

Date: _____

Application I.D. NO.: _____

Dear

Thank you for applying for admission to Summerchase Apartments. At this time we are filling all vacancies from the Waiting List. Your name will be added to the Waiting List. The average length of the wait is _____, but your wait may be longer or shorter depending on unit turnover and your eligibility for admission priorities and preferences.

You should notify us immediately in any of the following events occur because they will affect your admission:

1. You move to a new address;
2. You get a new telephone number;
3. Any family member moves out;
4. You have any new family members; or
5. Your income changes (increases or decreases).

You should contact us every six months from the date at the top of this notice to reaffirm your interest in being admitted. If we do not hear from you and cannot reach you, we must remove your application from the Waiting List and place it in the inactive file. Listed below are the dates when you should let us know that you are still interested in being admitted.

6 months _____ 12 months _____
18 months _____ 24 months _____

You may call (479)474-1412, send a letter to the address shown above, or stop by the Rental Office should any of the events listed above occur and to contact us to reaffirm your interest in being admitted.

Sincerely,

Carla Whitlock
Property Manager

ACKNOWLEDGEMENT:

I/We, the undersigned, have received a copy of this letter this date and understand its contents fully.

Applicant

Date

Co-Applicant

Date

Summerchase Apartments
1005 North 28th Street
Van Buren, Ar. 72956
(479) 474-1412

December 16, 2009

Dear Summerchase Residents:

In an effort to ensure the right assistance is provided to the right people. The department of Housing and Urban Development (HUD) has provided property managers with access to a new verification database call the Enterprise Income Verification System (EIV).

The Enterprise Income Verification System provides information about tenant-based HUD assistance recipients. This database is also used to verify certain types of reported income with records maintained in the Social Security Administration databases and the Department of Health and Human Services (HHS), National database of new hires; HHS provides information about current and past employment and unemployment insurance information. An EIV Report will be processed on each adult household member at Annual Certification.

At your move-in or last annual certification, all adult household members gave consent to the release of this information by signing HUD forms 9887 and 9887a.

If HUD indicates that there is a discrepancy discovered by the EIV database, we will contact you so that we continue to assure that you are receiving all assistance for which you are eligible.

We are committed to your enjoyment of your home. Please contact your management office if you have any questions.

Thank you,

Carla Whitlock
Property Manager

I acknowledge receipt of this letter by signing below.

Signed _____
Resident(s) / applicant(s)

Date: _____

Signed _____
Resident(s) / applicant(s)

Date: _____

SUMMERCHASE APARTMENTS NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, SEX, HANDICAP OR FAMILIAL STATUS.



SUMMERCHASE APARTMENTS

Resident Selection Criteria & EIV

Family-Section 8

Acknowledgement of Receipt

I/We, the undersigned, do hereby acknowledge:

1. The Resident Selection Criteria for Summerchase Apartments was available at the application desk for applicants to read. I also understand that at my request a copy will be made available for me, and any questions that I may have can be addressed to the Summerchase Management.

2. EIV and You, with the EIV Policy and Procedures for Summerchase Apartments were also available.

Applicant Signature

Date

Co-Applicant Signature

Date

Co-Applicant Signature

Date

Management Signature

Date

Summerchase Apartments Do not discriminate on the basis of Race, Religion, National Origin, Color, Sex, Handicap or Familial Status.



**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Summerchase Apartments

1005 North 28th Street Van Buren, Ar. 72956

Name of Property

Project No.

Address of Property

Summerchase LLC

Section 8 Set-Aside

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

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

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

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

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

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.

November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying For assisted housing. There are penalties that apply if you knowingly omit information Or give false information.
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Penalties For Committing Fraud	The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:
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- Evicted from your apartment or house:
- Required to repay all overpaid rental assistance you received:
- Fined up to \$10,000:
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That Person can answer your question or find out what the answer is.
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Completing The Application	When you answer application questions, you must include the following information:
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Income	* All sources of money you or any member of your household receive (wages, Welfare payments, alimony, social security, pension, etc.): • Any money you receive on behalf of you children (child support, social Security for children, etc.): • Income from assets (interest from a savings account, credit union, or Certificate of deposit: dividends from stock, etc.) • Earnings from second job or part time job: • Any anticipated income (such as a bonus or pay raise you expect to receive.)
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Assets	* All bank account, savings bonds, certificates of deposit, stocks, real estate, etc... That are owned by you and any adult member of your family's household who Will be living with you. • Any business or asset you sold in the last 2 years for less than its full value, such As your home to your children. • The names of all of the people (adults and children) who will actually be living With you, whether or not they are related to you.
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- Signing the Application**
- * Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
 - When you sign the application and certification forms, you are claiming that They are complete to the best of your knowledge and belief. You are Committing fraud if you sign a form knowing that it contains false or misleading Information.
 - Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with Various Federal, State, or private agencies to verify that it is correct.

