



The Baptist Manor  
30301 W. 13 Mile Rd.  
Farmington Hills, MI 48334  
248-626-6100  
Fax: 248-539-1522  
T.Slone@thebaptistmanor.org

Dear Subsidized Housing Applicant(s),

Enclosed you will find an application for subsidized housing. Please complete all items listed below.

**Please be aware applications are not on a waitlist until the application is completed with the following documents.**

- **Application for Subsidized Housing** - Note the person who is listed first will be considered "head of household."
- **Release for Criminal and Credit Check**
- **Copies of the Following Documentation for each applicant**
  - \_\_\_\_\_ 1) Driver's License or State ID,
  - \_\_\_\_\_ 2) Social Security Card,
  - \_\_\_\_\_ 3) Birth Certificate or US Passport or Naturalization Papers or Permanent Resident Card
  - \_\_\_\_\_ 4) Proof of all household incomes
- **Landlord Verification** - Simply print your name, sign, and date "Applicant Release" section. If you have a landlord currently, please complete the highlighted area with "Landlord Contact Information."
- **Family Summary Sheet** – List all household members who will reside in the subsidized residence.
- **Tenant Declaration Form** - Each Applicant must complete the 3-page packet. *If you are a US citizen, complete the first page only.* If you are a Permanent Resident Alien, complete the top of first, second, and/or third page.
- **Supplemental HUD and Optional Contact**
- **Document Package for Applicant's Consent to the Release of Information** – All applicants must sign and date the second page. Additionally, all household members must print name, sign, and date last page (9887-A).

Please feel free to call with questions or concerns.

Tyler Slone  
Director of Marketing







**THE BAPTIST MANOR**  
**APPLICATION FOR SUBSIDIZED HOUSING**  
30301 West 13 Mile Road, Farmington Hills, MI 48334  
248-626-6100 Fax 248-539-1522



**PLEASE PRINT AND FILL OUT COMPLETELY**

Name \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security # \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Birth date \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone/Cell \_\_\_\_\_ Phone/Home \_\_\_\_\_

Email \_\_\_\_\_

Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed/Widower \_\_\_\_\_ Separated

If married, will your spouse be living with you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is no, please explain: \_\_\_\_\_

<b>Spouse or Co-Applicant</b>				
Last Name _____ First Name _____ Middle Initial _____				
Marital Status _____ Single _____ Married _____ Divorced _____ Widowed/Widower _____ Separated.				
Relationship to Applicant _____		Sex	M	F
Co-Applicant Social Security # _____		Birth date _____		
Co-Applicant Driver's License # _____		State _____		
Address _____				
City _____		Zip _____		
CO-applicant's email: _____		Phone/Cell _____		

Whom would you like to designate as a contact person for your application? This contact person will be the only person, other than yourself, whom your application may be discussed with.

Name \_\_\_\_\_ Telephone \_\_\_\_\_ **Applicant Initial** \_\_\_\_\_

How did you hear about our property? \_\_\_\_\_

Do you expect any additions to your household in the next twelve months? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Name and relationship: \_\_\_\_\_

Is there anyone living with you now who will not be living with you at this property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Name and relationship & Explanation: \_\_\_\_\_

Are there any absent household members who normally live with you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Name and relationship: \_\_\_\_\_

Do you or the co-applicant have a disability, which requires an accessibility feature of a specially designed unit?  
 YES       NO

Name and address of qualified health care professional **who can verify your mobility impairment and/or disability.**

Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Are you and your co-applicant a citizen or national of the United States?

