



Dear Applicant:

Thank you for considering Birch Run Townhouse Cooperative as your new home. We are pleased to offer 1, 2 and 3 bedroom townhouses at affordable rates.

STYLE	DESCRIPTION	SQUARE FOOTAGE	MEMBERSHIP FEE	RATE
J	ONE BEDROOM RANCH	1,112	\$3,500.00	\$523.00
K	TWO BEDROOM RANCH 1 BATH	1,415	\$4,000.00	\$552.00
L	TWO BEDROOM 1 BATH	1,058	\$3,750.00	\$553.00
M	TWO BEDROOM 1 ½ BATH	1,156	\$4,500.00	\$559.00
O	TWO BEDROOM 1 ½ BATH	1,235	\$4,500.00	\$563.00
P	THREE BEDROOM 1 ½ BATH	1,301	\$5,000.00	\$575.00
R	THREE BEDROOM 1 ½ BATH	1,520	\$5,500.00	\$581.00

*****GAS & ELECTRICITY NOT INCLUDED*****

MEMBERSHIP FEE AND FIRST MONTH'S CARRYING CHARGES ARE DUE UPON MOVE-IN

Attached you will find an application for membership and forms which are required to determine your eligibility. These forms must be filled out completely. Also when you return your application we will need the following:

1. \$35.00 non refundable processing fee for each adult (Money order only)
2. Picture identification
3. Social security card and Birth certificate for each household member.

Your application will be processed as soon as possible, once all information has been submitted.

Applications accepted by appointment only. Please call the office at (734) 728-5311 / TTY- (711) to schedule an appointment.

Sincerely,

Site Manager

Managed by Professional Property Services Inc.

Birch Run Cooperative

35477 Garner

Romulus, MI 48174

734.728.5311

www.BirchRunCoop.com

Birch Run Cooperative

35477 Garner St. ♦ Romulus, Michigan 48174 ♦ Phone: 734.728.5311

Dear Applicant(s),

Please be advised that you will need to bring the following information when you submit your application. All documents are to be original(s), i.e. birth certificate(s), driver license, social security card(s), etc. No previously copied document will be accepted.

- ❖ Driver's license and/or state I.D. for all adults (age 18 and over) who will reside in the household.
- ❖ Birth certificates for all household members
- ❖ Social security cards for all household members
- ❖ Six (6) current check stubs and verification of income
- ❖ Six Bank account/credit union statements.
 - If you receive income on a pre-paid benefits card (Social Security, Child Support, etc.), you must bring a current account balance receipt from the ATM.
- ❖ Divorce documents, child support order and marriage license
- ❖ Landlord verification for the past five (5) years
- ❖ One (1) year of continuous employment
- ❖ Bankruptcy discharge and creditor packet
- ❖ Call the management office to set an appointment. All household members over the age of 18 must be present.

A thirty-five dollar (\$35.00) non-refundable money order for each adult in the household.

We will not accept incomplete applications.



Birch Run Cooperative

35477 Garner St. Romulus, Michigan 48174 Phone: 734.728.5311

APPLICATION PROCEDURE

1. Return complete application package with \$35.00 processing fee **per adult**.
2. If your application has been approved you will be notified by mail of your Orientation/Interview with Board Members (determines your membership approval)
3. If your application has been denied you will have the opportunity to write an appeal letter to the Birch Run Cooperative Board Members. (Application and letter will be reviewed by the Board members to determine possible reconsideration)
4. After the interview you will be notified by mail if you have been approved/denied for Membership. If a unit is available for you, we will offer it to you. If not, you will be placed on the waiting list. If you are placed on the waiting list, it is your responsibility to keep us updated with income/asset changes, changes in household composition, rental information, and any contact information changes. Please note, if you are approved you will need your membership fee (\$3500-\$5500) plus your first month's carrying charge to move in.

WHAT IS REVIEWED TO DETERMINE A DECISION?

1. **Completed Application**
2. **Credit Report**
 - A. No Evictions
 - B. No Judgments
 - C. If Bankruptcy Has Been Filed (Must Have Discharge Papers)
3. **5 Years Of Previous Landlord History**
4. **Income/Employment Verification**
5. **Criminal History Report**

WHAT IS A COOPERATIVE?

A Cooperative is a housing arrangement in which an apartment building or area of land is owned by an organization. The organization sells shares of ownership to individuals; giving them the right to live in one of the Cooperative's housing units. Any fees and costs associated with running and maintaining the Cooperative are divided among the Cooperative's members.

BENEFITS OF COOPERATIVE LIVING

NO LANDLORD - Residents in a Cooperative do not own their homes. However, they are not renters either. Instead they own a share of the Cooperative, which entitles them to live in one of the Cooperative's houses or apartments.

NO STRESS - The Cooperative entity is responsible for major repairs such as replacing roofs, installing new windows, major leaks, back-ups, snow removal, and lawn maintenance.

YOUR VOICE - Cooperative members get the opportunity to vote for the Board of Directors and have input on the policies and activities of the Cooperative

TAX DEDUCTIONS - A portion of the mortgage interest and real estate taxes that a member pays is tax deductible.



Birch Run Cooperative

35477 Garner St. ♦ Romulus, Michigan 48174 ♦ Phone: 734.728.5311

MEMBERSHIP APPLICATION

Anticipated move-in date of _____ Unit Size _____ Date Stamp Received _____

Section 8 ☐

BMIR ☐

APPLICANT INFORMATION

Full Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Date of Birth _____ Social Security # _____

Drivers License # or State ID _____

Email Address: _____ (optional)

Co-Applicant Name _____ Phone () _____

Co-Applicant Date of Birth _____ Social Security # _____

Co-Applicant Drivers License # or State ID _____

Email Address: _____ (optional)

Vehicle Information:

Make / Model _____ Year _____ License Plate _____ State _____

Make / Model _____ Year _____ License Plate _____ State _____

HOUSEHOLD MEMBERS

<u>Name</u>	<u>Date of Birth</u>	<u>SSN</u>	<u>Relationship To HOH</u>



Birch Run Cooperative

35477 Garner St. ♦ Romulus, Michigan 48174 ♦ Phone: 734.728.5311

EMPLOYMENT INFORMATION

Applicant Employment Status: ☐ Full Time ☐ Part Time ☐ Student ☐ Unemployed

Employer _____

Address _____

Job Title _____ Dates Employed _____

Supervisor Name _____ Phone () _____

Salary \$ _____ per _____.

