

811 PRA Project based Referral Coversheet

Date: _____

Enclosed you will find completed documents for the applicant we are referring for the unit indicated.
Should you have any questions or need any additional information please contact: Courtenay Loiseau-
Strategic Housing Partnership Coordinator at 617.204.3727 or Courtenay.loiseau@massmail.state.ma.us

Applicant Name: _____

Contact Number: _____

Address: _____

Notes:

Referred for unit located at:

Property Owner: _____

Phone Nbr: _____

Contact Name: _____

Regional Housing Agency: _____

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Transition Coordinator: _____

Contact Phone: _____ Contact Email: _____

Other information:

Turn Page Over

Required Documentation and Paperwork:

Please ensure that all the below information is attached to the referral and that it is complete. Documentation that is not complete will cause a delay in processing the application:

Program and Identification Documentation

- ┌ 811 PRA Referral Coversheet
- ┌ Verification of Eligibility for 811 PRA Unit (pg3) *(EOHS document)*
- ┌ 811 Pre-application form
- ┌ 811 Application
- ┌ Family Certification Form
- ┌ Communication Preference form
- ┌ HUD Supplement to Application for Federal Housing (HUD92006)
- ┌ Release Form for Housing information *(EOHS document)*
- ┌ General Authorization for Release of Information
- ┌ General Release of Information Form
- ┌ Reasonable Accommodation Request form (if applicable)

Identification Documentation

- ┌ Birth Certificates for all members of the household
- ┌ Social Security card for all members of the household
- ┌ Photo identification for anyone 18 and over in the household

Income & Asset Documentation

- ┌ **Employment income** – six (6) consecutive pay stubs or letter from your employer verifying your gross income for the last six (6) weeks.
- ┌ **TAFDC (General Assistance)** – Grant verification from the Department of Transitional Assistance
- ┌ **Social Security; Supplemental Social Security (SSI); Supplemental Social Security Disability (SSDI)** – Award Letter from Social Security Administration
- ┌ **State Supplement Program Award Letter (SSP)**
- ┌ **Pension(s)**- Verification of the amount of income from the pension; frequency received
- ┌ **Unemployment or Workmen's compensation** – provide a copy of your most recent benefit letter
- ┌ **Checking and/or Savings Account(s)**- 6 months of statements

Transition Coordinator

Date

Strategic Housing Partnership Coordinator

Date

Submitted to RAA via:

- | | |
|---------------------------------------|-------------|
| <input type="checkbox"/> Email | Date: _____ |
| <input type="checkbox"/> US Mail | Date: _____ |
| <input type="checkbox"/> Email & Mail | Date: _____ |
| <input type="checkbox"/> Fax | Date: _____ |

RAA Coordinator/Manager

Effective date of lease

Date

Verification of Eligibility for 811 PRA Unit

Consumer Name: _____

Consumer Date of Birth: _____

Individual's Priority Category (Individual must be eligible for MassHealth Standard or CommonHealth Plans):

- ☐ Category I: Enrolled in Money Follows the Person Demonstration and residing in a qualified institution
- ☐ Category II: Residing in a long term care facility and eligible for a MassHealth 1915(c) Home and Community Based Services (HCBS) waiver but who are not eligible for the Money Follows the Person Demonstration
- ☐ Category III: Residing in a long term care facility and not eligible for either MFP Demonstration or a HCBS waiver
- ☐ Category IV: Living in the community and eligible for a HCBS waiver

By submitting this form on behalf of the consumer listed above, I am certifying that the individual (please initial):

- | | |
|----------------------|---|
| _____ (initial here) | 1. Meets the criteria to be eligible for the priority category listed above |
| _____ (initial here) | 2. Is a person with a disability |
| _____ (initial here) | 3. Is in need of ongoing supportive services |
| _____ (initial here) | 4. Is under the age of 62 |
| _____ (initial here) | 5. Is low income |

Name of Certifier: _____

Title of Certifier: _____

Signature of Certifier: _____

Phone Number of Certifier: _____

Email Address of Certifier: _____

If the Certifier is not the Transition Coordinator, please provide the Transition Coordinator name, phone number, and email address: _____

Reviewer (RHC staff person): _____

811 PRA PROJECT BASE APPLICATION

This application does not obligate you or the Housing Agency in any way. Acceptance of this application by the Housing Agency does not mean that you are eligible to receive rental assistance. You will be required to provide verification of the information you have provided here. Please complete the entire form except for shaded areas.

