

RENTAL HOUSING APPLICATION

Lincoln Manor – A smoke-free complex
400 Huffman Georgetown, Illinois 61846
Phone 217-442-8133 Fax 217-442-3715
TTY - 711
Email: sandymorgan1320@yahoo.com

I hereby apply for a rental housing living unit in this housing complex, and for rental assistance, if I am eligible and if it is available. I certify that this will be my permanent residence, and I will not maintain a separate subsidized rental unit in a different location. The information on this form is needed to qualify & certify your household. Please complete this entire form and leave no blanks. If there are questions that you do not understand, please call the apartment manager.

Mbr #	Full legal name	SS #	Relationship	Birth date	Student Status
1	_____	_____	_____	_____	FT PT NA
2	_____	_____	_____	_____	FT PT NA

Were any of the applicants 62 years of age or older before January 31, 2010 and who do not have a SSN, receiving HUD rental assistance at another location on January 31, 2010? YES/NO If yes which applicant? _____

Do you expect any additions/subtractions to the household within the next 12 months which are NOT listed above?

If yes, please explain: _____

Current Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ Monthly rent: _____

Present Landlord's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____ How long: _____

Reason for wanting to move? _____

Prior Landlord's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____ How long: _____

Reason for moving? _____

Has your residence had any insect, parasite, rodent or other infestations in the last year? YES ___ NO ___

List all state(s) where you and/or adult members of your household have previously lived/resided:

Name: _____ Other states: _____

Name: _____ Other states: _____

Name: _____ Other states: _____

What is your preferred method of contact for communication? ___Email ___Phone Call ___Text ___Mail

Email address: _____

**Some notices are required to be delivered to the unit in accordance with applicable HUD requirements, including but not limited to, instances where certain information may not be sent by email or text in accordance with such requirements.

The information solicited on this application is requested by the apartment owner to assure the Federal Government, acting through USDA Rural Development, that Federal Laws prohibiting discrimination against tenant applicants based on race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to provide this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

HEAD OF HOUSEHOLD

(Check as appropriate)

Race

☐ White
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ American Indian / Alaskan Native
☐ Other

Ethnicity

☐ Hispanic or Latino
☐ Not Hispanic or Latino

Marital Status

☐ Married
☐ Separated
☐ Divorced
☐ Widowed
☐ Single

Sex

☐ Male
☐ Female

Have you used any other names, aliases, or a maiden name: _____

Have you, or any member of the household ever:

Been evicted?	Yes ☐	No ☐
Have you been evicted from federal housing?	Yes ☐	No ☐
Filed for bankruptcy?	Yes ☐	No ☐
Willfully or intentionally refused to pay rent? Why? _____	Yes ☐	No ☐
Had a criminal record, if yes explain: _____	Yes ☐	No ☐
Been convicted for use, manufacturing, or trafficking drugs?	Yes ☐	No ☐
Been or are an alcohol or drug abuser?	Yes ☐	No ☐
Currently living in subsidized housing?	Yes ☐	No ☐
Lived in a subsidized complex before and had tenancy or assistance terminated for fraud, non-payment of rent or failure to cooperate with the re-certification procedures?	Yes ☐	No ☐
Been a sex offender requiring lifetime registration?	Yes ☐	No ☐
Had a bedbug infestation?	Yes ☐	No ☐

Do you/are you, or any member of the household:

Do you use marijuana in any form?	Yes ☐	No ☐
What form? Smoke ☐ Edibles ☐ Drops ☐ Vape ☐		
Do you have a medical marijuana card?	Yes ☐	No ☐
Does anyone in your household have pets?	Yes ☐	No ☐
If yes, how many? _____ What type? _____		
Do you request consideration for an income adjustment based on a disability?	Yes ☐	No ☐
Do you need special accommodations or modifications to the living unit based on a disability?	Yes ☐	No ☐
An elderly household is a tenant or co-tenant who is 62 years of age or older, disabled or handicapped.		
Do you qualify as an elderly household?	Yes ☐	No ☐
Are you a U.S. citizen?	Yes ☐	No ☐
Are you displaced due to a presidentially declared disaster or by government action?	Yes ☐	No ☐
Is any member of your household a U.S. military veteran?	YES/NO	If yes whom? _____
Are you or is anyone in your household disabled?	YES/NO	If yes, whom? _____

Do you understand there is NO smoking in the apartment for ANY reason?	Yes ☐	No ☐
Do you understand if you are found to be smoking IN the unit you WILL be evicted?	Yes ☐	No ☐

I acknowledge that Management will rely heavily on the information which I/We have supplied. I/We certify that the information presented in this form, to be true and accurate and authorize Management to verify any information that I have provided. I/We specifically authorize Management to investigate as to my qualifications to reside in the apartment applied for, to obtain My/Our criminal and rental history. In the event any information contained herein is false, Management may reject this application or, if this application has been accepted, may immediately terminate my tenancy. I hereby certify that if I am applying for a subsidized apartment, it will serve as my permanent residence, and that I will not maintain a separate subsidized rental unit in a different location.