Co-Applicant Employment Status: ☐ Full Time ☐ Part Time ☐ Student ☐ Unemployed

Employer _____

Address _____

Job Title _____ Dates Employed _____

Supervisor Name _____ Phone () _____

Salary \$ _____ per _____.

Please list any other sources of income for the applicant and Co-Applicant. Please include the amount and the person or organization we may contact for confirmation. Examples include alimony, child support, unemployment, or family support.

<u>Source of Income</u>	<u>Amount</u>	<u>Frequency</u> (Per Week ,Month ,Year)	<u>Telephone</u> <u>Number/Address</u>

Total Gross Monthly Household Income: \$ _____



Birch Run Cooperative

35477 Garner St. ♦ Romulus, Michigan 48174 ♦ Phone: 734.728.5311

RESIDENTIAL HISTORY FOR THE LAST 5 YEARS

Current Address _____ City _____ State _____ Zip _____

Move In Date _____ Rent \$ _____

Owner/Agent _____ Phone () _____

Previous Address _____ City _____ State _____ Zip _____

Move In Date _____ Move Out Date _____ Rent \$ _____

Owner/Agent _____ Phone () _____

Reason For Leaving _____

Previous Address _____ City _____ State _____ Zip _____

Move In Date _____ Move Out Date _____ Rent \$ _____

Owner/Agent _____ Phone () _____

Reason For Leaving _____

Previous Address _____ City _____ State _____ Zip _____

Move In Date _____ Move Out Date _____ Rent \$ _____

Owner/Agent _____ Phone () _____

Reason For Leaving _____

Please list all states you and other members of your household have ever lived in (adults and children):



Birch Run Cooperative

35477 Garner St. ♦ Romulus, Michigan 48174 ♦ Phone: 734.728.5311

CREDIT / CRIMINAL HISTORY

- Have you ever lived in a subsidized housing property? Yes_____ No_____
- Have you ever filed or declared bankruptcy? Yes_____ No_____
- Have you ever been evicted from a rental residence? Yes_____ No_____
- Have broken a lease? Yes_____ No_____
- Are you a party to any lawsuits (any civil suits, including being sued for rent or property damage? Yes_____ No_____
- Have you had any late rental payments in the last year? Yes_____ No_____
- Are there any judgments against you? Yes_____ No_____
- Have you been arrested for a felony, misdemeanor, or sex-related crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion? Yes_____ No_____
- Are you or any member your household, subject to a lifetime sex offender registration requirement in any state? Yes_____ No_____

If you answered yes to any of the above questions please explain. Please indicate the year, name of Court, and type of each felony, misdemeanor, or sex-related crime, where subsidy was received. We may need additional information before accepting you as a member.

Have you or any member of your household ever committed fraud in a Federally Assisted housing program or been asked to repay money for knowingly misrepresenting information for such housing program?

Yes___ No___ (Please Explain) _____

ASSET INFORMATION

- 1.) Do you or any household member own or have an interest in any real estate, boat, and/or mobile home?
Yes___ No___ (Please Specify) _____
- 2.) Have you sold any real estate in the last two years? Yes___ No___ (Please Specify) _____
- 3.) Do you own any stocks or bonds? Yes___ No___ (Please Specify) _____
- 4.) Does anyone outside of your household pay your bills or give you money? Yes___ No___
(Please Specify) _____



Birch Run Cooperative

35477 Garner St. ♦ Romulus, Michigan 48174 ♦ Phone: 734.728.5311

BANK REFERENCES

Bank Name _____

Type of Account _____ Account Number _____

Bank Name _____

Type of Account _____ Account Number _____

CREDIT REFERENCES

Name _____ Phone () _____

Name _____ Phone () _____

Name _____ Phone () _____

By my signature below, I represent that all of the information that I have disclosed in this rental application is true, accurate, and complete. I acknowledge that all of the information I have disclosed is material and landlord is relying on the information to decide whether to grant or deny this application.

Name _____ Date _____

Name _____ Date _____

EMERGENCY CONTACT INFORMATION:

Name _____ Phone () _____

Name _____ Phone () _____

PLEASE NOTE, THERE ARE NO PETS OF ANY KIND ALLOWED!



Birch Run Cooperative

35477 Garner St. ♦ Romulus, Michigan 48174 ♦ Phone: 734.728.5311

AUTHORIZATION Release of Information

I authorize Birch Run Cooperative to order and review my credit, tenant, civil and criminal history and investigate the accuracy of all banks, employers, and creditors to provide Landlord any and all information concerning my credit.

CONSENT: I authorize and direct any Federal, State or Local agency, organization business or individual to release to Birch Run Cooperative any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under Project Based Section 8 Rental Assistance or the Below Market Interest Rate (BMIR) programs, and/or any other housing assistance programs. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for Birch Run Cooperative to release information from my file about rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history and any violations of my lease or PHA policies.

INFORMATION COVERED: I understand that, depending on program policies, and requirements, previous or current information regarding my household or myself may be needed. Verifications and inquiries that may be requested include, but are not limited to: Identity, Family, and Marital Status; Employment, Income, and Assets; Residences and Rental Activity; Medical or Childcare Allowances; Credit and Criminal History.