Applicant:  YES       NO

Co-Applicant  YES       NO

LOCATION(S) DESIRED  
 Epsilon     Drake

APARTMENT PREFERRED  
 1-Bedroom     2-Bedroom

Will you be bringing a pet?  Yes     No    If so, what type of animal \_\_\_\_\_  
**You will be required to provide vaccination documents from your veterinarian clinic.**

#### RESIDENTIAL REFERENCES

##### **LIST THE PAST FIVE (5) YEARS OF HOUSING REFERENCES**

###### **Landlord's Name/Address**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

###### **Your Address**

\_\_\_\_\_

PHONE \_\_\_\_\_

###### **Own/Rent      Date**

OWN \_\_\_\_\_ FROM \_\_\_\_\_  
RENT \_\_\_\_\_ TO \_\_\_\_\_

###### **Landlord's Name/Address**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

###### **Your Address**

\_\_\_\_\_

PHONE \_\_\_\_\_

###### **Own/Rent      Date**

OWN \_\_\_\_\_ FROM \_\_\_\_\_  
RENT \_\_\_\_\_ TO \_\_\_\_\_

List all states you or any household member have lived in. \_\_\_\_\_

Have you or your co-applicant ever been evicted from rental housing?  YES     NO

If yes, please provide property owner's name, address, dates and details. \_\_\_\_\_

Have you or your co-applicant ever been involved in criminal activity that posed a threat to the health, safety, or welfare of others?

YES     NO    If yes, please provide details. \_\_\_\_\_

Are you or any member of the household subject to a State Lifetime Sex Offender Registration Program in any state? Y or N

If yes, which states? \_\_\_\_\_

Have you or the co-applicant filed for bankruptcy? Yes  No  If so, When? \_\_\_\_\_

Explanation: \_\_\_\_\_

**ASSET INFORMATION**

INCLUDE ASSETS HELD FOR ALL HOUSEHOLD MEMBERS.

**DOES THE APPLICANT OR CO-APPLICANT HOLD:**

<b>Checking Account?</b> <u>Household Member</u>	<u>Financial Institution</u>	<u>Amount</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<hr/> <hr/>			
<b>Savings Account?</b> <u>Household Member</u>	<u>Financial Institution</u>	<u>Amount</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<hr/> <hr/>			
<b>CD's, Money Market Accounts, Treasury Bills, Cash or Other?</b> <u>Household Member</u>	<u>Financial Institution</u>	<u>Amount</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<hr/> <hr/>			
<b>Stocks, Bonds, or Securities?</b> <u>Household Member</u>	<u>Financial Institution</u>	<u>Amount</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<hr/> <hr/>			
<b>Trust Funds, IRA, 401K, Retirement Fund?</b> <u>Household Member</u>	<u>Financial Institution</u>	<u>Amount</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<hr/> <hr/>			
<b>Surrendered value of Whole Life, Universal Life Insurance policy? (Not term life)</b> <u>Household Member</u>	<u>Insurance Carrier</u>	<u>Amount</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<hr/> <hr/>			
<b>Real Estate, rental property, land contracts/contract for deeds? (Including your residence, trailer, land, commercial property)</b> <u>Household Member</u>	<u>Address of Property</u>	<u>Value</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<hr/> <hr/>			
<b>Personal Property held as an investment?</b> <b>(Including stamp/coin collections, artwork, NOT your personal belongings)</b> <u>Household Member</u>	<u>Item</u>	<u>Value</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<hr/> <hr/>			
<b>Safe Deposit Box containing contents with a monetary value?</b> <u>Household Member</u>	<u>Financial Institution</u>	<u>Amount</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<hr/> <hr/>			
<b>Have you or any members of your household disposed of assets for less than fair market value during the past two years?</b>			
<u>YES</u>		<u>NO</u>	
<b>Explanation</b> _____			
<hr/>			

**INCOME INFORMATION FOR APPLICANT AND CO APPLICANT**

For the next 12 months, do YOU or the CO APPLICANT expect to receive income from any of the following?

<b>Social Security, SSI or any other payment from Social Security Office?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Household Member</u>	<u>SS or SSI</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
<b>Regular payments from Veteran's benefits?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
<b>Regular payments from Pension, Retirement or Annuity accounts?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
<b>Employment wages or salaries (Include overtime, tips, and bonuses, commissions received in CASH)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
<b>Self-Employment? (Include overtime, tips, and bonuses, commissions received in CASH)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
<b>Disability, Death Benefits or Life Insurance Dividends?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
<b>Public Assistance, General Relief, AFDC, TANF (Temporary Assistance for Needy Families)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Household Member</u>	<u>Caseworker</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
<b>Regular pay as member of the Armed Forces/Military?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Household Member</u>	<u>Base Name &amp; Branch</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
<b>Unemployment Benefits or Workman's Compensation?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Household Member</u>	<u>Caseworker</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
<b>Child Support or Alimony? PLEASE PROVIDE A COPY OF COURT ORDER</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Household Member</u>	<u>Name of Payer</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
<b>Regular payments from a severance package?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
<b>Regular payments from any type of settlement?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>