Recertifications You must provide updated information at least once a year. Some programs Require that you report any changes in income or family/household Composition immediately. Be sure to ask when you must recertify. You must Report on recertification forms.

- All income changes, such as increases of pay and/or benefits, change or loss Of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was Sold in the last 2 years for less than its full value.

Beware of Fraud You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and;
- Get a written explanation if you are required to pay for anything other than Rent (such as maintenance charges).

Reporting Abuse If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your Complex or your PHA. IF that is not possible, then call the local HUD office or The HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can Also write to : HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington DC. 20410.

HUD-1140

THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION.



Signature

Date

Signature

Date

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

This Package contains the following documents:

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

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

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

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): Dept. of Housing & Urban Development 801 Cherry Street Unit 455 Suite 2500	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Summerchase Apartments 1005 North 28th Street Van Buren, Ar. 72956	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.): Southwest Housing and Compliance 1124 IH 35 Austin, Tx. 78704
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

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

Section 236

HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Carla Whitlock

Name of Project Owner or his/her representative

Property Manager

Title

Signature & Date

cc:Applicant/Tenant

Owner file

Penalties for Misusing this Consent:

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

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

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

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.

RENTAL APPLICATION
(Section 8)

SUMMERCHASE APARTMENTS

Date: _____

Time: _____

INSTRUCTIONS FOR HEAD OF HOUSEHOLD:

1. Please complete all sections by **printing in ink**. Please do not leave any section blank, even sections which do not apply to you. For instance, if a section asks for driver's license number and you do not have a driver's license, you may write "NONE" or "N/A" (not applicable). If you need to make a correction, put one line through the incorrect information write the correct information above, and initial the change.
2. As Head of Household you will complete this Rental Application form. Each additional adult 18 years of age and older who will live in the apartment must sign this Rental Application, also.
3. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.
4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes and whenever you need to add a person to your application or remove a person from your application.
5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on the Waiting List; but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria posted in the Management Office.

SECTION I APPLICANT:

Last Name Head of Household	First Name	M.I.	Social Security Number
Last Name Spouse/ Co-Resident	First Name	M.I.	Social Security Number
Current Street Address	City	State	Zip
			Telephone
			Head of Household Home: Work: Spouse/Co-Resident: Work:
Date Moved In	Landlord's Name, Address and Telephone Number		

Is there another person we may contact if we are unable to reach you or in case of emergency?

Name: _____ Relationship: _____ Phone: _____

Unit Size Requested: _____ 2nd Choice _____

Are there any special accommodations that the household will require (e.g. unit for mobility impaired, Unit for visually impaired, unit for hearing impaired, lived-in aide, grab bars, etc.)?

SECTION II HOUSEHOLD COMPOSITION:

List all persons, including yourself, who will reside in the unit. NOTE: The number to the left indicates the "Family Member Number" and is the number requested in the Remaining sections of the application.

Family member number	Full Name	Relation-ship	Age	Birthdate	Birthplace	Occupation	Soc. Sec. No. Or Alien Regis. No
1							
2							
3							
4							
5							
6							

Will any of the above household members live anywhere except in the apartment? _____

Are there any other persons who will live in the apartment on a less than full-time basis? _____

If you answered "YES" to either question. Please explain: _____

SECTION III RENTAL HISTORY:

This must include all places where you and /or any adult household members lived in the past four (4) years including places where your or their name did not appear on the lease And places where you and or they used a different name. (Adult members or any household members who are 18 years of age or older.) NOTE: Use Family Member Numbers from section II.

Family Member Number	Street Address	City	State	Zip Code	Name if differ from Section II	Date of Residency	Landlord Name and Address

STATES YOU HAVE LIVED IN: List any state in which you and/or any adult household members have lived.

Family Member Number	State

EMPLOYMENT ONLY: List all full-time, part-time and/or seasonal employment for ALL household members including self-employment earnings. If you have income from "Other Sources" see next section of Rental application.

Family Member Number	Place of Employment	Employment Address	Employer's Telephone #	Supervisor	Annual Income (Yearly Total)

INCOME FROM OTHER SOURCES: List ALL income from sources other than employment for ALL household members. This includes but not limited to Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Alimony, Child Support, Educational Grants or Scholarships, etc.