I understand that this authorization cannot be used to obtain any information about my household or myself that is not pertinent to my eligibility for and/or continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to: Previous/Present Landlords (including Public Housing Authorities); Past/Present Employers; Veterans Administration; Retirement Systems; Courts and Post Offices; State Unemployment Agencies; Welfare Agencies Banks/Financial Institutions; Social Security Administration; Schools/Colleges; Law Enforcement Agencies; Medical Providers; Childcare Providers; Support/Alimony Providers; Credit Providers and Credit Bureaus; and Utility Companies.

CONDITIONS: I agree that photocopies and facsimiles of this authorization may be used for the purpose of verifying my eligibility, level of benefits, or verifying my true circumstances. The original authorization is on file with the Cooperative and will stay in effect during the time an active application is on file or during the full duration of tenancy. I also understand that my housing assistance may be denied or terminated if I or any other adult in my household does not sign this authorization. I understand I have a right to review my file and provide any information necessary to disprove incorrect information.

APPLICANT NAME _____

SIGNATURE _____ DATE _____

CO-APPLICANT NAME _____

SIGNATURE _____ DATE _____



Birch Run Cooperative

35477 Garner St. ♦ Romulus, Michigan 48174 ♦ Phone: 734.728.5311

CITIZEN DECLARATION FAMILY SUMMARY

Member Number	Last Name	First Name	Relationship to Head of Household	Sex	Date of Birth
1.			Head of Household		
2					
3					
4					
5					
6					



Citizen/Non-citizen 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 _____ 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/agent if and when received)

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

PENALTIES FOR MISUSING THIS FORM

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, 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 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, the PHA 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 42 U.S.C. 408 (a) (6), (7) and (8).

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:



Citizen/Non-citizen Declaration

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.

a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.

(1) The following documents will be accepted as proof of citizenship

(a) United States (U.S.) Passport

(2) The following documents will be accepted as proof of citizenship when proof of identity is also provided (*Note: Proof of identity is not required for minors*)

(a) U.S. Birth Certificate

(b) Certification or Report of Birth Abroad issued by USCIS or the State Department

(c) U.S. Citizen ID card issued by USCIS

(d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)

(e) Certificate of Citizenship issued by USCIS

(f) American Indian card issued by USCIS for the Kickapoo tribe

(g) Final Adoption Decree

(h) Evidence of Civil Service employment by U.S. Government before 6/1/1976

(i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)

(j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986

(k) Extract of U.S. hospital birth record established at the time of birth

(3) Proof of Identity includes

(a) Driver's License

(b) Certain government issued ID cards with photo (if no photo, must include identifying information)

(c) Tribal government issued ID and documents, including Certificate of Indian Blood

(d) Day care or nursery record (minors only)

(e) School record or report card (under 16 only)

(f) School ID with picture

(g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature

Date

☐ Check here if adult signed for a child,



Citizen/Non-citizen Declaration

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

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

- c. One of the following documents:
 1. Form I-551, Permanent Resident Card.
 2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a 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 Section 212(d)(5) of the INA."
 3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - 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 (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of 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 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 c above are not currently available, complete the Request for Extension block below.

Signature

Date



Citizen/Non-citizen Declaration

☐ Check here if adult signed for a child.

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 here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, 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.



**Race and Ethnic Data
Reporting Form**

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

OMB Approval No. 2502-0204
(Exp. xx/xx/xxxx)

Birch Run Cooperative Townhouse

Name/Address of Property	Project Number (HAP Contract/FHA Number)
PPS of Michigan LLC	Sec 8, BMIR
Name of Owner/Managing Agent	Type of Assistance or Program
Name of Head of Household	Name of Household Member
Date (mm/dd/yyyy)	

What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

- ☐ **American Indian or Alaska Native.** Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

- ☐ **Asian.** Provide details below.

- | | | |
|-------------------------------------|---------------------------------------|-----------------------------------|
| ☐ Chinese | ☐ Asian Indian | ☐ Filipino |
| ☐ Vietnamese | ☐ Korean | ☐ Japanese |

Enter, for example, Pakistani, Hmong, Afghan, etc.

- ☐ **Black or African American.** Provide details below.

- | | | |
|---|------------------------------------|----------------------------------|
| ☐ African American | ☐ Jamaican | ☐ Haitian |
| ☐ Nigerian | ☐ Ethiopian | ☐ Somali |

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

- ☐ **Hispanic or Latino.** Provide details below.

- | | | |
|----------------------------------|---------------------------------------|-------------------------------------|
| ☐ Mexican | ☐ Puerto Rican | ☐ Guatemalan |
| ☐ Cuban | ☐ Dominican | ☐ Salvadoran |

Enter, for example, Colombian, Honduran, Spaniard, etc.

- ☐ **Middle Eastern or North African.** Provide details below.

- | | | |
|-----------------------------------|----------------------------------|-----------------------------------|
| ☐ Lebanese | ☐ Iranian | ☐ Egyptian |
| ☐ Syrian | ☐ Iraqi | ☐ Israeli |

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

	Page 1 of 2	form HUD-27061-H (9/2003)
--	-------------	---------------------------

--

☐ **Native Hawaiian or Pacific Islander.** *Provide details below.*

- ☐ Native Hawaiian ☐ Samoan ☐ Chamorro
☐ Tongan ☐ Fijian ☐ Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

--

☐ **White.** *Provide details below.*

- ☐ English ☐ German ☐ Irish
☐ Italian ☐ Polish ☐ Scottish

Enter, for example, French, Swedish, Norwegian, etc.

--

☐ **I do not wish to provide my race and/or ethnicity.**

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

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time of reviewing instructions, making a selection, and providing additional information, if necessary. Comments regarding the accuracy of this burden estimate and any aspect of this collection of information, including suggestions for reducing this burden can be sent to the Reports Management Officer, REE, US, Department of Housing and Urban Development, 7th Street SW, Room 8210, Washington, DC 20410. Do not send completed forms to this address.