**Regular gifts or payments from anyone outside the home? (This includes any regular payments of living expenses such as utilities, credit card bills, rent or mortgage payments, medication, anything EXCEPT FOOD.)** Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>

**Regular payments from lottery winnings or inheritances?** Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>

**Any other income sources or types not listed?** Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>

**Regular payments from a pension, retirement account or social program from a FOREIGN COUNTRY?** Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>

**Does anyone in your household expect a change to your income in the next 12 months?** Yes  No

If YES, Household Member \_\_\_\_\_

Explanation: \_\_\_\_\_

**Are you or the co-applicant a Permanent Legal Alien sponsored by a US Citizen?** Yes  No

If YES, Household Member \_\_\_\_\_

If YES, what is the name and address of the sponsor who signed the Affidavit of Sponsorship I-864?

Sponsor: \_\_\_\_\_

### **EXPENSES**

Estimate the total **YOU** pay for the following expenses per year. (if sponsored, How much is paid on your behalf?)

**Health Insurance** (do not include Medicare) Yes  No

<u>Household Member</u>	<u>Provider Name and Address</u>	<u>Yearly Amount</u>

**Prescriptions** Yes  No

<u>Household Member</u>	<u>Pharmacy Name and Address</u>	<u>Yearly Amount</u>

**Doctor Co-payments** Yes  No

<u>Household Member</u>	<u>Physician's Name and Address</u>	<u>Yearly Amount</u>

**Dental Expenses** Yes  No

<u>Household Member</u>	<u>Dentist's Name and Address</u>	<u>Yearly Amount</u>

**Eyeglasses and Optical Expenses** Yes  No

<u>Household Member</u>	<u>Physician's Name and Address</u>	<u>Yearly Amount</u>

<b>Hearing Aids</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Household Member</u>	<u>Provider's Name and Address</u>	<u>Yearly Amount</u>
_____	_____	_____
_____	_____	_____
<b>Other Medical Expenses</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Household Member</u>	<u>Provider's Name and Address</u>	<u>Yearly Amount</u>
_____	_____	_____
_____	_____	_____

*The following information on race is required by H.U.D. for statistical purposes only.*

<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Not Hispanic or Latino	_____

**Signature Clause:** I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the US Dept. of Housing and Urban Development (HUD). I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for the purpose of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. **I understand that my occupancy is contingent on meeting management's Tenant Selection Plan.**

I hereby grant The Baptist Manor the right to process this application for the purpose of, obtaining a Rental Agreement with this property.

Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

**Applicant Signature and Date**

**Co-Applicant Signature and Date**

The Baptist Manor is assisted by the Department of Housing and Urban Development (HUD). An Applicant and/or resident must be either an eligible citizen or a non-citizen with eligible immigration status to receive rental assistance. To determine this, The Baptist Manor requests that every applicant complete the Tenant Declaration Form and Family Summary Sheet.

**The Baptist Manor requires a copy of photo identification, which must be made in the Baptist Manor office.**

The Department of Homeland Security has instituted a new computer procedure which requires our office to have a copy of one of the following documents to input information onto the SAVE software program. If the applicant is a naturalized U.S. citizen, we request a copy of their Certificate of Naturalization. **If you are a Permanent Resident Alien, we ask that you provide one of the following documents: A copy must be made in our office by a Baptist Manor Employee, dated and initialed by the employee.**

I-551 Permanent Resident Card

I-94 Arrival/Departure Record

If you are unable to supply this information when filing your application, an additional interview will be requested. This information is then verified with the DHS. If the applicant is eligible to receive the housing benefit, the SAVE program will confirm that benefit. Please note that all personal information on the application and Immigration Verification must be identical. Applications with names that differ from the DHS information will not be accepted.

