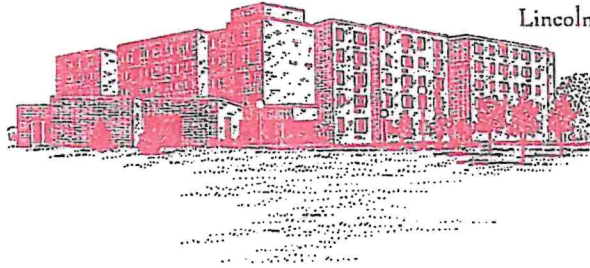
Check here if adult signed for a child: _____



Odd Fellows Friendship Manor, LLC

217-732-9647 Phone 217-732-2847 Fax
email: friendshipmanor2000@yahoo.com

925 Primm Road
Lincoln, IL 62656



NOTICE TO APPLICANT

Your application for the rental or lease of an apartment may be refused by the agent of **Odd Fellows Friendship Manor, LLC** Apartments based upon one (1) or more consideration including credit standing, length of employment, character references, or upon other personal habits or conduct excluding that of race, color, religion, sex, handicap, familial status, or national origin. Further, the undersigned applicant waives any right of privacy that may result by the agent of **Odd Fellows Friendship Manor, LLC** Apartments making any credit, criminal or other investigation based upon information supplied by the undersigned applicant.

The applicant hereby stipulates, consents and agrees that this application and its representations are material to any rental agreement that may be entered into between **Odd Fellows Friendship Manor, LLC** Apartments and the undersigned, and shall become part of any subsequent lease or rental agreement executed previously or in the future between the parties, and may be the basis for the cancellation or termination of said agreement if there has been any material misrepresentation of any information supplied by the applicant as to his qualifications.

This application shall supplement any subsequent landlord-tenant relation whether by lease or otherwise.

Signed _____ Date _____
Applicant

Signed _____ Date _____
Co-Applicant



Social Security Number Requirement

Assistance applicants and tenants must disclose and provide verification of the complete and accurate Social Security Number (SSN) assigned to them. This includes all members of the household.

Exceptions to Disclosure of SSN:

- Individual who do not contend eligible immigration status
- Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010

Timeframe for Providing SSN:

- Applicants must disclose and provide verification of SSN for all non-exempt household members before they can be housed
 - ♦ The applicant who has not disclosed and/or provided verification of SSNs for all non-exempt household members has 90 days from the date they are first offered an available unit to disclose and/or verify the SSNs. After 90 days, if the applicant is unable to disclose and/or verify the SSNs of all non-exempt household members, the applicant will be determined ineligible and removed from the waiting list.
- All non-exempt tenants must disclose and provide verification of their SSN at the time of their next interim or annual recertification.
- When a tenant requests to add a household member under the age of six, who does not have a SSN, the tenant is given 90 days in which to provide the documentation. An additional 90 days will be granted if the failure to provide document of a SSN is due to circumstances that are outside the control of the 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): <u>U.S. Dept of Housing & Urban Dev Chicago Multifamily Hub inc 929 Pammel Rd 770 Jackson Blvd Chicago IL 60604</u>	O/A requesting release of information (Owner should provide the full name and address of the Owner.): <u>Oca Felicia Reverah Hous. Inc. 929 Pammel Rd Lincoln IL 62256</u>	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.): <u>Naturel Housing Comp. 1475 Lakeside Pkwy Ste 310 Tucker GA 30084</u>
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family 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 HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

Friendship Manor

Name of Project Owner or his/her representative

Office mgr.

Title

Angela H. H. H.

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.

Emergency Contacts

In cases of emergency management requests that you provide the information below. An emergency is broadly defined as a case where management feels a resident's well being is threatened and/or where management feels a resident's actions/conduct appear to be a lease violation. Some examples of this type of emergency are non-payment of rent; perceived criminal activity against persons/property; perceived abuse of an illegal substance; behavior violating the quiet enjoyment of other residents; and, housekeeping that violates safe and sanitary rules. An emergency is also defined as an urgent need for assistance or relief, or when there are unforeseen circumstances that call for immediate action.

