

Affinity  
**OLD POST**  
A P A R T M E N T S

Dear Applicant,

*Thank you for choosing to apply at Affinity Old Post Apartments. Applications are accepted in our rental office located at 101 Hanover Street in Aberdeen, Maryland between the hours of 11:00 am to 4:30 pm, Monday, Tuesday, Thursday and Friday.*

*All Potential applicants and household members over the age of 18 are required by Housing and Urban Development (HUD) to complete an application. We are an affordable subsidized housing community with 1, 2 and 3 bedroom apartments.*

**All information on the application must be complete. Do not leave any areas blank. If it does not pertain to you, please mark with N/A. Incomplete applications can delay the processing of your application.**

*You must fill out a Citizenship Declaration for each household member.*

*The original Birth Certificate(s) and Social Security Cards(s) for all applicants and household members are required at the time of submitting the application. Copies are **NOT ACCEPTED.** Office staff **MUST** see originals.*

**In order to complete your application, you must sign all paperwork in the presence of an Affinity Old Post Apartments staff member or a Notary Public.**

*Please feel free to contact Affinity Old Post at 410-272-1630 if you have any questions or concerns regarding the application process.*

Sincerely,

Affinity Old Post Staff



101 Hanover Street  
Aberdeen, MD 21001  
Phone: 410-272-1630 Fax: 410-272-8850

## Affinity Old Post Apartments Application

**ALL INDIVIDUALS 18 YEARS OF AGE AND OLDER MUST COMPLETE A SEPARATE APPLICATION**

**Smoking Preference**    **Smoke Free Unit**    **Smoking Permitted Unit**    **No Preference Unit**

Head of Household Name \_\_\_\_\_ **Unit Type Desired** \_\_\_\_\_

Your Name (if different from Head of Household) \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**1. LIST ALL PERSONS WHO WILL RESIDE IN THE UNIT STARTING WITH THE HEAD OF HOUSEHOLD:**

| Full Name | Relationship To Head | Birth Date | Age | Sex | Social Security No. | Full-Time Student<br>YES OR NO |
|-----------|----------------------|------------|-----|-----|---------------------|--------------------------------|
|           | Head                 |            |     |     |                     |                                |
|           |                      |            |     |     |                     |                                |
|           |                      |            |     |     |                     |                                |
|           |                      |            |     |     |                     |                                |
|           |                      |            |     |     |                     |                                |

2. Does anyone live with you now who is not listed above?    Yes    No

3. Do you expect a change in your household composition?    Yes    No

Explain if you answered yes to either question: \_\_\_\_\_

4. Do you currently have any form of rental assistance and/or have you applied for assistance? If so, please specify the subsidizing agency: \_\_\_\_\_

5. Are you or any member of your household a U.S. Military Veteran or surviving spouse?    Yes  No  
(Who served on active duty in time of war, as defined in Section 85 of the Civil Service Law, and reside in New York State)

6. Were you ever a resident in another state other than Maryland State?    Yes    No

7. If yes, please list the other states: \_\_\_\_\_

8. Have you or any household member ever registered as a sex offender?    Yes    No

9. Have you ever been evicted?    Yes    No

Explain if you answered yes: \_\_\_\_\_

10. Have you ever been convicted of a felony?    Yes    No

Explain if you answered yes: \_\_\_\_\_

**INCOME (Please list all sources of income for all family members)**

List all income from all types of employment, public assistance, child support, alimony, social security, SSI, disability, unemployment benefits, workers compensation, pensions, annuities, veterans' benefits, student financial assistance and any other income:

| Name | Source of Income/Type of Income | Annual Income |
|------|---------------------------------|---------------|
|      |                                 |               |
|      |                                 |               |
|      |                                 |               |
|      |                                 |               |
|      |                                 |               |
|      |                                 |               |
|      |                                 |               |
|      |                                 |               |
|      |                                 |               |
|      |                                 |               |

**ASSETS (Please list all asset sources for all family members)**

List all checking, savings accounts (including IRAs, Keogh accounts, and Certificates of Deposits, Mutual funds, etc.) and all stocks, bonds, trusts, real estate, life insurance or other assets and their value owned for all household members:

| Name | Bank Name | Type of Account | Balance |
|------|-----------|-----------------|---------|
|      |           |                 |         |
|      |           |                 |         |
|      |           |                 |         |
|      |           |                 |         |
|      |           |                 |         |
|      |           |                 |         |
|      |           |                 |         |