**DISCLOSURE TO RESIDENTIAL APPLICATION  
REGARDING PROCUREMENT OF A CRIMINAL BACKGROUND, CREDIT CHECK,  
PROPERTY SEARCH, EVICTION CHECK AND LANDLORD VERIFICATION  
HOH APPLICANT**

In connection with your application for residency at the Baptist Manor, we will procure a criminal background and a consumer report as part of the process of our application process. In the event that information for the report is utilized in whole or in part in making an adverse decision with regard to your potential residency, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. On the back of this release is a summary of these rights.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for residency.

**EACH APPLICANT MUST FILL OUT.**

Applicant's Name: \_\_\_\_\_  
(Please Print)

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Applicant's Name: \_\_\_\_\_  
(Please Print)

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "Consumer Reporting Agency (CRA). Most CRA'S are credit bureaus that gather and sell information about you – such as, you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade commission's website (<http://www.ftc.gov>). The FCRA give you specific rights, as outlined below. You may have additional rights under state law. You may contact state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to it information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's – to which it has provided the data – of any error). The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However the CRA is not required to remove accurate data from you file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies. Access to your file is limited. A CRA may provide information

about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are providing to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or perspective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

<u>The FCRA gives several different federal agencies authority to enforce the FCRA:</u>	
For Questions or Concerns Regarding: CRA's, Creditors and others not below	Please Contact: Federal Trade commission Consumers Response Center FRCA Washington, DC 20680
National banks, federal branches/ agencies of foreign banks (word "national" or initials "N.A." appear in or after bank's name).	Office of the controller of the Currency/Compliance Mail Stop 6-6 Washington, DC 20219
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks).	Federal Reserve Board Consumer& Community Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks ("Federal" or initials "FSB" appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (word "Federal Credit Union" appears in institution's name).	National Credit Union Admin. 1775 Duke St. Alexandria, VA 22314 703-518-6360
State-chartered bank that are not members of the Federal Reserve System	Federal Deposit Insurance Div. of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Dept. of Trans. Office of Financial Mgmt. Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Dept. of Agriculture Office of Deputy Administrator GIPSA Washington, DC 20250 202-720-7051



The Baptist Manor  
30301 W. 13 Mile Rd.  
Farmington Hills, MI 48334  
248-626-6100  
Fax: 248-539-1522  
t.slonen@thebaptistmanor.org

### Landlord Verification

The Applicant listed below has applied for an apartment. Please complete this form and return it via fax or email. Please address it to the attention of Tyler Slone, Director of Marketing. Thank you for completing this in a timely fashion.

#### Applicant Release

I, \_\_\_\_\_ hereby authorize the release of the requested information.  
(Print Name)

Signature

Date

I have a landlord.

Landlord's contact information: \_\_\_\_\_

I own a residence. How long have you owned the residence? \_\_\_\_\_

I am living with family/friends and am not currently on a lease.

Current Address of Resident: \_\_\_\_\_

Former Address of Resident: \_\_\_\_\_

Former Address of Resident: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE. THIS IS FOR YOUR LANDLORD TO COMPLETE.**

Dates of Residency: \_\_\_\_\_ to \_\_\_\_\_

Rental Rate: \_\_\_\_\_ Rental payments made on time?  always  sometimes  never

Is the Resident in a current lease? \_\_\_\_\_ Expiration Date of current lease: \_\_\_\_\_

Was applicant approved without a cosigner? \_\_\_\_\_

Did the resident have any lease violations during their residency? \_\_\_\_\_

Number of occupants in the unit? \_\_\_\_\_ Are/were all occupants on the lease? \_\_\_\_\_

Did you ever initiate or complete an eviction process against the resident? \_\_\_\_\_

Did the resident give proper notice of intent to vacate prior to terminating their residency? \_\_\_\_\_

Were there any damages to the premises? \_\_\_\_\_ Explain: \_\_\_\_\_

Check all that apply:  walls  flooring  counter tops  appliances  common areas

Did the resident pay for the above damages? \_\_\_\_\_

Did the family or guests of the resident display disruptive behavior? \_\_\_\_\_

Have you identified any false information given by the resident for project eligibility or program eligibility? \_\_\_\_\_

Would you rent to this resident again? \_\_\_\_\_ Do you have any additional comments? \_\_\_\_\_

### **Name and Title of Person Verifying Tenancy**

---

Name \_\_\_\_\_ Title \_\_\_\_\_

---

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

#### **PENALTIES FOR MISUSING THIS CONTENT:**

Title 18, Section 10, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false and fraudulent statements to any department of the United States Government. HUD, the PHA, and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an application 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, the PHA or the owner responsible for the unauthorized disclosure of improper use.