Signature_____
Signature_____
Date_____
Date

You may receive a deduction for any out-of-pocket childcare expenses incurred for children ages 12 and under living in your household which will enable you to work or go to school. Will you be claiming this as an expense? Yes ☐ No ☐

INCOME

Income Source	Member	Amount	Employer	Address & Telephone
Gross Wages/Sal				
Gross Wages/Sal				
Social Security				
Social Security				
Pension				
SSI/SSD Income				
Public Assistance				
Child Support				
Unemployment				
Other				

Does anyone in the household have more than one job? Yes ____ No ____ Who? _____
 Anyone in the household active with a temp agency although not currently assigned to a job? YES ____ NO ____
 Additional income not listed above including but not limited to Instacart, Amazon, Food delivery type services?
 If yes, please explain: _____

FAMILY ASSETS – Include all assets from ALL household members, including minors with assets.

Type of Account	Bank/Source	Address & Phone - Member	Account #	Balance/Cash Value
Checking				
Checking				
Direct Cash Card				
Savings				
Savings				
CD				
Express Card				
Stock/Bond				
Cash				
Other				

Have you disposed of any assets for less than fair market value in the last two years? YES ____ NO ____
 If yes, list the assets you disposed of, date of disposition, fair market value and amount received:
 Asset: _____ Date disposed: _____ FMV: _____ \$ Received: _____
 Asset: _____ Date disposed: _____ FMV: _____ \$ Received: _____

I/We do ____ do NOT ____ own any Real Estate _____ ←Head of Household Initials

MEDICAL INFORMATION

Please complete all questions about medical expenses (including Medicare and out of pocket expenses) for all household members *only if the head of household, spouse or adult co-head is at least 62 years old or disabled*. If medical questions do not apply to you (because you are under the age of 62 years, or not disabled) place NA to answer the question.

MEDICARE Part D

Do you have Medicare? YES ___ NO ___ Do you have Medicare Part D YES ___ NO ___

Animals – Including Assistance Animals

Pets are not allowed at family communities; however, we do allow one dog or cat at our senior/disabled communities. ALL animals must be current on all vaccinations and fixed and have a signed animal policy BEFORE the animal moves in. Management approved assistance animals are allowed at all properties. If appropriate list your pet or assistance animal below:

Name of Animal	Type of animal	Gender	Weight	Breed	Color	Age
_____	_____	_____	_____	_____	_____	_____

HUD STUDENT STATUS QUESTIONNAIRE

All adult members of the household must fill out the student status section with additional copies of the section given to you to complete, if necessary. Please answer the following questions as has a head of household, cohead or other adult, as it pertains to attending an institution of higher or vocational education to obtain a certificate, degree, or other program to obtain a recognized educational credential.

Member 1 - Are you a FULL TIME ___ or PART TIME ___ student? NOT APPLICABLE ___
Member 2 - Are you a FULL TIME ___ or PART TIME ___ student? NOT APPLICABLE ___

Name of closest living relative, next of kin or another emergency contact not living with you:

Name: _____ Relationship: _____ Phone: _____
Address: _____ Place of employment or work phone _____

How did you hear of us? ___ Newspaper ___ Flyer ___ Website ___ Call/walk-in ___ Radio
Friend/Relative/Current tenant refer you? Share their name: _____

(FOR MANAGEMENT USE ONLY)

Eligibility Determination

Date: _____ Eligible Unit size (s): ___ 1 bdrm ___ 2 bdrm

Date purged from waiting list: _____

Ineligible – Reason (s): _____

SIGNED: _____

Owner/Agent

Date and Time received.

J.H. YUDIN & ASSOCIATES, LLC
1320 N. Vermilion
Danville, Illinois 61832
Phone: 217-442-8133 Fax: 217-442-3715

Landlord Verification

Title: Assistant Manager

Return to: Sandra Morgan

Landlord: _____

Address: _____

City/State/Zip: _____

The person named above has applied at the apartment Community shown above which is under a program of the U.S. Department of Housing and Urban Development (HUD), or Rural Development (RD). We are required to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the property listed at the top of the page (via mail or fax) to ensure timely processing of the required paperwork. Enclosed is a self addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

1. Rental Payment Habits

- a.) From: _____ To: _____ Rent Amount: _____
b.) Has applicant been late on rent? _____ How late? _____ How often? _____
c.) Have you even begun eviction proceedings? _____ Why? _____

2. Caring for the unit

- a.) Has the applicant shown poor housekeeping, hoarding or unreasonable clutter? _____
b.) Has (had) the applicant damaged the unit? _____ Describe: _____
c.) Has (had) the applicant paid for damages? _____
d.) Will you (did you) keep any of the security deposit? _____
e.) Has there been any evidence of pest (including bed bug) infestation? _____

3. General

- a.) Does (did) the applicant permit others not on the lease to live in the unit? _____
b.) Does (did) applicant interfere with the rights and quiet enjoyment of other tenants? _____
c.) Failure to cooperate with applicable re-certification procedures? _____
d.) Violations of lease or house rules? _____
e.) Termination of assistance for fraud? _____
f.) Are you related to the applicant? _____

4. Summary

- a.) Would you re-admit this applicant? _____ Why not? _____
b.) Has the applicant, or guests engaged in any criminal activity, (including drug related criminal activity), in the unit or on the building premises? _____
Describe: _____
c.) Have you had any problems with this tenant? _____

The above is furnished to you in strict confidence in response to your request.