In Case Of Emergency		
First Family Member To Notify Is:		
Full Name: _____	Relationship: _____	Phone: _____
Address: _____		
Second Family Member To Notify Is:		
Full Name: _____	Relationship: _____	Phone: _____
Address: _____		

Please describe any other information that will help us to process your application:

CERTIFICATION

By signing this application, I/we certify the accuracy of the following information. The information submitted is true and correct and I/we authorize management to verify any references I/we have listed. I/we authorize management to access any records pertaining to me/us which may be on file with law enforcement and credit bureau authorities. I/we authorize my/our present and prior landlords to release information regarding my/our tenancy. I/we understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in, and/or, for the purpose of securing a lower rent in, a subsidized housing development. I/we understand that the penalty for knowingly providing false information is up to five years in prison and/or \$10,000 fine upon conviction.

I/we hereby do swear and attest that all of the information above about me/us is true and correct. I/we also understand that all changes in the income of any member of the household as well as any changes in the household composition must be reported to the landlord in writing immediately.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

It is the policy of this company to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, color, national origin, sex, age, disability, religion and/or familial status. If you feel you have been discriminated against in the processing of this application, please call the following representative of this company:

Name _____ Title _____ Phone _____

TO ALL PROSPECTIVE APPLICANTS

If you are interested in applying for an apartment in our complex, the following information is needed in order to establish your eligibility.

If the collective gross incomes from all sources do not exceed the following guidelines, you would be eligible for consideration of an apartment.

Single person.....	\$36,800
Two persons.....	\$42,050

REQUIREMENTS:

- **PROOF OF CITIZENSHIP**
Copy of Social Security Card and Birth Certificate

- **INCOME & ASSETS**
Current Social Security Award Letter
Bank Accounts - Six months of current bank statements
Verification of Pensions, Interest, Dividends, CD's, Bonds, Treasury Notes, Annuities, etc.
Appraised value of real estate, trailers, land, businesses, etc.

*Proof of Income: Information request forms available in front office if needed.

EXPENSES:

After establishing your gross income, consideration of the following medical expenses is provided before computing your rent. Your out-of-pocket medical expenses help lower your rent.

1. Out-of-pocket costs of medications and/or prescriptions which are not reimbursed by Medicare, insurance, etc.
2. Medicare insurance premium.
3. Supplemental health insurance premiums.
4. Unusual medical items that you would anticipate purchasing, such as: hearing aids, dentures, eyeglasses, etc. and for which you would receive no reimbursement from insurance or organizations.

Rent is based on 30% of your net income after all allowable medical deductions are defined.

Every resident is entitled to the current yearly utility allowance.

If you feel that you qualify according to the above income guidelines, you are entitled to fill out an application and have an interview with Management personnel.

Mona Schleder, Property Manager

RE-CERIFICATION PROCESS

Examples of Approved Medical Expense

Services of recognized health care professionals-physicians, nurses, dentists, opticians, chiropractors, acupuncturists, etc.

Services of health care facilities-lab tests, x-rays, blood, oxygen, etc. from hospitals, clinics, outpatient facilities, etc. including Nursing Homes.

Medical insurance premiums-Medicare payments, Circuit breaker card payments, and /or payments made to Catholic Charities for prescriptions. (Supplemental insurance premiums are now obtained through 3rd party verification forms.)

Prescription medicines-1 year computer printouts from pharmacy, which are now obtained through 3rd party verification forms.

Non-prescription medicines-medicines only are acceptable with your doctor's written prescription advising you of the necessity of taking such item and a cash sales receipt for each item.(Examples: aspirin, Tylenol, laxatives, Pepcid, Zantac, etc.) *Supplemental vitamins, minerals, nutrients, nutritional supplements or drinks such as ensure or boost are no longer considered as a medical deductions regardless of whether or not your doctor has advised you to take these products.*

Incontinent supplies such as Depends, Attends, Poise Pads, etc. with a sales receipt and a doctor's written prescription attesting to the necessity.

Transportation to/from treatment-Actual cost (bus fare, taxi, etc.) or if driving by car, a mileage rate based on IRS rules. Travel dates, provider of service and number of miles must be reported.

Dental treatment-fees paid to a dentist, x-rays, fillings, extractions, dentures, etc.

Eye glasses and/or contacts.

Attendant care or periodic medical care-nursing services, live -in aide costs.

Payments on accumulated medical bills.

TO ALL PROSPECTIVE APPLICANTS

If you are interested in applying for an apartment in our complex, the following information is needed in order to establish your eligibility.

If the collective gross incomes from all sources do not exceed the following guidelines, you would be eligible for consideration of an apartment.