APPLICANT ADDRESS & ALTERNATE CONTACT PERSON

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

If you cannot be reached at the above address please provide the address and/or phone number of a friend, family member, or agency where you can be contacted in the space below.

If you want us to use this contact at all times please check this box. ☐

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

MEMBERS OF HOUSEHOLD TO LIVE IN UNIT

<u>Last Name</u>	<u>First Name</u>	<u>Social Security Number</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Relationship to head of household</u>	<u>Elderly / Handi./ Disabled</u>
					HEAD	

Do you expect your household size to change? ☐ YES ☐ NO

If yes, what type of change? _____

811 PRA PROJECT BASE APPLICATION

RACIAL / ETHNIC DESIGNATION

The following information is required by HUD and is being requested to comply with equal opportunity requirements and to ensure that no discrimination occurs. Your answer will not in any way affect your selection for the program.

Is the head of your household: Check one box in each category:

Race

☐ White ☐ Black ☐ Native American or Alaskan Native ☐ Asian or Pacific Islander

Ethnicity

☐ Hispanic ☐ Non-Hispanic

INCOME AND ASSETS OF HOUSEHOLD MEMBERS

In the following table list all money that each household member expects to earn or receive in the next twelve months. You must include all types of earned or unearned income before deductions as well as SSI or SSDI for children under the age of 18. Do not include earned income (wages, salaries, overtime) of household members under the age of 18. Tell us whether you receive this amount weekly, every two weeks, or once a month. For example \$547/wk., or \$1,094/two wk., or \$2,188/month.

	Household member earning or receiving income _____ (Name)	Household member earning or receiving income _____ (Name)	Household member earning or receiving income _____ (Name)
Wages, salaries, tips Including overtime	\$ /	\$ /	\$ /
TAFDC/Public Asst..	\$ /	\$ /	\$ /
Child support payments	\$ /	\$ /	\$ /
Unemployment, or other Disability compensation	\$ /	\$ /	\$ /
Social Security/SSI	\$ /	\$ /	\$ /
Interest, dividends	\$ /	\$ /	\$ /
Insurance policies	\$ /	\$ /	\$ /
Retirement funds, pensions	\$ /	\$ /	\$ /
Alimony	\$ /	\$ /	\$ /
Other	\$ /	\$ /	\$ /
TOTAL GROSS INCOME	\$ /	\$ /	\$ /

Is the head of household or Spouse 62 years or older, or any aged disabled member eligible for self- paid medical expenses in excess of 3% of gross annual income? ___Yes ___No

811 PRA PROJECT BASE APPLICATION

List all assets owned, controlled or disposed of within the past two (2) years; ie: checking or savings accounts, IRA stocks, bonds, property etc. Please provide verification of account information.

Account Number	Bank Name & Address	Value

NET FAMILY ASSETS

- The net cash value of real property, savings, stocks, bonds and any other forms of capital investment.
- Revocable trust fund owned or controlled by a member of the family or household
- Any family business or asset disposed of for less than fair market value within past two years

Asset Type: _____ Asset Amount: _____

Asset Type: _____ Asset Amount: _____

Asset Type: _____ Asset Amount: _____

PREVIOUS FEDERAL TENANCY

Have you or any member of your household ever lived in Federal Public Housing, MRVP, Mod Rehab, Project Based or been on the Section 8 program?

☐ YES

☐ NO

If yes, please complete the following:

Name of head of household at that time: _____

Relationship to present applicant: _____

Name of Housing Authority or Agency which provided the subsidy: _____

Date moved out: _____ Reason moved out: _____

Did person leave as a tenant in good standing? ☐ YES ☐ NO

If no explain:

811 PRA PROJECT BASE APPLICATION

To Be Signed By all Applicants

I understand that this application is not an offer of housing. Before [redacted] can offer me participation in the rental assistance program; I must provide them with written documentation that verifies my circumstances. I understand that it is my responsibility to inform [redacted], in writing of any changes of information given in this application, including change of address, income, or household composition. I understand that if I do not respond to Housing Agency requests for information or updates my name will be removed from the waiting list. I authorize [redacted], to make inquiries to verify the information I have provided in this application.