Privacy Act Statement: Authorities: 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). **Principal Purpose:** This information is being collected by HUD to comply with the OMB Statistical Policy Directive No. 15 (SPD-15), issued under the Civil Rights Act of 1964 (Title VI), Equal Employment Opportunity Act of 1972, and the Paperwork Reduction Act of 1995 which mandates the uniform collection and reporting of racial and ethnic data by federal agencies to govern the enforcement of nondiscrimination in federally assisted programs and services. **Routine Uses:** The information collected by Form 27061-H will be used by HUD to record race and ethnicity categories from individual applicants. The data compiled is reported on the HUD 50059. The information provided will not be disclosed outside of the agency and used solely for internal statistical compliance purposes, except as required by law or as allowed by the System of Records Notice cited below. **Disclosure:** Providing this information is voluntary. Failure to provide the information will have no impact on an individual's housing assistance.

SORN ID/URL: <https://www.federalregister.gov/documents/2023/09/13/2023-19782/privacy-act-of-1974-system-of-records>.

**Race and Ethnic Data
Reporting Form**

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

OMB Approval No. 2502-0204
(Exp. xx/xx/xxxx)

Birch Run Cooperative Townhouse

Name/Address of Property	Project Number (HAP Contract/FHA Number)
PPS of Michigan LLC	Sec 8, BMIR
Name of Owner/Managing Agent	Type of Assistance or Program
Name of Head of Household	Name of Household Member
Date (mm/dd/yyyy)	

What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

- ☐ **American Indian or Alaska Native.** Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

- ☐ **Asian.** Provide details below.

- | | | |
|-------------------------------------|---------------------------------------|-----------------------------------|
| ☐ Chinese | ☐ Asian Indian | ☐ Filipino |
| ☐ Vietnamese | ☐ Korean | ☐ Japanese |

Enter, for example, Pakistani, Hmong, Afghan, etc.

- ☐ **Black or African American.** Provide details below.

- | | | |
|---|------------------------------------|----------------------------------|
| ☐ African American | ☐ Jamaican | ☐ Haitian |
| ☐ Nigerian | ☐ Ethiopian | ☐ Somali |

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

- ☐ **Hispanic or Latino.** Provide details below.

- | | | |
|----------------------------------|---------------------------------------|-------------------------------------|
| ☐ Mexican | ☐ Puerto Rican | ☐ Guatemalan |
| ☐ Cuban | ☐ Dominican | ☐ Salvadoran |

Enter, for example, Colombian, Honduran, Spaniard, etc.

- ☐ **Middle Eastern or North African.** Provide details below.

- | | | |
|-----------------------------------|----------------------------------|-----------------------------------|
| ☐ Lebanese | ☐ Iranian | ☐ Egyptian |
| ☐ Syrian | ☐ Iraqi | ☐ Israeli |

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

	Page 1 of 2	form HUD-27061-H (9/2003)
--	-------------	---------------------------

--

☐ **Native Hawaiian or Pacific Islander.** *Provide details below.*

- ☐ Native Hawaiian ☐ Samoan ☐ Chamorro
☐ Tongan ☐ Fijian ☐ Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

--

☐ **White.** *Provide details below.*

- ☐ English ☐ German ☐ Irish
☐ Italian ☐ Polish ☐ Scottish

Enter, for example, French, Swedish, Norwegian, etc.

--

☐ **I do not wish to provide my race and/or ethnicity.**

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

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time of reviewing instructions, making a selection, and providing additional information, if necessary. Comments regarding the accuracy of this burden estimate and any aspect of this collection of information, including suggestions for reducing this burden can be sent to the Reports Management Officer, REE, US. Department of Housing and Urban Development, 7th Street SW, Room 8210, Washington, DC 20410. Do not send completed forms to this address.

Privacy Act Statement: Authorities: 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). **Principal Purpose:** This information is being collected by HUD to comply with the OMB Statistical Policy Directive No. 15 (SPD-15), issued under the Civil Rights Act of 1964 (Title VI), Equal Employment Opportunity Act of 1972, and the Paperwork Reduction Act of 1995 which mandates the uniform collection and reporting of racial and ethnic data by federal agencies to govern the enforcement of nondiscrimination in federally assisted programs and services. **Routine Uses:** The information collected by Form 27061-H will be used by HUD to record race and ethnicity categories from individual applicants. The data compiled is reported on the HUD 50059. The information provided will not be disclosed outside of the agency and used solely for internal statistical compliance purposes, except as required by law or as allowed by the System of Records Notice cited below. **Disclosure:** Providing this information is voluntary. Failure to provide the information will have no impact on an individual's housing assistance.

SORN ID/URL: <https://www.federalregister.gov/documents/2023/09/13/2023-19782/privacy-act-of-1974-system-of-records>.

**Race and Ethnic Data
Reporting Form**

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

OMB Approval No. 2502-0204
(Exp. xx/xx/xxxx)

Birch Run Cooperative Townhouse

Name/Address of Property

PPS of Michigan LLC

Name of Owner/Managing Agent

Name of Head of Household

Date (mm/dd/yyyy)

Project Number (HAP Contract/FHA Number

Sec 8, BMIR

Type of Assistance or Program

Name of Household Member

What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

- ☐ **American Indian or Alaska Native.** Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

- ☐ **Asian.** Provide details below.

☐ Chinese

☐ Asian Indian

☐ Filipino

☐ Vietnamese

☐ Korean

☐ Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

- ☐ **Black or African American.** Provide details below.

☐ African American

☐ Jamaican

☐ Haitian

☐ Nigerian

☐ Ethiopian

☐ Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

- ☐ **Hispanic or Latino.** Provide details below.