Family Member Number	Source of Income	Address of Source of Income/Contact Person and Telephone Number	Estimate of Annual Income (Yearly Total)



SECTION V ASSETS:**CHECKING ACCOUNTS:**

Family Member Number	Account Number	Bank Name	Bank Address	Avg. 6 Mo. Balance	Current Rate of Interest

SAVINGS ACCOUNTS:

Family Member Number	Account Number	Bank Name	Bank Address	Current Balance	Current Rate of Interest

STOCKS, BONDS, CREDIT UNION SHARES, C.D.'S, LIFE INSURANCE POLICIES SURRENDER VALUE, ETC.:

Family Member Number	Description of Asset/Account Number I.E., CD-#004561020	Current Value of Asset	Annual Income From Asset

NOTE: If more space is needed, please list on separate sheet of paper and attach to this application.

REAL ESTATE:

Do you now own Real Estate? () Yes () No: If yes, are you receiving any income from this property? () Yes () No

Location of Property(ies):

Annual Income From Property(ies)

AUTOMOBILES AND OTHER VEHICLES: List all motor vehicles, including motorcycles, owned by or registered to household members.

Family Member Number	Make and Model Number	Year	License Tag Number	State	Color of Vehicle

SECTION VI MEDICAL AND/OR UNUSUAL EXPENSES:

Note: Medical expenses ONLY apply to households where the head of household and/or spouse is 62 years of age or older, or handicapped, or disabled.

List payments made to provider of child care or disabled adult care cost: payments on outstanding medical bills; medical insurance premiums: medical and dental costs NOT covered by insurance. (If more space is needed, please list on separate sheet of paper and attach to this application).

Family Member Number	Description of Expense	Paid To	Address	Cost Per Month



Please answer the following questions about yourself and all members of your household who will occupy the unit.

ELDERLY and/or HANDICAPPED HOUSEHOLDS ONLY (HEAD, SPOUSE, OR CO-HEAD):

	<u>Yes</u>	<u>No</u>
1. Do you have Medicare? If yes, what is your monthly payment? \$ _____ If yes, what Medicare Plan do you have? _____ If yes, what is your annual Deductible? _____	—	—
2. Do you have any other kind of medical insurance? If yes, provide the following information: Policy Number: _____ Company Name: _____ Agent's Name: _____ Premium amount: \$ _____ () Week: () Month: () Other _____	—	—
3. Do you receive medical assistance through the Public Assistance Program?	—	—
4. Do you have any outstanding medical bills on which you are currently paying?	—	—
5. Do you expect to have any medical expenses during the next twelve (12) months? If yes, state the type and amount of these medical expenses anticipated: _____ _____	—	—

SECTION VII MISCELLANEOUS (these questions apply to ALL HOUSEHOLD MEMBERS):

	<u>Yes</u>	<u>No</u>
1. Are you or any members of your household currently using an illegal controlled substance?	—	—
2. Are you or any household member currently expecting a child?	—	—
3. Do you own a pet? Cat _____ Dog _____ Other _____ If this property has a NO PETS Policy, would you be willing to give up your pet(s) in order to reside here?	—	—
4. Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? If yes, explain: _____ _____ _____	—	—
5. Have you or any member of your household ever committed any fraud in a Federal assistance housing program or been required to repay money for knowingly misrepresenting information for such housing programs?	—	—
6. Have you or any member of your household sold or given away any real property or other Assets in the past two (2) years? If yes, explain: _____ _____	—	—
7. Do you have any life insurance policies that have a surrender value? If so, what is the total Surrender cash value of the policies? _____	—	—
8. How did you hear about our apartment complex? () newspaper: () apartment guide: () friend/family: () billboard: () other-specify: _____	—	—
9. Are you or any member of your household a Veteran?	—	—
10. Are you the custodial parent for the children listed on the application or any children outside the household?	—	—
11. Are you or any member of the household a full or part time student of a higher education?	—	—
12. Have you or any member of the household ever been convicted of, plead guilty to, or plead "no contest" to any felony? If yes, please explain providing the location, date and nature of the offense: _____ _____	—	—
13. Have you or any member of the household ever been convicted of, plead guilty to, or plead "no contest" to a sexual offense? If yes, please explain providing the location, date and nature of the offense: _____ _____	—	—
14. Have you or any member of the household is subject to the state sex offender registration in any state	—	—



SECTION VIII WAITING LIST PRIORITY:

"ARE YOU DISPLACED?"

"Displaced" means that your home has been destroyed or made unlivable by government action {such as Urban Renewal}, or by a disaster recognized by the President of the United States. You will need to bring us your Certificate of Displacement in order for this preference to be granted.

WARNING: TITLE 18 SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT. 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 VERIFICATION FORMS IS RESTRICTED TO THE PURPOSES CITED THEREON. ANY PERSON WHO KNOWINGLY OR WILLFULLY REQUESTS, OBTAINS OR DISCLOSED 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 APPROPRIATED, AGAINST THE OFFICER OR EMPLOYEE OF HUD, THE PHA OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSURE OR IMPROPER USE.