Single person.....	\$48,200
Two persons.....	\$55,050

REQUIREMENTS:

- PROOF OF CITIZENSHIP
Copy of Social Security Card and Birth Certificate
- INCOME & ASSETS
Current Social Security Award Letter
Bank Accounts - Six months of current bank statements
Verification of Pensions, Interest, Dividends, CD's, Bonds, Treasury Notes, Annuities, Life Insurance Policies, etc.
Appraised value of real estate, trailers, land, businesses, etc.

*Proof of Income: Information request forms available in front office if needed.

EXPENSES:

After establishing your gross income, consideration of the following medical expenses is provided before computing your rent. Your out-of-pocket medical expenses help lower your rent.

1. Out-of-pocket costs of medications and/or prescriptions which are not reimbursed by Medicare, insurance, etc.
2. Medicare insurance premium.
3. Supplemental health insurance premiums.
4. Unusual medical items that you would anticipate purchasing, such as: hearing aids, dentures, eyeglasses, etc. and for which you would receive no reimbursement from insurance or organizations.

Rent is based on 30% of your net income after all allowable medical deductions are defined.

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Eye glasses and/or contacts.

Attendant care or periodic medical care-nursing services, live -in aide costs.

Payments on accumulated medical bills.

FACT SHEET

“How Your Rent Is Determined”

For Public Housing And Housing Choice Voucher Programs

Office of Public and Indian Housing

November, 2002

This Fact Sheet is a general guide to inform the Public Housing Agency (PHA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification. Since some of the requirements vary by program, residents should consult their PHA to determine the specific policies that apply.

Why Determining Income and Family Payment Correctly is Important

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

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

PHAs and residents all have a responsibility in ensuring that the correct family payment is paid. Paying the correct amount eliminates fraud, waste, and abuse.

PHAs' Responsibilities:

- Obtain accurate income information
- Verify residents' income
- Ensure that residents receive the exclusions and deductions to which they are entitled
- Accurately calculate family payment
- Recalculate family payment when changes in family composition and income are reported between annual recertifications (in accordance with PHA policy)
- In Public Housing, execute a lease with the tenant
- In the Housing Choice Voucher program, provide a copy of the required lease language
- Provide tenant a copy of PHA determination of income and family payment
- Provide information on PHA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining family payment
- Terminate tenancy for grounds allowed by federal law

Residents' Responsibilities:

- Provide accurate information on family composition
- Report all income at admission and annually (or as required by PHA policy)
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income between annual recertifications (in accordance with Public Housing and Housing Choice Voucher PHA policy)
- Sign consent for income verification and criminal history checks
- Comply with lease and House Rules

What is Total Income?

A family's income before any taxes or other exclusions or deductions have been taken out of it.

What is Annual Income?

Total Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Allowable Income Deductions = Adjusted Income

Family Payment (Total Tenant Payment)

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

- 30% of the family's monthly adjusted income;
- 10% of the family's monthly income;
- Welfare rent (in States where applicable); or
- Minimum Rent (\$0 - \$50 set by the PHA)

Annualization of Income

If it is not feasible to anticipate a level of income over a 12-month period (as in the case of seasonal or cyclic income), or the PHA believes that past income is the best available indicator of expected future income, the PHA may annualize the income anticipated for a shorter period, subject to a re-determination at the end of the shorter period.

What Counts as Annual Income for Calculation of Family Payment?

Annual income means all amounts, monetary or not, which:

- Go to, or on behalf of, the family head of household or spouse (even if temporarily absent) or to any other family member; or
- Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
- Which are not specifically excluded.
- Annual income also means amounts derived (during the 12-month period) from assets to which any member of the family has access.

Annual income includes, but is not limited to:

- The full amount, before any payroll deductions of wages and salaries, overtime pay, Commissions, fees, tips and bonuses, and other compensation for personal services;
- The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is

reimbursement of cash or assets invested in the operation by the family;

- Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in above section. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD;
- The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount.
- Payments in place of earnings, such as unemployment and disability compensation, worker's compensation and severance pay.
- Welfare assistance. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of: (i) the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus (ii) the maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities.
- Periodic and determinable allowances, such as Alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling;
- All regular pay, special pay and allowances of a member of the Armed Forces.