☐ Mexican

☐ Puerto Rican

☐ Guatemalan

☐ Cuban

☐ Dominican

☐ Salvadoran

Enter, for example, Colombian, Honduran, Spaniard, etc.

- ☐ **Middle Eastern or North African.** Provide details below.

☐ Lebanese

☐ Iranian

☐ Egyptian

☐ Syrian

☐ Iraqi

☐ Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

--

☐ **Native Hawaiian or Pacific Islander.** *Provide details below.*

- ☐ Native Hawaiian ☐ Samoan ☐ Chamorro
☐ Tongan ☐ Fijian ☐ Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

--

☐ **White.** *Provide details below.*

- ☐ English ☐ German ☐ Irish
☐ Italian ☐ Polish ☐ Scottish

Enter, for example, French, Swedish, Norwegian, etc.

--

☐ **I do not wish to provide my race and/or ethnicity.**

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

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time of reviewing instructions, making a selection, and providing additional information, if necessary. Comments regarding the accuracy of this burden estimate and any aspect of this collection of information, including suggestions for reducing this burden can be sent to the Reports Management Officer, R&EE, US. Department of Housing and Urban Development, 7th Street SW, Room 8210, Washington, DC 20410. Do not send completed forms to this address.

Privacy Act Statement: Authorities: 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). **Principal Purpose:** This information is being collected by HUD to comply with the OMB Statistical Policy Directive No. 15 (SPD-15), issued under the Civil Rights Act of 1964 (Title VI), Equal Employment Opportunity Act of 1972, and the Paperwork Reduction Act of 1995 which mandates the uniform collection and reporting of racial and ethnic data by federal agencies to govern the enforcement of nondiscrimination in federally assisted programs and services. **Routine Uses:** The information collected by Form 27061-H will be used by HUD to record race and ethnicity categories from individual applicants. The data compiled is reported on the HUD 50059. The information provided will not be disclosed outside of the agency and used solely for internal statistical compliance purposes, except as required by law or as allowed by the System of Records Notice cited below. **Disclosure:** Providing this information is voluntary. Failure to provide the information will have no impact on an individual's housing assistance.

SORN ID/URL: <https://www.federalregister.gov/documents/2023/09/13/2023-19782/privacy-act-of-1974-system-of-records>.

members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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

A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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

A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 3. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 4. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 4. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 5. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 6. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 6. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.





35477 Garner Street • Romulus, Michigan 48174

INCOME & ASSETS CHECKLIST

(Complete a separate form for each household member who is age 18 or older or an emancipated minor.)

Household Member Name:	Unit Number:
Development Name:	

	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: ☐ Full-time ☐ Part-time ☐ Other: _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.
INCOME			
4			I have a job and receive money/wages, tips, or bonuses. List the businesses or companies that pay you: _____
5			I am self-employed or operate my own business. List the types of jobs you do: _____
6			I earn income as a day laborer, seasonal worker, gig worker, or independent contractor.
7			I receive Social Security or Railroad Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHHS for the State-paid portion of an SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds, 401(k), IRA, or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider: _____
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance (does not include food stamps or Medicaid).
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from a trust, annuity, or inheritance. If yes, from how many sources? _____
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery, casino or online gaming, or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active-duty allotments or regular pay as a member of the National Guard or Reservist pay.
25			I am a member of an Indian Tribe receiving gaming payments.

	Yes	No	COMPLETE EACH ITEM:
26			I receive periodic payments from insurance policies or any type of settlement. If yes, how many policies or settlements? _____ From what Sources? _____
27			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.
28			I receive other recurring or periodic income not listed above. Describe: _____
29			I receive student financial assistance (does not include student loans).

CHILD SUPPORT

30			I receive child support. If yes, from how many parents do you receive support? ____ If yes, what State is the case through? ____ If yes, is child support paid directly to DHS? ☐ Yes ☐ No
31			I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.
32			I anticipate filing a claim for child support within the next twelve months.

ASSETS	
--------	--

(Include all assets held or owned either in or outside of the United States)		
	Cash Value*	Interest Rate**

33		I have a savings account(s) at: _____ (List name(s) of institution)	\$	
34		I have a checking account(s) at: _____ (List name(s) of institution)	\$	
35		I have certificates of deposit at: _____ (List name(s) of institution)	\$	
36		I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or another agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____	\$	
37		I have a Venmo, PayPal, Cash App, or another peer-to-peer payment app. If yes, how many and through which services? _____	\$	
38		I have Cryptocurrency (such as Bitcoin, Ethereum, etc.)	\$	
39		I have cash held in my home or in a safety deposit box.	\$	
40		I have savings bonds. If yes, how many? _____	\$	
41		I have Treasury Bills. If yes, how many? _____	\$	
42		I have stocks, bonds, mutual funds, or securities.	\$	
43		I own a house or mobile home. (Section 8 PBRA Programs only: Is the home suitable for occupancy? ☐ Yes ☐ No)	\$	
44		I own real estate or land and receive income from the rental of the real estate. If yes, how many properties? _____	\$	
45		I have land contracts. If yes, how many? _____	\$	
46		I hold a mortgage or deed of trust.	\$	
47		I have revocable trusts. If yes, how many trusts? _____	\$	
48		I have whole life or universal life insurance policy(ies). If yes, how many policies? _____	\$	
49		I have non-necessary personal property held for investment purposes (gems, jewelry, collections, etc.).	\$	
50		I have lump sum receipts or one-time receipts.	\$	



35477 Garner Street • Romulus, Michigan 48174

INCOME & ASSETS CHECKLIST

(Complete a separate form for each household member who is age 18 or older or an emancipated minor.)