I understand that any false statement or misrepresentation may result in the withdrawal of my application and in the termination of my program participation once I begin to receive rental assistance. I certify that the information I have given in this application is true, complete and correct.

Signed under the pains and penalties of perjury,

Applicant's Signature_

Date_

Certification relative to drug and/or violent criminal activity

Have you and/or any member of your household ever been convicted of or evicted due to manufacturing, selling, using, distributing, or possessing a controlled substance? ☐ Yes ☐ No

If yes, when did this occur? _____

If yes, have you and/or any member of your household received treatment? ☐ Yes ☐ No

(If household member was an addict, treatment has been received, and the household member does not currently use or possess drugs, you may not be denied Section 8 assistance).

Have you and or any member of your household ever been convicted of or evicted for engaging in a violent criminal activity? Including but not limited to murder, manslaughter, assault and battery, rape, robbery, burglary, arson, kidnapping, carrying a dangerous weapon. ☐ Yes ☐ No

Answering "yes" to one of the above questions does not mean you will automatically be denied Section 8 assistance. Each case will be reviewed to determine if there are mitigating circumstances.

I understand that supplying a false response is grounds for denial or termination of Section 8 assistance.

I certify that the information I have given in this application is true, complete, and correct. I understand that the Housing Agency to which I am applying may verify this information by obtaining information from law enforcement agencies such as local police departments, or the Criminal History Systems Board (CORI).

Signed under the pains and penalties of perjury,

Applicant's Signature_

_ Date_____



FAMILY CERTIFICATION FORM SECTION 811 PROJECT RENTAL ASSISTANCE (PRA) PROGRAM

Instructions: The Head of Household must complete and submit this form at the time of regular and, if required, interim recertification. Every item listed below must be completed on behalf of **every member of the household**. The form must be signed by the Head of Household.

TO BE COMPLETED BY HEAD OF HOUSEHOLD

Head of Household/Participant Name _____

Last Four Digits of SS No. _____

Head of Household/Participant Address _____

Home Telephone: _____

Work Telephone: _____

Cell Phone/Pager: _____

Best Time to Call: _____

Completed By: _____

Date: _____

1. On the chart below please list all household members living in your unit 50% or more of the time. If you need additional space, please attach another page. Make sure to indicate which question you are answering.

Full Name of Member	Relation-ship to Head of Household	DOB	Sex	Ethni-city	Race	Income	Source of Income	Disabled	Full Time Student
	Head		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per_	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per_	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per_	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per_	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per_	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per_	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sex Categories: M = Male F = Female

Ethnicity Categories: H = Hispanic NH = Non Hispanic

Race Categories: 1 = White 2 = Black/African American 3 = American Indian/Alaska native 4 = Asian
5 = Native Hawaiian/Other Pacific Islander

2. What is the primary language spoken in your home?

- ☐ English ☐ Spanish or Spanish Creole ☐ Portuguese or Portuguese Creole ☐ Vietnamese
☐ French Creole ☐ Italian ☐ Russian ☐ Chinese ☐ Mon-Khmer, Cambodian
☐ Other _____

3. If you prefer to receive written communication from DHCD in a language other than English, please check the language that you prefer. DHCD is required to provide written translation of materials for languages spoken by a significant percentage of households in its jurisdiction. Accordingly, DHCD will provide written translations for the languages indicated below:

- ☐ English ☐ Spanish or Spanish Creole ☐ Portuguese or Portuguese Creole ☐ Vietnamese
☐ French Creole ☐ Italian ☐ Russian ☐ Chinese ☐ Mon-Khmer, Cambodian
☐ Other _____

4. Did any household member lose a job or voluntarily leave their job since the last recertification? If yes, list names and the effective date of the job loss below. ☐ Yes ☐ No ☐ N/A

Name of Household Member

Effective Date

Name of Household Member

Effective Date

5. Will anyone in the household receive monetary or non-monetary gifts or contributions on a regular basis from someone who does not live in the household? ☐ Yes ☐ No

If yes, list names of household members who will receive such contributions, the type of contribution and the monthly amount of the contribution. For example if you receive \$50 worth of groceries every week from your Uncle Bill you would enter your name, under type of contribution, you would enter groceries, and under monthly amount you would enter \$200 (\$50/week x 4 weeks) :

Name of Family Member

Type of Contribution

Monthly Amount

Name of Family Member

Type of Contribution

Monthly Amount

OTHER INCOME

6. If you selected "Other Income" for any household member, complete the table below by entering the monthly amount and name of household member who receives that type of income.