Within the past two (2) years, have you sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value.  Yes  No

If yes, please list the assets, value and date of transaction:

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**EXPENSES (Please list all medical and child care expenses for all family members)**

| Name | Service Provider | Type of Expense | Annual Amount |
|------|------------------|-----------------|---------------|
|      |                  |                 |               |
|      |                  |                 |               |
|      |                  |                 |               |
|      |                  |                 |               |

**PREVIOUS RENTAL HISTORY**

Name and address of Your Present Landlord:

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

How Long Have You Lived There? \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Is this landlord a relative?  Yes  No

Name and address of Your Former Landlord:

Previous Address you lived at: \_\_\_\_\_

Landlord Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone No. \_\_\_\_\_

How Long Have You Lived There? \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

**PERSONAL REFERENCE** **\*\*Mandatory if there is no previous rental history\*\***

Name and address of Reference:  
(Cannot be a Relative)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_  
How Long Have You Known This Person? \_\_\_\_\_  
How Do You Know This Person? \_\_\_\_\_

**EMPLOYMENT HISTORY**

Name and address of Your Current Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
How long have you worked there? \_\_\_\_\_

**GENERAL INFORMATION**

Do you have a pet?  Yes  No If yes, Weight \_\_\_\_\_ Description \_\_\_\_\_  
Do you have a waterbed?  Yes  No If yes, waterbed insurance company \_\_\_\_\_

**MARKETING**

How did you hear about us?

- Newspaper  Internet  Friends/Family Referral  Apartment Spotlight Magazine  
 Other: \_\_\_\_\_

**ALL APPLICANTS**

I authorize AOL to obtain an investigative Credit Report and/or a Criminal Background Report, and check registered sex offender status in connection with this application. This report may include information as to my character, general reputation, personal characteristics and/or mode of living and credit standing. I understand that I may request the name of the reporting agency providing this information. I understand that the above information is being collected to determine my eligibility. I authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which may be released to appropriate Federal, State, or local agencies. I further certify that if the result of this verification process allows me to receive rental assistance, the unit I/we occupy will be my/our only residence.

I have read this application and hereby state that the information provided by me on this application is accurate and complete, and I acknowledge that in the event I enter into a lease with AOL that lease may be canceled by the lessor in the event any information provided by me in this application or any other document furnished by me is materially inaccurate or incomplete.

I understand that if approved for residency all applicants 18 or older must sign the Lease and its attachments as well as the Section 42 Tax Credit Tenant Income Certification, and that I must live in the unit and that unit must be my only place of residence.

*Please refer to the Resident Selection Criteria for program eligibility and reasons for possible rejection. I have received a copy of the Resident Selection Criteria from the leasing office and copies will be available upon request.*

*Applicants being placed on a waiting list will be subject to policies, resident selection and approval, and rejection requirements in effect at the time that a unit becomes available. I will contact the office if there are any changes to my address, phone number, household composition or income.*

I acknowledge that I must also complete and sign the attached Income/Asset Certification.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Date \_\_\_\_\_

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 an 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 willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, 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 42 u.s.c. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 u.s.c. 408 f, g and h.



**Do you need a handicapped accessible unit?**  Yes  No

If Yes, are you willing to take a unit that is not handicapped accessible if one becomes available?  Yes  No

*Please be advised: If you have a disability and need a reasonable accommodation in order to participate in the application process or to make effective use of the housing program, you have the right to request such an accommodation.*

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**Do you qualify for an income deduction based on a disability as defined below? YES  NO**

Person with a Disability (Handicapped Person).\* [24 CFR 891.505 and 891.305]