Household Member Name:	Unit Number:
Development Name:	

	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: ☐ Full-time ☐ Part-time ☐ Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.
INCOME			
4			I have a job and receive money/wages, tips, or bonuses. List the businesses or companies that pay you: _____
5			I am self-employed or operate my own business. List the types of jobs you do: _____
6			I earn income as a day laborer, seasonal worker, gig worker, or independent contractor.
7			I receive Social Security or Railroad Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHHS for the State-paid portion of an SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds, 401(k), IRA, or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider: _____
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance (does not include food stamps or Medicaid).
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from a trust, annuity, or inheritance. If yes, from how many sources? _____
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery, casino or online gaming, or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active-duty allotments or regular pay as a member of the National Guard or Reservist pay.
25			I am a member of an Indian Tribe receiving gaming payments.

	Yes	No	COMPLETE EACH ITEM:
51			I have assets from sources other than those listed above. Describe: \$
52			A member of my household is under the age of 18 and has assets. Describe: \$
53			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.
54			I have joint ownership on one or more of the above assets.
ALLOWANCES / DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)			
55			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
56			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
57			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
58			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
59			I pay childcare expenses for a child age 12 or under in order to be gainfully employed or to further my education.
60			The Department of Health and Human Services (DHHS) pays childcare expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, DHHS pays ☐ full ☐ partial.
61			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
62			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.
OTHER ITEMS			
63			I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
SPECIAL CONSIDERATION OF ASSETS			
64			Section 8 PBRA Programs only: My household's assets exceed \$100,000+
65			I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): <i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i>

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading, or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature

Date

TO BE COMPLETED BY OWNER/MANAGEMENT AGENT

Household Asset(s) Verification vs. Self-Certification:

- ☐ Move-In/Initial Certification – All household assets must be 3rd party verified.
- ☐ 1st Year Annual Recertification – Year: _____ Asset Threshold: \$ _____
(can be found on huduser.org)
- ☐ 2nd Year Annual Recertification – Year: _____ Asset Threshold: \$ _____
(can be found on huduser.org)
- ☐ 3rd Year Annual Recertification – All household assets must be 3rd party verified.
- The cycle will now repeat, with 3rd party verifications of assets occurring every three (3) years.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

****Apply the Passbook Savings Rate individually to assets that *DO NOT* have a determinable interest rate, only if the household's total cash value of assets exceeds the Asset Threshold for the calendar year.**

Current Passbook Savings Rate: _____ % (can be found on huduser.org)

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Owner/Management Signature

Date

TO BE COMPLETED BY OWNER/MANAGEMENT AGENT

Household Asset(s) Verification vs. Self-Certification:

- ☐ Move-In/Initial Certification – All household assets must be 3rd party verified.
- ☐ 1st Year Annual Recertification – Year: _____ Asset Threshold: \$ _____
(can be found on huduser.org)
- ☐ 2nd Year Annual Recertification – Year: _____ Asset Threshold: \$ _____
(can be found on huduser.org)
- ☐ 3rd Year Annual Recertification – All household assets must be 3rd party verified.
- The cycle will now repeat, with 3rd party verifications of assets occurring every three (3) years.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

****Apply the Passbook Savings Rate individually to assets that *DO NOT* have a determinable interest rate, only if the household's total cash value of assets exceeds the Asset Threshold for the calendar year.**

Current Passbook Savings Rate: _____ % (can be found on huduser.org)

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Owner/Management Signature

Date

	Yes	No	COMPLETE EACH ITEM:
51			I have assets from sources other than those listed above. Describe: _____ \$ _____
52			A member of my household is under the age of 18 and has assets. Describe: _____ \$ _____
53			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.
54			I have joint ownership on one or more of the above assets.
ALLOWANCES / DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)			
55			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
56			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
57			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
58			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
59			I pay childcare expenses for a child age 12 or under in order to be gainfully employed or to further my education.
60			The Department of Health and Human Services (DHHS) pays childcare expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, DHHS pays ☐ full ☐ partial.
61			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
62			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.
OTHER ITEMS			
63			I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
SPECIAL CONSIDERATION OF ASSETS			
64			Section 8 PBRA Programs only: My household's assets exceed \$100,000+
65			I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): _____ _____ <i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i>

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading, or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature _____

Date _____

RECERTIFICATION ADDRESS SHEET

Name:	Apt. #:
Phone:	Alt. Phone:

Please list sources of INCOME, to include name and complete mailing address:

Name:
Address:
Phone:
Claim #/Case #/ I.D.#:

Name:
Address:
Phone:
Claim #/Case #/ I.D.#:

Name:
Address:
Phone:
Claim #/Case #/ I.D.#:

Please list your ASSETS, to include name, complete mailing address and account #:

Name:	
Address:	
Phone:	
Type of Account:	Account #:

Name:	
Address:	
Phone:	
Type of Account:	Account #:

Name:	
Address:	
Phone:	
Type of Account:	Account #:

Please list your child care expense , to include name, complete mailing address of provider:

Name:
Address:
Phone:

(Over)



Elderly/Disabled Household(s) Only:

Please list your medical expenses, to include names, complete mailing address, account number (if applicable) for pharmacist, doctor, medical insurer, etc:

Name:	
Address:	
Phone:	
Account #:	Account #:

Name:	
Address:	
Phone:	

Name:	
Address:	
Phone:	

Name:	
Address:	
Phone:	

Additional space if needed:

Name:	
Address:	
Phone:	

Name:	
Address:	
Phone:	

Name:	
Address:	
Phone:	

Name:	
Address:	
Phone:	



Birch Run Cooperative

PERSONAL DECLARATION/CERTIFICATION

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on their social security card. All adult members of the household must sign below certifying the information pertaining to them. Please Print.