Income	Amount Per Month	Name of Household Member
Commissions, Tips, Bonuses & Other Income		
Disability or Death Benefits		
Veteran's Benefits		
Veteran's Disability Benefits		
Payments for a Member of the Armed Services If yes, is the Armed Services member exposed to hostile fire? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment Benefits		
Interests, Dividends or Capital Gains		
Lottery or Gambling Winnings		
Real Estate or Rental Property Income		
Income from an Inheritance		
Insurance, Retirement, Pension, Life Insurance		
Payments for Support of a Foster Child		
Other Income _____ Describe		

ASSETS

7. Complete the table below about your household assets. Place a check in the column if a household member has the type of asset listed; enter the amount of the asset and the name of the household member who owns the asset.

Asset	Check if Applicable	Name of Household Member	Current Balance/ Amount	Interest Rate	Penalty for Withdrawal
Checking Account					
Savings Account					
Stocks					
Bonds					
Mutual Funds					
Money Market Funds					
Certificates of Deposits					
Life Insurance					
Property/Real Estate					
Trust Funds					
Retirement or Pension Funds					

7. Does anyone in the household expect to receive any lump sum payments from insurance settlements or legal claims?

☐ Yes

Enter Amount and Description of the Lump Sum Payment _____

☐ No

8. Does anyone in the household have a life insurance policy?

☐ Yes

Enter Amount _____

☐ No

9. Has anyone in the household disposed of any assets for less than Fair Market Value in the past 2 years? For example if you sold your house and the house was valued at \$60,000 but you sold it to your child for \$10,000.

☐ Yes (If yes, describe asset and amount it was sold for) _____

☐ No

Adjusted Income**Childcare Deduction**

10. Is the family paying for care of children under age 13 so an adult can work? ☐ Yes ☐ No

11. Is the family paying for the care of children under age 13 so an adult can attend education or job training classes?

☐ Yes ☐ No

12. Is the family paying for the care of children under age 13 so an adult can look for work? ☐ Yes ☐ No

Disability Expense Deduction (Eligible only if the head of household, co-head and/or spouse is elderly or disabled)

13. Is the family paying for care or apparatus for a disabled family member so that an adult family member can work?

☐ Yes ☐ No

14. If yes, list name(s) of person with disability who is receiving care or using the apparatus:

Name of disabled family member receiving care or using apparatus

15. Cost of care or apparatus: \$ _____ per month

Un-reimbursed Medical Expense Deduction (Applicable only to families if the head of household, co-head and/or spouse is elderly or disabled)

16. Does the family expect un-reimbursed medical expenses over the period covered by the certification?

☐ Yes ☐ No

17. List names of family members who expect un-reimbursed medical expenses:

Name of Family Member

Name of Family Member

18. Check type of **un-reimbursed** medical expenses anticipated and enter annual expense:

Type of Expense	Check if Applicable	Annual Amount
Medical insurance premiums (including Medicare)		
Doctor visits		
Dentist visits		
Dentures, bridgework or crowns		
Eye doctor visits		
Eyeglasses or contact lenses		
Clinic visits		
Therapy (physical or emotional)		
Lab fees, x-rays, blood work		
Prescription medicine		
Non-prescription medicine		
Hearing aid batteries		
In-home health care		
Medical Transportation		
Medical apparatus (owned or rented)		
Assistive animal expense		
Hospice care		
Other (describe)		
Other (describe)		

Criminal Background Information

Are you or any member of your household subject to a lifetime state sex offender registration program in any state?

☐ No ☐ Yes - If yes, state the household member name and the state in which the household member is subject to a lifetime state sex offender program:

Name of Household Member

State

Have you or another member of your household ever been convicted of the manufacture or production of methamphetamine on the premises of Federally-assisted housing?