Annual income does not include the following:

- Income from employment of children (including foster children) under the age of 18 years;
- Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses.
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- Income of a live-in aide, as defined in §5.403;
- The full amount of student financial assistance paid directly to the student or to the educational institution;
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
- Amounts received under training programs funded by HUD;
- Amounts received by a person with a disability that are disregarded for a limited time purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
- Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time;
- Incremental earnings and benefits resulting to any family member from participation in quality State or local employment training

programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program;

- Temporary, nonrecurring or sporadic income (including gifts);
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
- Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);
- Adoption assistance payments in excess of \$480 per adopted child;
- Deferred periodic amounts from supplemental security benefits that are received in a lump sum amount or in prospective monthly amounts.
- Amounts received by the family in the form of refund or rebates under State or local law for property taxes paid on the dwelling unit;
- Amounts paid by a State agency to a family with a member who has a development disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or
- Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions are set forth.

Other Income Exclusions

Federally Mandated Income Exclusions –

The following statutory exclusions apply to HUD-assisted and other government programs:

- The value of the allotment provided under the Food Stamp Act of 1977.
- Payments to volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act (cash including cash dividends on stock received from a Native Corporation and on bonds received from a Native

- Corporation to the extent that it does not in the aggregate exceed \$2,000 per individual per year)
- Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes
- Income Home Energy Assistance Program
- Payments received under programs funded under the Job Training Partnership Act (Workforce Investment Act of 1998)
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians. The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2,000 per year of income received by individual Indians from funds derived from interests held in trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965 (including Federal Work Study program or Bureau of Indian Affairs (BIA) Student Assistance programs)
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in Re Agent-product liability
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments received on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowances, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation under the Victims of Crime Act

- Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998

Earned Income Disallowance for certain Public Housing Residents and Housing Choice Voucher Family members with Disabilities

Certain amounts will not be counted in determining a qualifying family's rent for a specific period of time. A qualifying family is one whose annual income increases as a result of:

- Employment of a family member who was unemployed for at least 12 months prior to employment;
- New or increased earnings during participation in an economic self-sufficiency or other job training program;
- New or increased earnings during or within 6 months after receiving Temporary Assistance to Needy Families (TANF).

During the first 12 months after a qualified family member starts working, 100 percent of the incremental increase of that family member's income is disallowed. The incremental increase is the amount of earned income that exceeds that family member's income prior to starting work.

In the second cumulative 12-month period after the date of first employment, 50 percent of the incremental increase in income is disallowed.

Total time of benefit is limited to a lifetime 48-month period.

NOTE: For Public Housing Only, PHAs may offer to establish Individual Saving Accounts (ISA) for eligible families in place of the earned income disallowance. If offered, the family makes the choice whether or not to participate.

What are deductions from Income?

Deductions are amounts that are subtracted from a family's Annual Income to produce Adjusted Income. There are two types of deductions: mandatory and permissive.

Mandatory Deductions:

- \$480 for each member of the family (excluding head of household or spouse) who is less than 18 years of age or who is a student or person with a disability
- \$400 for any elderly family or disabled family
- The sum of the following to the extent the sum exceeds 3% of annual family income:
 - Unreimbursed medical expenses of any elderly family or disabled family
 - Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work. This deduction may not exceed the income received.
- Any reasonable childcare expenses (children under 13 years old) necessary to enable a member of the family to be employed or to further his or her education.

Permissive Deductions (Public Housing Only):

PHAs may establish other deductions as they wish but should understand that HUD **does not** provide any additional operating subsidy and the PHA must establish a written policy for the deductions.

Other Provisions

Hardship Exceptions: PHAs must waive the minimum monthly rent requirement for any family unable to pay due to financial hardships as described in the PHA's written policies.

HUD has specified some circumstances that would constitute hardship which are:

- Switch from flat rent to income-based rent because of hardship.
- A family that is paying a flat rent may at any time request a switch to payment of income-based rent (before the next annual option to select the type of rent) if the family is unable to pay flat rent because of financial hardship. The PHA must adopt written policies for determining when payment of flat rent is a financial hardship for the family.
- If the PHA determines that the family is unable to pay the flat rent because of financial hardship, the PHA must immediately allow the requested switch to income-based rent. The

PHA shall make the determination within a reasonable time after the family request.

- The PHA's policies for determining when payment of a flat rent is a financial hardship must provide that financial hardship include the following situation.
- The family has experienced a decrease in income because of changed circumstances including loss or reduction of employment, death in the family, or reduction in or loss of earnings or other assistance;
- The family has experienced an increase in expenses, because of changed circumstances, for medical costs, child care, transportation, education, or similar items; and
- Such other situations determined by the PHA to be appropriate.