Signature _____

Title _____

Date _____

Phone Number _____

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Applicant Signature  _____ Date: _____

Applicant Name: _____

Address: _____

City, State, Zip: _____

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or 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 Social Security Act at 208 (a) (6) (7) and (8). Violation of these provisions are cited as violations of 43 U.S.C. Section 408 (a) (6) (7) and (8).

This institution is an equal opportunity provider and employer
Equal Housing Opportunity

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

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

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):
U.S Dept of HUD - Chicago Multifamily HUB
77 W Jackson Boulevard Chicago, IL 60604

O/A requesting release of information (Owner should provide the full name and address of the Owner.):
J.H. Yudin & Associates
Attn: Sandy Morgan
1320 N. Vermilion
Danville, Illinois

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.):
National Housing Compliance
1975 Lakeside parkway, Suite 310
Tucker GA 30084 Attn: Karen Romaine Thomas, CEO

Attn: Seema Radhakrishnan

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

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:



Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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



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.

Sandy Morgan

Name of Project Owner or his/her representative

Site Manager

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.

Address Verification Form IF 62 OR OLDER OR DISABLED

Use **COMPLETE** address for the following:

Applicant/Tenant _____ Complex _____

INCOME: Social Security yes _____ no _____

Name of Bank: _____

Address: _____

City, State, Zip: _____

Other Financial Institutions:

Name: _____

Address _____

City, State, Zip: _____

List **ONLY** if you pay **OUT OF POCKET** expenses to:

Doctors, Medical Insurance, or Pharmacies ex: co-pay, prescriptions, medical bills

Name of Doctor: _____

Address: _____

City, State, Zip: _____

Name of Doctor: _____

Address: _____

City, State, Zip: _____

Name of Doctor: _____

Address: _____

City, State, Zip: _____

Health Insurance ONLY if you pay OUT OF POCKET

Name of Insurance Co: _____

Address: _____

City, State, Zip: _____

Pharmacy ONLY if you pay OUT OF POCKET

Name: _____

Address: _____

City, State, Zip: _____

LINCOLN MANOR

January 16, 2025

1320 North Vermilion
Danville, IL 61832-1320
217-442-8133

ASSET VERIFICATION

TO:

RE:

SSN:

The above person(s) has applied for residency/is a resident at LINCOLN MANOR. As a part of our processing we require verification of the household's income, expenses and other information related to eligibility. The individual has authorized below your release of the required information. The information you provide will be used only for the purpose of determining the household's eligibility. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office.

Permission by:



(Applicant/Resident's Signature)

(Date)

Please complete the section below and return it by mail in the enclosed self-addressed stamped envelope. Thank you in advance for your prompt attention.

Sincerely,


Apartment Manager

TO BE COMPLETED BY INSTITUTION

CHECKING ACCOUNT

Account Number(s)	Average 6 Month Balance(s)	Interest Rate, if any	% of Ownership
_____	\$ _____ %	_____ %	_____ %
_____	\$ _____ %	_____ %	_____ %
_____	\$ _____ %	_____ %	_____ %
_____	\$ _____ %	_____ %	_____ %
_____	\$ _____ %	_____ %	_____ %

SAVINGS ACCOUNT

Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty	% of Ownership
_____	\$ _____ %	_____ %	_____	_____ %
_____	\$ _____ %	_____ %	_____	_____ %
_____	\$ _____ %	_____ %	_____	_____ %
_____	\$ _____ %	_____ %	_____	_____ %
_____	\$ _____ %	_____ %	_____	_____ %



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

Unit #101 - Travis Oniel
[N:\DATA\Report\V_ASST_T_RN.RPT]

CERTIFICATE OF DEPOSIT

Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty	% of Ownership
_____	\$ _____	_____ %	_____	_____ %
_____	\$ _____	_____ %	_____	_____ %
_____	\$ _____	_____ %	_____	_____ %
_____	\$ _____	_____ %	_____	_____ %
_____	\$ _____	_____ %	_____	_____ %

TRUST

% of Ownership

Value of Trust Fund Administered: \$ _____ %

Anticipated amount of income to be earned by Trust
over the next 12 months: \$ _____ %

PROPERTY

Value of Equity in Real Property: \$ _____ %

I certify that the above information is true and correct.

Name of Official

Title of Official

Name of Institution

Signature

Address

Date

City, State, Zip Code

Telephone Number

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



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

Unit #101 - Travis Oniel
[N:\DATA\Report\V_ASST_T_RN.RPT]

Exhibit 3-4: Family Summary Sheet

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

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: _____

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**

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

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 format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____