SECTION IX STATEMENTS BY ADULT HOUSEHOLD MEMBERS:

- 1 We certify that all the information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of the information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, Terminate our Rental Agreement.
- 2 We authorize **SUMMERCHASE APARTMENTS** to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State, or Local Agencies.
- 3 If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment. That they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
- 4 We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income, and household composition.
- 5 We have read and understand the information in this application, in particular the information contained in the instructions for Head of Household, and we agree to comply with such information.
- 6 We have been notified that the Resident Selection Criteria which summarizes the procedures for processing applications is posted in the management office.
- 7 We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and Community Policies and Procedures (House Rules). If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages, and Security Deposits.
- 8 We authorize management to obtain on or more "consumer reports" as defined in the Fair Credit Reporting Act. 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.



SECTION X FAIR CREDIT REPORTING ACT:

THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES-SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, INCOME AND CREDIT BACKGROUND AND ALSO POLICE RECORDS. ALL INFORMATION YOU OR OTHERS GIVE US WILL BE HELD IN STRICT CONFIDENCE.

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, CREED, AGE, SEX, HANDICAP, OR FAMILY STATUS.

PLEASE BE ADVISED THAT ANY INFORMATION GIVEN TO THIS OFFICE THAT IS FALSIFIED IN ANY WAY WILL AUTOMATICALLY RESULT IN THE DENIAL OF YOUR APPLICATION.

I/WE HAVE READ AND UNDERSTAND THE ABOVE.-

Date	Applicant Signature
Date	Applicant Signature
Date	Applicant Signature
Date	Applicant Signature
Date	Applicant Signature
Date	Applicant Signature

SECTION XI PROGRAM INFORMATION:

ETHNIC ORIGIN: We are required to report to HUD the ethnic origin of the HEAD OF HOUSEHOLD. We, therefore, ask for your cooperation in providing us with the following information. Please check ONE box which you feel best describes your ethnic origin. This question is optional and your response will have NO bearing on your eligibility for this complex.

() White, Non-Hispanic () Black, Non-Hispanic () American Indian/Alaskan Native
() White, Hispanic () Black, Hispanic () Asian or Pacific Islander

ELDERLY 62 YEARS OF AGE OR OLDER AS OF JANUARY 31, 2010 AND DO NOT HAVE A SSN: We are required by HUD to request the following. Are you or any member of the household 62 years of age and doesn't have a SSN receiving HUD rental assistance at another property (Yes) ___ or (No) ___ if yes please list the property Name and Address

ELDERLY HOUSEHOLD STATUS: We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program and/or to give special considerations with regard to allowances in determining rent.

Please check the box or boxes that apply.

Head of Household and/or Spouse is: () 62 years of age or older () Handicapped () Disabled

DO NOT WRITE BELOW THIS LINE-MANAGEMENT USE ONLY**APPLICANT DISPOSITION**

Approved: _____ Approved by: _____
Date Signature Title
Disapproved by: _____ Disapproved by: _____
Date Signature Title
Reason(s) for Disapproval: _____

Applicant Notified in Writing on: _____
Applicant Appealed Decision on: _____ (Written notification attached).
Application Appeal Reviewed by: _____
Signature Title Date
Appeal Decision: _____ Approved _____ Disapproved _____
Applicant Notified in Writing on: _____



NOTICE NO. 1

To: _____

To: _____

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

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

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

1. Complete a Family Summary Sheet, using the attached blank format (**see sample Family Summary Sheet in Exhibit 3-4**) to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a **Citizenship** Declaration (**see Sample Citizenship Declaration in Exhibit 3-5**). If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the **Citizenship** Declaration. The **Citizenship** Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each **Citizenship** Declaration.
3. Submit the Family Summary Sheet, the **Citizenship** Declarations, and any other forms and/or evidence to the name and address listed below by _____.

Summerchase Apartments
1005 North 28th Street
Van Buren, Ar. 72956

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact (insert name and telephone number). He/she will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the **Citizenship** Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

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

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Sincerely,



Property Manager

Attachments: Family Summary Sheet
Declaration Form
Verification Consent

FAMILY SUMMARY SHEET

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

RESIDENT DECLARATION FORM

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

LAST NAME _____

FIRST NAME _____

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

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

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

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

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

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

DECLARATION

I, _____ hereby declare, under

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

- _____ 1. A citizen or national of the United States.
Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature _____

Date _____

Check here if adult signed for a child: _____

APPLICANT VERIFICATION CONSENT FORM

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the **Citizenship** Declaration format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

- 1, The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
- 2, The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child: _____

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

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

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

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

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

- (7) Form I-151 Alien Registration Receipt Card.

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

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

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

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

Signature

Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____