Maximum Initial Rent Burden (Housing Choice Voucher Only): The family's share may not exceed 40% of the family's monthly adjusted income when the family initially moves into the unit or signs the first assisted lease for a unit. The maximum initial rent burden applies only when the gross rent for the unit selected exceeds the applicable payment standard.

Flat Rent (Public Housing Only): Annually at recertification families must be offered a choice of a flat rent or an income-based rent. If a family elects to pay a flat rent a PHA can (if desired) recertify family income as infrequent as every three (3) years instead of annually. Family composition must be recertified annually. Flat rent is based on the market rent charged for comparable units in the private unassisted rental market and will not increase or decrease as changes in income occur. A family can request a switch to an income-based rent at any time due to a financial hardship.

Welfare Sanctions: If the welfare agency reduces the welfare payment because of fraud of a family member in connection with the welfare program or non-compliance with economic self-sufficiency requirements, the PHA must still include the amount of the reduction in the Annual Income that is used to calculate total tenant payment.

Reference Materials

Legislation:

- United States Housing Act of 1937, 42 USC 1437, et seq. as amended

Regulations:

- General HUD Program Requirements; Waivers, 24 CFR Part 5
- Admissions to, and Occupancy of, Public Housing, 24 CFR Part 960
- Section 8 Tenant-Based Assistance: Housing Choice Voucher Program, 24 CFR Part 982
- Determining Adjusted Income in HUD Programs Serving Persons with Disabilities: Requiring Mandatory Deductions for Certain Expenses; and Disallowance for Earned Income, 66 FR 6218, issued January 19, 2001; 24 CFR Parts 5, 92, et al. (effective April 20, 2001)

Notices:

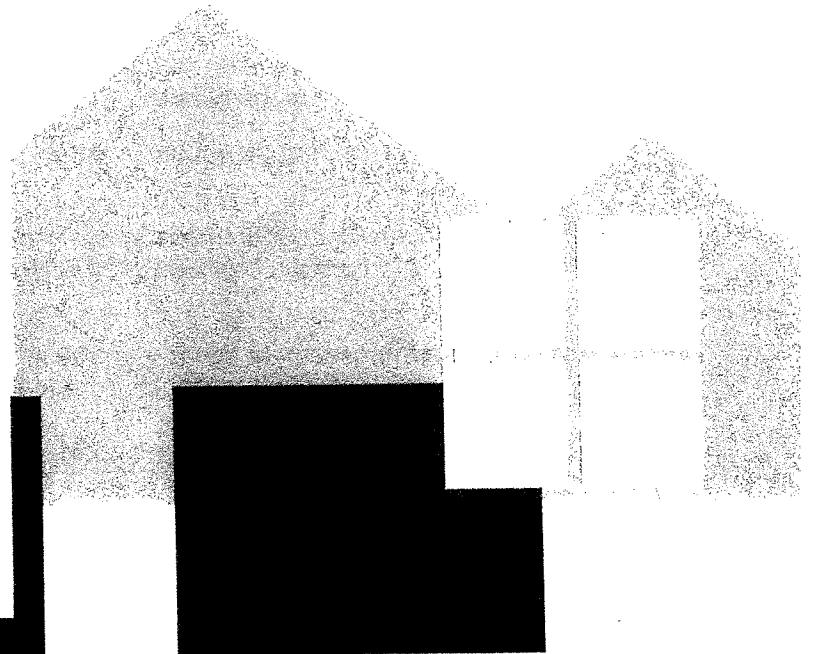
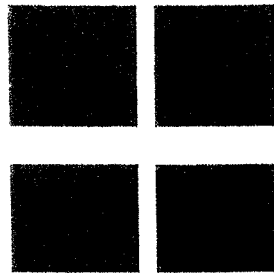
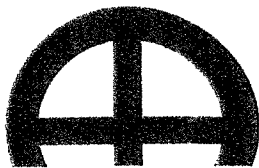
- “Federally Mandated Income Exclusions” Notice 66 FR 4669, April 20, 2001
- “Improving Income Integrity in Public and Assisted Housing” Notice PIH 2001-15, issued May 2, 2001
- Frequently Asked Questions about the Admissions and Occupancy Rule:
http://www.hud.gov/offices/pih/phr/about/ao_faq2.cfm#2c

For Additional Information:

Contact your Public Housing Authority (PHA) in your area. In addition, you can find information about HUD's programs on HUD's Internet homepage at <http://www.hud.gov> or call the Public and Indian Housing Information Resource Center at 1-800-955-2232.