I. HOUSEHOLD COMPOSITION: List all persons who will be living in your home, listing the head of household first.

LIST ALL PERSON(S) 18 YEARS OF AGE AND/OR OLDER

ADULTS (Legal Name)	DATE OF BIRTH	RELATIONSHIP	S.S. NUMBER	STATUS (*)

(*) Status - Married (M) Widowed (W) Separated (SP) Divorced (D) Single (S)

LIST ALL PERSON(S) UNDER THE AGE OF 18

CHILD'S NAME (As it appears on SS card)	DATE OF BIRTH	RELATIONSHIP	S.S. NUMBER	STATUS (*)

II. TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household.

This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers compensation, retirement benefits, AFDC, Veterans benefits, rental property income, Stock Dividends, income from bank accounts, alimony and all other sources.

NAME OF Household Member	Monthl Wage (FROM WORKING)	Pension Monthly	Public Assistance Monthly	Child Support	SOC. SEC. Or SSI Monthly	Unemployment Weekly	All Other Income

I hereby swear and attest that all of the information above is true and correct. I also understand that all changes in the income of any member of the household as well as, any changes in the household composition must be reported to management, in writing, immediately.

Phone Number: _____

Signature of Head of Household Date

Signature of Spouse Date

Signature of Other Adult Date

Signature of Other Adult Date

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any Department or Agency of the United States.



U.S. Department of Housing and Urban Development (HUD)

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**
- 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 Owner or Management Agent)**
- 4. Individual Verifications (to be signed by the Applicant or Tenant)**
- 5. Revocation of Consent (to be signed by the Applicant or Tenant and Owner or Management Agent)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

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 HUD.

Federal laws and regulations require that the information you provide must be verified. This information is verified in two ways:

1. HUD 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 agencies that keep 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 and PHAs can receive the information authorized by form HUD-9887.
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 the sources of income that you report. There are certain mandatory deductions that reduce the income used in determining tenant rents. The O/A will verify your family's expenses if you are eligible to have certain expenses deducted from your annual income.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a health and medical care expenses deduction. Her annual income may be adjusted because of this deduction. Because Mrs. Anderson's health and medical care 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 is 53 years old. Mr. Harris does not qualify for the health and medical care expenses deduction, because he is not at least 62 years of age and he is not disabled. Because he is not eligible for the deduction, the amount of his health and medical care expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his health and medical care expenses and cannot verify with a third party about any health and medical care expenses that Mr. Harris reports.

Consumer Protections

Information received by HUD and/or the PHA is protected by the Federal Privacy Act. Information received by the O/A or PHA is subject to State privacy laws. Employees of HUD, the PHA, and the O/A 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.

NOTE: These forms have been translated into languages other than English and those translations must be provided if needed. 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, depending on the circumstances, the following: home visits when the applicant's or tenant's disability prevents them from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on their behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A's 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 or the O/A 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. 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.

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

1. **HUD-9887/A Fact Sheet:** Describes verification requirements and the verification process. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of applicant/tenant information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third-party verification along with consumer protections.
4. **Individual Verification Forms:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.
5. **Revocation of Consent:** Allows the applicant/tenant to revoke their consent of the 9887 and 9887-A.

The public reporting burden for the HUD 9887 and the HUD 9887-A is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000 or email: PaperworkReductionActOffice@hud.gov. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number

Consequences for Not Signing the Consent Forms or Revoking 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 forms HUD-9887 and 9887-A.

If you revoke your consent of form HUD-9887, 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).

If you are an applicant and denied assistance for this reason, the O/A must notify you of the reason for your rejection in writing and give you an opportunity to respond to the O/A in writing or request a meeting within 14 days to dispute the rejection. The O/A must inform you that if you are a person with disabilities, you have the right to request reasonable accommodations to participate in the informal hearing process.

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

A. Section 8 Project-Based Rental Assistance (PBRA)

1. New Construction
2. State Housing Agencies Program
3. Substantial Rehabilitation
4. Section 202/8
5. Rural Housing Services Section 515/8
6. Loan Management Set-Aside (LMSA)
7. Property Disposition Set-Aside (PDSA)
8. Rental Assistance Demonstration (RAD)

B. Section 202/162 Project Assistance Contract (PAC)

C. Section 202 Project Rental Assistance Contract (PRAC)

D. Section 202 Senior Preservation Rental Assistance (SPRAC)

E. Section 811 Project Rental Assistance Contract (PRAC)

F. Section 811 Project Rental Assistance (811 PRA)

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

Attachment to forms HUD-9887 & 9887-A (xx/2025)

Notice and Consent to the Release of Information
to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A)

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

OMB Approval No. 2502-0204
(Exp. xx/xx/xxxx)

HUD Office requesting release of information (Owner should provide the full address of the HUD Multifamily Regional Center or Satellite Office, Attention: Director, Asset Management Division.): Detroit Field Office-McNamara BLDG 477 Michigan Ave. Detroit, MI 48226	O/A requesting release of information (Owners should provide the full name address of the Owner or the Management Agent): Birch Run Cooperative Townhouses 35477 Garner St. Romulus, MI 48174	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): Director, MSHDA 735 E. Michigan Ave. 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 agreed upon with the owner or management agent (O/A).

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 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).

Section 104 of the Housing Opportunity Through Modernization Act of 2016 (Pub. L. 114-201). This law authorizes, in part, O/As to obtain any financial record from any financial institution, as the terms financial record and financial institution are defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the O/A determines that the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: By signing this consent form, you are authorizing HUD and the above-named PHA to request income information from the government agencies listed on this form. HUD 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 may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD 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/or 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 relevant consent forms. After an applicant or participant has signed and submitted a consent form to the O/A on or after January 1, 2024, they do not need to sign and submit subsequent consent forms except under the following circumstances:

1. When any person 18 years or older becomes a member of the family;
2. When a member of the family turns 18 years of age; and
3. As required by HUD or the O/A in administrative instructions.