**A person with disabilities means:**

- (1) Any adult having a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
- (2) A person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
  - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - (ii) Is manifested before the person attains age 22;
  - (iii) Is likely to continue indefinitely;
  - (iv) Results in substantial functional limitation in three or more of the following areas of major life activity:
    - (A) Self-care,
    - (B) Receptive and expressive language,
    - (C) Learning,
    - (D) Mobility,
    - (E) Self-direction,
    - (F) Capacity for independent living, and
    - (G) Economic self-sufficiency; and
  - (v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- (3) A person with a chronic mental illness, i.e., a person who has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
- (4) Persons infected with the human acquired immunodeficiency virus (HIV) who are disabled as a result of infection with the HIV are eligible for occupancy in the Section 202 projects designed for the physically disabled, developmentally disabled, or chronically mentally ill depending upon the nature of the person's disability. (24 CFR 891.505)

**Note:** A person whose sole impairment is alcoholism or drug addiction (i.e., who does not have a developmental disability, chronic mental illness, or physical disability that is the disabling condition required for eligibility in a particular project) will not be considered to be disabled for the purposes of the Section 202 program.

A person infected with the human acquired immunodeficiency virus (HIV) and a person who suffers with alcoholism or drug addition, provided they meet the definition of "person with disabilities" in Section 811 (42 U.S.C) 8013(k)(2). A person whose sole impairment is a diagnosis of HIV positive or alcoholism or drug addiction (i.e., does not meet the qualifying criteria in Section 811 will not be eligible for occupancy in a section 811 project. (24 CFR 891.305)

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***I am aware that in order to receive the disabled household income deduction I will need to sign an authorization that will be sent to my physician for verification of the disability. Management does not require you to inform us of what the disability is, only that it is verified by a physician that you do meet the definition of a person with a disability as defined above.***

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

## INCOME/ASSET CERTIFICATION

(To be completed by all household members, 18 yrs or older)

NAME \_\_\_\_\_ UNIT # \_\_\_\_\_

I certify that I **HAVE** or **DO NOT HAVE** any of the following:

| <b>INCOME</b>  | <b><u>HAVE</u></b> | <b><u>DO NOT</u></b><br><b><u>HAVE</u></b> | <b>ASSETS</b>   | <b><u>HAVE</u></b> | <b><u>DO NOT</u></b><br><b><u>HAVE</u></b> |
|--|--------------------|--|---|--------------------|--|
| <b>Employment Income</b><br><small>(wages, salaries, overtime pay, commissions, fees, tips, bonuses)</small>       | _____              | _____                                      | <b>Checking Account</b>   | _____              | _____                                      |
|  |                    |  | <b>Savings Account</b>  | _____              | _____                                      |
|  |                    |  | <b>Safety Deposit Box</b>   | _____              | _____                                      |
| <b>Income, Salary or Distribution from a Business</b><br><small>(self employed or as owner of a business)</small>  | _____              | _____                                      | <b>Cash On Hand</b>   | _____              | _____                                      |
|  |                    |  | <b>Certificates of Deposit</b>  | _____              | _____                                      |
|  |                    |  | <b>Trust Fund</b>   | _____              | _____                                      |
| <b>Income from Net Family Assets</b>   | _____              | _____                                      | <b>Stocks, Bonds or Treasury Bills</b>  | _____              | _____                                      |
|  |                    |  | <b>Money Market Account</b>   | _____              | _____                                      |
| <b>Military Pay</b>  | _____              | _____                                      | <b>Mutual Fund</b>  | _____              | _____                                      |
|  |                    |  | <b>Annuities</b>  | _____              | _____                                      |
|  |                    |  | <b>IRA (Individual Retirement Account)</b>  | _____              | _____                                      |
| <b><u>Payments in Lieu of Earnings:</u></b>  |                    |  | <b>401K Account</b>   | _____              | _____                                      |
| <b>Unemployment</b>  | _____              | _____                                      | <b>Keogh Fund</b>   | _____              | _____                                      |
| <b>Disability</b>  | _____              | _____                                      | <b>Retirement Fund</b>  | _____              | _____                                      |
| <b>Worker's Compensation</b>   | _____              | _____                                      | <b>Pension Fund</b>   | _____              | _____                                      |
| <b>Severance Pay</b>   | _____              | _____                                      | <b>Life Insurance (excluding Term)</b>  | _____              | _____                                      |
| <b>Social Security or SSI for any family members</b>   | _____              | _____                                      | <b>Land Contract</b>  | _____              | _____                                      |
|  |                    |  | <b>Mortgage or Deed of Trust</b>  | _____              | _____                                      |
| <b>Veterans Administration Benefits</b>  | _____              | _____                                      | <b>Real Estate or</b>   | _____              | _____                                      |
|  |                    |  | <b>Other Capital Investments</b>  | _____              | _____                                      |
| <b>Welfare (excluding Food Stamps)</b>   | _____              | _____                                      | <b>Lump Sum Receipts</b>  | _____              | _____                                      |
|  |                    |  | <small>(Inheritance, Insurance Settlement, Capital Gains, Lottery Winnings)</small> |                    |  |
| <b>Child Support or Alimony</b>  | _____              | _____                                      | <b>Personal Property</b>  | _____              | _____                                      |
|  |                    |  | <b>held as an Investment:</b>   |                    |  |
|  |                    |  | <small>(e.g. Jewelry, Coins, Antique Cars)</small>                                  | _____              | _____                                      |
| <b><u>Payments from:</u></b>   |                    |  | <b>EXPENSES</b>   |                    |  |
| <b>Insurance Policies</b>  | _____              | _____                                      | <b>All medical bills including eye</b>  |                    |  |
| <b>Retirement Fund</b>   | _____              | _____                                      | <b>doctors, dentists, prescriptions,</b>  |                    |  |
| <b>Pension Fund</b>  | _____              | _____                                      | <b>hearing aids, etc.</b>   | _____              | _____                                      |
| <b>Death Benefits</b>  | _____              | _____                                      | <small>**For elderly or disabled households ONLY**</small>                          |                    |  |
| <b>Annuities</b>   | _____              | _____                                      | <b>Bills for Medical Insurance</b>  | _____              | _____                                      |
| <b>Income from Rental Property</b>   | _____              | _____                                      | <small>**For elderly or disabled households ONLY**</small>                          |                    |  |
|  |                    |  | <b>Child Care Expenses</b>  | _____              | _____                                      |
| <b>Student Financial Assistance</b>  | _____              | _____                                      | <b>Other Care Expenses</b>  | _____              | _____                                      |
|  |                    |  | <b>INCREASES &amp; CHANGES</b>  |                    |  |
| <b>Lottery Winnings paid periodically</b>  | _____              | _____                                      | <b>Expected Income Increase in the</b>  | _____              | _____                                      |
|  |                    |  | <b>next 15 months.</b>  |                    |  |
| <b>Recurring Monetary Gifts, Contributions or Payments</b><br><small>(from persons not living in the unit)</small> | _____              | _____                                      | <b>Expected Change in Family</b>  | _____              | _____                                      |
|  |                    |  | <b>Composition in the next 15</b>   |                    |  |
|  |                    |  | <b>months.</b>  |                    |  |

I swear and attest that the above information about my income and assets is true and correct. I understand that increases in total family income may cause me to no longer qualify for residency.

\_\_\_\_\_  
Household Member (18 yrs or older)

\_\_\_\_\_  
Date

I have personally met with the applicant/resident regarding the completion of this form and attest that to best of my ability I have explained the content of the form and answered any questions the applicant/resident had.

\_\_\_\_\_  
Signature of Agent/Owner

\_\_\_\_\_  
Date



## STUDENT ELIGIBILITY QUESTIONNAIRE LOW INCOME HOUSING TAX CREDIT PROGRAM

Under the Low Income Housing Tax Credit Program households comprised of full time students are not eligible for tax credits unless they meet one of the student exceptions. This document is the Student Eligibility Questionnaire to confirm the student status of the applicant(s) applying to live on the property or residents currently residing in a unit. Anyone 18 years or older is required to complete this questionnaire.

APPLICANT/RESIDENT \_\_\_\_\_ UNIT NUMBER \_\_\_\_\_

PROPERTY NAME \_\_\_\_\_

Check A, B or C as applicable to the applicant or resident. Note: Students include those attending kindergarten through a PHD and all other types such as barber/beauty, police academies, technical, trade and mechanical schools.

A.  Household contains at least one occupant who is not a student and has not been or will not be a student for five months or more out of the current and/or upcoming calendar year (months do not need to be consecutive). If checked, no further information is necessary.