RESIDENT RIGHTS & RESPONSIBILITIES



Secretary of HUD

This brochure does not apply to the Public Housing Program, the Section 8 Moderate Rehabilitation Program (except for multifamily housing properties insured by HUD), and the Housing Choice Voucher Program (except when a voucher is used in a multifamily housing property with a HUD-insured mortgage).

AS A RESIDENT, YOU HAVE RIGHTS AND RESPONSIBILITIES THAT HELP MAKE YOUR HUD-ASSISTED HOUSING A BETTER HOME FOR YOU AND YOUR FAMILY.

This brochure is being distributed to you because the United States Department of Housing and Urban Development (HUD), which regulates the property in which you live, has provided some form of assistance or subsidy for your apartment. As part of its dedication to maintaining the best possible living environment for all residents, your local HUD office encourages and supports the following:

- Management agents and property owners communicate with residents on any and all issues
- Owners and managers give prompt consideration to all valid resident complaints and resolve them as quickly as possible
- Your right to file complaints with management, owners, or government agencies without retaliation, harassment or intimidation
- Your right to organize and participate in certain decisions regarding the well-being of the property and your home
- Your right to appeal a decision made by the local HUD office to the Office of Asset Management and Portfolio Oversight at HUD Headquarters.

Along with the owner/management agent, you play an important role in making your apartment, the grounds, and other common areas—a better place to live.

This brochure briefly lists some of the most important rights and responsibilities to help you get the most out of your home.



YOUR RIGHTS

As a resident of a HUD-assisted multifamily housing property, you should be aware of your rights.

Rights: Involving Your Apartment

- The right to live in decent, safe, and sanitary housing that is free from environmental hazards including lead-based paint.
- The right to have repairs performed in a timely manner, upon request.
- The right to be given reasonable notice, in writing, of any non-emergency inspection or other entry into your apartment.
- The right to protection from eviction except for specific causes stated in your lease.
- The right to request that your rent be recalculated if your income decreases.
- The right to access your tenant file.

Rights: Involving Resident Organizations

- The right to organize as residents without obstruction, harassment, or retaliation from property owners or management.
- The right to provide leaflets and post materials in common areas informing other residents of their rights and opportunities to involve themselves in their property.
- The right to use appropriate common space or meeting facilities to organize (this may be subject to a reasonable, HUD-approved fee).
- The right to meet without representatives or employees of the owner/management company present.
- The right to be recognized by property owners/management company as having a voice in residential community affairs.

Rights: Involving Nondiscrimination

The right to equal and fair treatment and use of your building's services and facilities, without regard to race, color, religion, gender, sexual orientation, gender identity, disability, familial status (children under 18), national origin (ethnicity or language), or in some circumstances, age.



YOUR RESPONSIBILITIES

As a resident of a HUD-assisted multifamily housing property, you also have certain responsibilities to ensure that your building remains a suitable home for you and your neighbors. By signing your lease, you, the owner and the management company have entered into a legal, enforceable contract. You are responsible for complying with your lease, house rules, and local laws governing your property. If you have any questions about your lease or do not have a copy of it, contact your property management agent or the local HUD office.

Responsibilities: To Your Property Owner or Management Agent

- Complying with the rules and guidelines that govern your lease.
- Paying the correct amount of rent on time each month.
- Providing accurate information to the owner/management agent's company at the certification or recertification interview to determine your total tenant payment, and consenting to the release of information by a third party to allow for verification.
- Reporting changes in the family's income or composition to the owner/management agent's company in a timely manner.

Responsibilities: To the Property and Your Fellow Residents

- Complying with rules and guidelines that govern your lease.
- Conducting yourself in a manner that will not disturb your neighbors.
- Not engaging in criminal activity in your apartment, common areas or grounds.
- Keeping your apartment reasonably clean, with exits and entrances free of debris, clutter or fire hazards and not littering the grounds or common areas.
- Disposing of garbage and waste in the proper manner.
- Maintaining your apartment and common areas in the same general physical condition as when you moved in.
- Reporting any apparent environmental hazards to the management (such as peeling paint, which is a hazard if it is a lead-based paint) and any defects in building systems, fixtures, appliances, or other parts of the apartment, the grounds, or related facilities.