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

A. Section 8 Project-Based Rental Assistance (PBRA)

1. New Construction
2. State Housing Agencies Program
3. Substantial Rehabilitation
4. Section 202/8
5. Rural Housing Services Section 515/8
6. Loan Management Set-Aside (LMSA)
7. Property Disposition Set-Aside (PDSA)
8. Rental Assistance Demonstration (RAD)

B. Section 202/162 Project Assistance Contract (PAC)

C. Section 202 Project Rental Assistance Contract (PRAC)

D. Section 202 Senior Preservation Rental Assistance (SPRAC)

E. Section 811 Project Rental Assistance Contract (PRAC)

F. Section 811 Project Rental Assistance Demonstration (811 PRA)

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assistance benefits. If you are an applicant and denied assistance for this reason, the O/A must notify you of the reason for your rejection in writing and give you an opportunity to respond to the O/A in writing or request a meeting within 14 days to dispute the rejection. The O/A must inform you that if you are a person with disabilities, you have the right to request reasonable accommodations to participate in the informal hearing process. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Expiration: The authorization to release the information requested by the consent form will remain effective until the earliest of:

1. The rendering of a final adverse decision for an assistance applicant;
2. The cessation of a participant's eligibility for assistance from HUD and the O/A; or
3. The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD.

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
Co-Head of Household	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) when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to: Social Security number verification, death indicator (when applicable), Title II (Federal Old Age, Survivors, and Disability Insurance Benefits (OASDI)), Title XVI (Supplemental Security Income (SSI) for the Aged, Blind, and Disabled), and Title VIII (Special Benefits for Certain World War II Veterans (SVB) benefit information.

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) when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to the following information that may appear on your 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.

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the O/A determines the record is needed to determine an applicant or participant's eligibility for assistance or level of benefits.

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) 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 or 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.

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.

Privacy Notice: Authority: 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). **Principal Purpose:** The Department of Housing and Urban Development (HUD) has developed this form to facilitate the verification and consent of release for an applicant's eligibility, recommended unit size, and the amount tenant(s) must pay towards rent and utilities. Applicants must provide the names of all tenants who are at least 18 years old, as well as the names of each family head, spouse, or co-head, regardless of age. **Disclosure:** HUD may disclose this information to federal, state, and local agencies when it is relevant to civil, criminal, or regulatory investigations and prosecutions. HUD, the owner, the management agent (OA), or the public housing agency (PHA) may use computer matching to verify the information you provide. You must provide all the requested information in this form. Failure to provide any of the information may result in the delay of assistance or termination of assistance benefits.

Penalties for Misusing this Consent: HUD, the PHA, the O/A, and any Contract Administrator (or any employee of HUD, the PHA, the O/A, or the Contract Administrator) 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 PHA, the O/A or the Contract Administrator responsible for the unauthorized disclosure or improper use.

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

Verification of Information Provided by Applicants and Tenants of Assisted Housing

U.S. Department of Housing and Urban Development

Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0204
(Exp. xx/xx/xxxx)

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.

- The HUD-9887/A Fact Sheet.
- Form HUD-9887.
- Form HUD-9887-A.
- Individual Verification Forms (upon applicant/tenant request)

2. Verbally inform applicants and tenants that:

- 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
- 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. O/As 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). Owners must also give applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

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

- Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other consumer protections.
- Sign on the consent forms:
 - 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 and for O/As to Verify Information Provide by the Applicant/Tenant

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. 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.

HUD's regulations in 24 CFR part 5, subpart B require that as a condition of admission to or continued occupancy, applicants and participants must sign a HUD-approved release and consent form (including any release and consent as required under 24 CFR 5.230) authorizing any depository or private source of income, or any Federal, state or local agency, to furnish or release to the owner or HUD such information as the owner or HUD determines to be necessary. 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, benefit payments, and income received from assets. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly or disabled, and allowances for child care expenses, health and medical care expenses, and reasonable attendant care and auxiliary apparatus expenses.

In addition, HUD's 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.

Revocation of Consent: I hereby revoke my consent to allow HUD, the PHA, or the O/A to use information from the Federal and state agencies listed on the back of this form or to request or obtain information from any other third party for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that revoking my consent may result in termination of assisted housing benefits.

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 you are an applicant and denied assistance for this reason, the O/A must notify you of the reason for your rejection in writing and give you an opportunity to respond to the O/A in writing or request a meeting within 14 days to dispute the rejection. The O/A must inform you that if you are a person with disabilities, you have the right to request reasonable accommodations to participate in the informal hearing process. 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 family 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 must provide you with information obtained under this consent in accordance with State privacy laws.

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 certification is delayed, or the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

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 Owner's representative

Title

Signature & Date

cc: Applicant/Tenant; Owner file

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

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

OMB Approval No. 2502-0204
(Exp. xx/xx/xxxx)

If you are an applicant and denied assistance for this reason, the O/A must notify you of the reason for your rejection in writing and give you an opportunity to respond to the owner in writing or request a meeting within 14 days to dispute the rejection. The O/A must inform you that if you are a person with disabilities, you have the right to request reasonable accommodations to participate in the informal hearing process. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Signatures:		Additional Signatures, if needed:	
Head of Household	Date	Other Family Member 18 and Over	Date
Spouse	Date	Other Family Member 18 and Over	Date
Co-Head of Household	Date	Other Family Member 18 and Over	Date

Penalties for Misusing this Consent

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate.. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

Instructions to Owners/Agents

You must provide a copy of the signed revocation to the applicant/tenant and retain the original in the tenant file. You must immediately notify the local HUD office of the applicant/tenant's revocation of consent. After consent is revoked, you must not use EIV data to verify income or request information from third parties for the purpose of verifying the applicant/tenant's eligibility and level of benefits under HUD's assisted housing programs.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

☐ 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.