☐ No ☐ Yes - Name of Household Member _____

Have you or any member of your household been evicted from public housing due to violent or drug-related criminal activity?

☐ No ☐ Yes - Name of Household Member _____

Have you or any member of your household been evicted due to alcohol abuse which threatened the health, safety, or right to peaceful enjoyment of the premises by other residents or neighbors in the vicinity of your residence?

☐ No ☐ Yes - Name of Household Member _____

Have you or a member of your household ever used a Social Security Number other than the ones listed on this application?

☐ No ☐ Yes - Name of Household Member & SS Number _____

Have you or a member of your household ever been convicted of a felony?

☐ No ☐ Yes - Name of Household Member and offense _____

Emergency Contact

In case of an emergency for you or a household member, whom should we contact?

Name		Relationship	
Address	City	State	Zip Code
Home Phone		Other Phone	

Participant Certification

Third party verification of the above information will be completed and the results will be electronically transmitted to the HUD data collection system. Please refer to the Federal Privacy Act Statement for more information on its use.

I hereby certify that the above information on household composition, income, and assets is complete, true and correct to the best of my knowledge. I understand that giving false statements or information can be grounds for termination of Section 811 Project Rental Assistance (PRA) Program assistance and for punishment under state and federal laws. Title 18 Section 1001 of the United States Code, states that a person who knowingly and willfully makes false statements to any department or agency of the United States Government is guilty of felony.

If there are any changes in income, expenses, and/or household composition prior to my reexamination effective date and which are different than what I reported on this reexamination questionnaire, I understand that I am required to notify the RAA prior to the effective date of reexamination. I understand that these changes will affect my rent determination.

Signature of Head of Household	Date
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COMMUNICATION PREFERENCE FORM

Please complete the Communication Preference Form below. All individual information will be kept private. Please note that completing this form is voluntary. _____ will use this information only to ensure meaningful access to programs and services. _____ is committed to providing translation and interpretation services for vital documents and interactions for the Section 811 Project Rental Assistance (PRA) Program. However, completing this form is not a guarantee of the provision of translation or interpretation services.

Name: _____ Last 4 Digits of SSN: _____

Address: _____

1. If the primary language spoken in your home is a language other than English, please place an X in the box which identifies the primary language spoken in your home.

- ☐ English
- ☐ Spanish
- ☐ Portuguese
- ☐ French Creole
- ☐ Italian
- ☐ Chinese
- ☐ Mon-Khmer/Cambodian
- ☐ Vietnamese
- ☐ Russian
- ☐ Other (Please Specify) _____

2. If you prefer to receive written communications from _____ regarding the 811/PRA program in a language other than English, please place an X in the box next to the language that you prefer. _____ currently provides many of its forms and informational material in the following languages, and will provide you with translated forms when available:

- ☐ English
- ☐ Spanish
- ☐ Portuguese
- ☐ French Creole
- ☐ Italian
- ☐ Chinese
- ☐ Mon-Khmer/Cambodian
- ☐ Vietnamese
- ☐ Russian
- ☐ Other (Please Specify) _____

3. Do you need interpretation/translation services when communicating with _____ regarding the 811/PRA program?

- ☐ Yes _____ ☐ No
- Language

Signature of Applicant or Participant

Date

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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.

Release Form for Housing Information

Consumer Name: _____

Consumer Date of Birth: _____

I, _____ (consumer name), give my permission for
_____ (Transition Coordinator/Case Manager) to receive
and share information regarding my housing application and information regarding any housing received
as a result of this application. In addition, I request that a copy of any correspondence be mailed to the
applicant as well as to the following address:

Contact Name: _____

Contact Address: _____

Contact City, State, and ZIP code: _____

The best way to contact my Transition Coordinator/Case Manager is:

Phone: _____

Email: _____

This release is valid until I indicate otherwise.

Consumer Signature: _____

Date: _____

Guardian Signature (if applicable – please provide proof of guardianship in addition to this form):

Transition Coordinator/Case Manager Signature: _____

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

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

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)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information	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.):
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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
W-2-G Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Name of Project Owner or his/her representative

Title

Signature & Date

cc:Applicant/Tenant/Owner file

Penalties for Misusing this Consent:

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

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

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