YOUR RIGHT TO BE INVOLVED

In decisions affecting your home

As a resident in HUD-assisted multifamily housing, you play an important role in decisions that affect your community. Different HUD programs provide for specific resident rights. You have the right to know under which HUD program your building is assisted. To find out if your apartment building is covered under any of the following programs, contact your management agent, Section 8 contract administrator, or the HUD office nearest you. If your building was funded under HUD's Rental Assistance Demonstration Program, or HUD's Section 236, 221(d)(3)/BMIR, Rental Assistance, Section 202 Direct Loan or Section 202/811 Capital Advance Programs or is assisted under any applicable project based Section 8 program or Rent Supplement, you have the right to be notified of, or in some instances, to comment on, the following:

- Nonrenewal of a project based Section 8 contract
- An increase in the maximum permissible rent
- Conversion of a project from project-paid utilities to tenant-paid utilities
- A proposed reduction in tenant utility allowance
- Conversion of residential apartments in a multifamily housing property to a nonresidential use or to condominiums, or the transfer of the housing property to a cooperative housing mortgagor corporation or association
- Transfer of the project-based Section 8 contract in your property to one or more buildings at other locations
- Partial release of mortgage security
- Capital improvements that represent a substantial addition to the project
- Prepayment of mortgage (*if prior HUD approval is required before owner can prepay*)
- Any other action, which could ultimately lead to involuntary, temporary or permanent relocation of residents
- If you live in a building that is owned by HUD and is being sold, you have the right to be notified of, and comment on HUD's plans for disposing of the building.



ELIGIBILITY FOR ENHANCED VOUCHERS

If your apartment is assisted under a project-based Section 8 contract that is ending, and if the owner decides not to renew it, the owner is required by law to notify you in writing of that decision at least one year before the contract expires. Under these circumstances, you may be eligible for an Enhanced Voucher (EV), which owners are required to accept and which would give you the Right to Remain in a apartment at your property, provided that you are in compliance with your lease and the property remains rental housing. HUD will select a local Public Housing Agency (PHA) to provide an EV for eligible families who decide to remain at the property and to administer this assistance.

If you decide to remain at your property using an EV, a higher payment standard will be used to determine the amount of Section 8 assistance that is paid on your behalf if the gross rent for the apartment is more than the PHA's payment standard. However, the PHA must determine that the rent that the owner charges for your apartment is reasonable, and you must continue paying at least the amount of rent that you were previously paying.

If you are eligible for an EV, you can instead choose to move out of the property and use the voucher to rent a apartment anywhere in the United States where the owner will accept the voucher and the rents are in an allowable range, subject to approval. If you move out, however, the voucher is no longer "enhanced," and the amount of Section 8 assistance that is paid on your behalf will be based on the PHA's normally applicable payment standard.



ADDITIONAL ASSISTANCE

For additional help or information, you may contact:

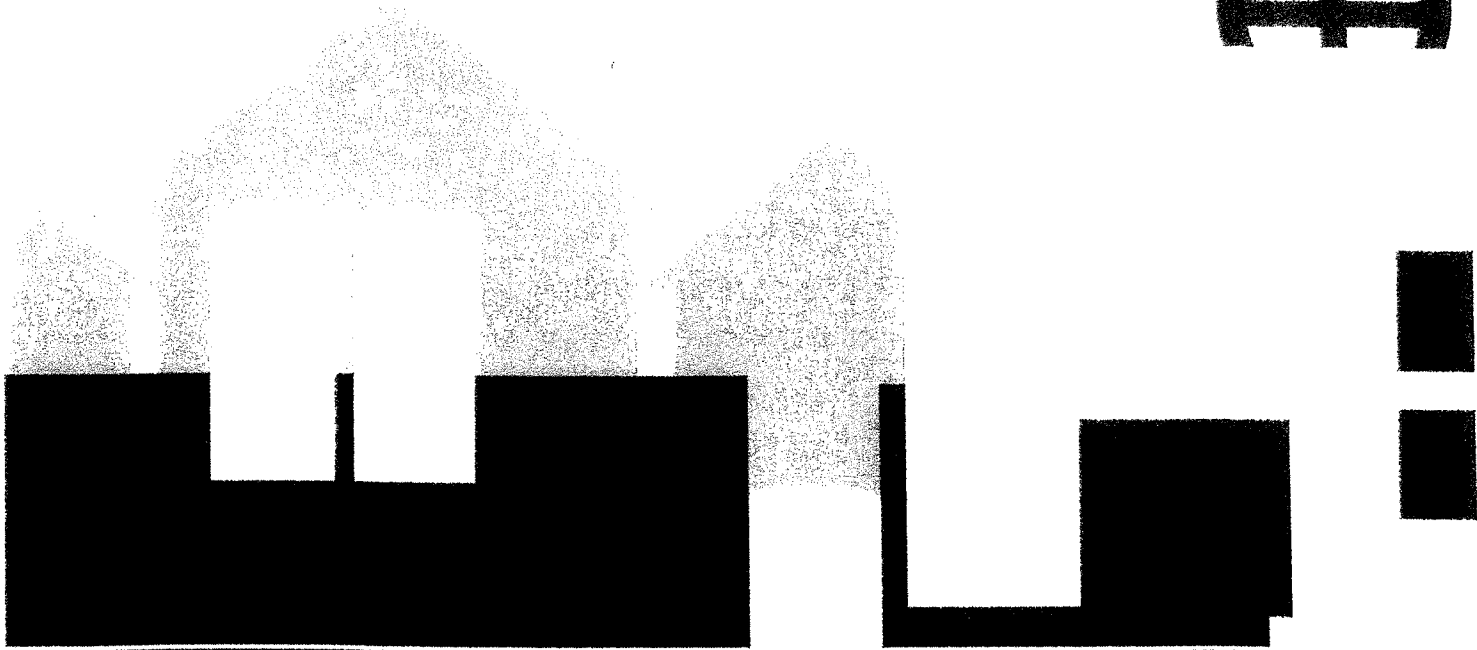
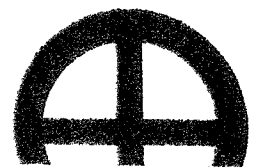
- Your property manager or the management company
- The account executive for your property in HUD's Multifamily Regional Center or Regional Satellite Center
- HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 to report maintenance or management concerns
- HUD's Office of Fair Housing and Equal Opportunity at 1-800-669-9777, if you believe you've been discriminated against
- HUD's Office of Inspector General Hot Line at 1-800-347-3735 to report fraud, waste, or mismanagement
- HUD's Housing Counseling Service locator at 1-800-569-4287 for the housing counseling agency in your community
- Your local government tenant/landlord affairs office, legal services office or tenant organizations to obtain information on additional rights under local and state law
- If appealing a local HUD Office decision, you may contact the Director of the Office of Asset Management and Portfolio Oversight in Washington, DC at 202-708-3730

ON-LINE RESOURCES:

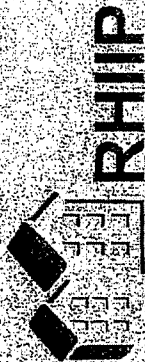
- **Housing and Urban Development website:** www.hud.gov
- **The local HUD Field Office:** <http://www.hud.gov/local/index.cfm>.
- **Note: To locate your local field office, select:** Contact My Local Office (under the I Want To section)



U.S. Department of Housing and Urban Development
Office of Multifamily Housing Programs
Washington, DC 20410-0000 Official Business
Penalty for Private Use \$300



This brochure about your rights and responsibilities as a resident of HUD assisted multifamily housing is available in 13 alternate languages in addition to English and Braille. To determine if your language is available, please contact HUD's National Multifamily Housing Clearinghouse at _____ or visit _____



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & you

ENTERPRISE INCOME VERIFICATION



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

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".

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

- The Social Security Administration:
 - Social Security (SS) benefits
 - Supplemental Security Income (SSI) benefits
 - Dual Entitlement SS benefits
- The Department of Health and Human Services (HHS) National Directory of New Hires (NDNH):
 - Wages
 - Unemployment compensation
 - New Hire (W-4)

What is the information in EIV used for?

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

Property owners and managers are able to use the EIV system to determine if you correctly reported your income.

They will also be able to determine if you:

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

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

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

Who has access to the EIV information?

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

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenant's Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

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

Protect yourself, follow HUD reporting requirements

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

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

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

When changes occur in your household income or family composition,

immediately contact your property owner or manager to determine if this will affect your rental assistance.

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



What if I disagree with the EIV information?

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

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

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

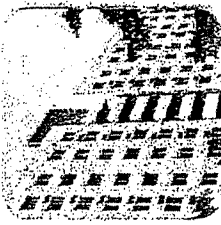
What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

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

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

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



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

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

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



JULY 2009



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. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410