NOTIFICATION OF THE REQUIREMENT TO SUBMIT EVIDENCE OF CITIZENSHIP OR  
ELIGIBLE IMMIGRATION STATUS

Dear Prospective Tenant(s):

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. Citizens or nationals, or certain categories of eligible noncitizens, in the following HUD program: Section 202/8 Serving the Elderly.

You have applied, or applying for, assistance under this program; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank form to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Tenant Declaration Form. If there are 2 people listed on the Family Summary Sheet, you should have 2 completed copies of the Tenant Declaration Form. The Tenant Declaration Form has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizens Status.
3. Submit the Family Summary Sheet, the Tenant Declaration Form, and any other forms and/or evidence when you submit your application.

This Section 214 review will be complete in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact Jeanne Voet at 248-626-6100. She will be happy to assist you. Also, if you are unable to provide the required documentation within 30 days of submitting the application packet, you should immediately contact this office and request an extension, using the block provided on the Tenant Declaration Form. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

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

Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.



## FAMILY SUMMARY SHEET

**(PLEASE LIST THOSE WHO WILL BE RESIDING IN THE APARTMENT ONLY)**  
**DO NOT MAKE A LIST OF YOUR FAMILY MEMBERS**

MBR. NO	LAST NAME	FIRST NAME	RELATIONSHIP TO HOH	SEX	DATE OF BIRTH
HEAD			SELF		
2					
3					
4					



## TENANT DECLARATION FORM

**EACH APPLICANT MUST FILL OUT FORM**

**INSTRUCTIONS:** Complete this form for each member of the household listed on the Family Summary Sheet.

LAST NAME  FIRST NAME  MIDDLE

Relationship to Head of Household  Date of Birth

Sex  Social Security No.  Alien Registration No.

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

Admission Number  if applicable (this is an 11-digit number found on DHS Form I-94, Departure Record.)

SAVE Verification No.   
(To be entered by owner if and when received.)

**INSTRUCTIONS:** Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks designated below and complete either block number 1, 2, 3(extension), or 4.

### DECLARATION

I,  hereby declare  
First Name  Middle initial  Last Name

under penalty of perjury, that I am:

1. A citizen or national of the United States

*Return this form with your application and US Birth Certificate or US Passport. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.*

Signature

Date

Check here if adult signed for a child:

**2.** A non-citizen with eligible immigration status 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:

- Verification Consent Form.

AND

- 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"
    - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA"
  3. If form I-94, Arrival-Departure Record (with no annotation) 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 a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);
    - (c) A court decision granting withholding or deportation;
    - (d) A letter from a DHS asylum officer granting withholding or deportation (if application was filed on or after October 1, 1990).
  4. 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.
  5. \*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 form when you submit your application. 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: \_\_\_\_\_

### **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 (30 days) 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 if adult signed for a child: \_\_\_\_\_



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

**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.



# **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)**

## 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.

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

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

# 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. Department of H.U.D.  
477 Michigan Ave.  
Detroit, MI 48226-2592

O/A requesting release of information (Owner should provide the full name and address of the Owner.):  
Metropolitan Detroit Baptist Manor  
30301 W. 13 Mile Road  
Farmington Hills, MI 48334

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.):

MSHDA, 735 E. Michigan Ave.  
P.O. Box 3004, Lansing, MI 48909

**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

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

**This consent form expires 15 months after signed.**

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

### Penalties for Misusing this Consent:

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

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

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

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

Verification by Owners of Information

Supplied by Individuals Who Apply for Housing Assistance

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

## Instructions to Owners

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.**

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.