B.  Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are part time student(s). Verification of part time student status is required for at least one resident.

C.  Household contains all FULL TIME students for five or more months out of the upcoming calendar year (months need not be consecutive). If this box is checked, answer questions 1-5 below:

- |   |     |    |
|---|-----|----|
| 1. Is at least one student married and entitled to file a joint tax return?<br>(Required documentation: marriage certificate or tax return)   | YES | NO |
| 2. Is at least one student a single parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) are not a dependent of someone else other than a parent? (Required documentation: parent's most recent tax return)  | YES | NO |
| 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)?<br>(Required documentation: verification of assistance)   | YES | NO |
| 4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under similar federal, state or local program?(Required documentation: verification of participation) | YES | NO |
| 5. Does the household consist of at least one student who was previously under foster care aged out at 18? (Required documentation: verification of participation)  | YES | NO |

Name of Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_

-City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Printed Name of Applicant/Resident

\_\_\_\_\_  
Date

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 State 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 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 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 USC 408 (a)(6), (7) and (8).



## Citizenship Declaration

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

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

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

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

SAVE VERIFICATION NO. \_\_\_\_\_  
(To be entered by owner if and when received)

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

### DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury,  
that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ **1. A citizen or national of the United States.**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

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

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

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

- a. Verification Consent Format (see Sample Verification Consent Form in

Exhibit 3-6).

AND

b. One of the following documents:

- (1) Form I-551, *\*Permanent Resident Card\**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (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 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

## Citizenship Declaration

### 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: \_\_\_\_\_

U.S. Department of Housing and Urban Development

## **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)**

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

## 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-9 887:** Allows the release of information between government agencies.
3. **Form HUD-9 887-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.

# 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.):<br><b>HUD-Baltimore Multifamily Program Center</b><br><b>10 South Howard Street</b><br><b>Baltimore, MD 21201</b> | O/A requesting release of information (Owner should provide the full name and address of the Owner.):<br><b>Affinity Old Post Apartments L.P.</b><br><b>105 Affinity Lane</b><br><b>Buffalo, NY 14215</b> | 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.):<br><b>Maryland Dept. of Housing &amp; Community Development</b><br><b>100 Community Place, Crownsville, MD 21032</b> |
|---|---|---|

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

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section

221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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

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

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

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

## Instructions to Owners

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

## Instructions to Applicants and Tenants

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

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

## Authority for Re quiring A pplicant's/Tenant's Cons ent to the Release of Information

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

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

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

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

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

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

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



**Failure to Sign the Consent Form**

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

**Conditions**

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Name of Applicant or Tenant (Print)

\_\_\_\_\_  
Signature of Applicant or Tenant & Date

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

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date  
cc:Applicant/Tenant  
Owner file

**Penalties for Misusing this Consent:**

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

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

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

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

|   |                       |  |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
|---|-----------------------|--|-------------|--|--|-----------|--------------------------------------|---|-----------|--------------------------------------|---|--------|--------------------------------|---|--|--|
| <b>Applicant Name:</b>  |                       |  |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
| <b>Mailing Address:</b>   |                       |  |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
| <b>Telephone No:</b>  | <b>Cell Phone No:</b> |  |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
| <b>Name of Additional Contact Person or Organization:</b>   |                       |  |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
| <b>Address:</b>   |                       |  |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
| <b>Telephone No:</b>  | <b>Cell Phone No:</b> |  |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
| <b>E-Mail Address (if applicable):</b>  |                       |  |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
| <b>Relationship to Applicant:</b>   |                       |  |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
| <p><b>Reason for Contact:</b> (Check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Emergency</td> <td style="width: 33%;">Assist with</td> <td style="width: 33%;"><input type="checkbox"/> Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> unable to contact you</td> <td>Change in</td> <td><input type="checkbox"/> lease terms</td> </tr> <tr> <td><input type="checkbox"/> termination of rental assistance</td> <td>Change in</td> <td><input type="checkbox"/> house rules</td> </tr> <tr> <td><input type="checkbox"/> eviction from unit</td> <td>Other:</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> <td></td> </tr> </table>               |                       | <input type="checkbox"/> Emergency               | Assist with | <input type="checkbox"/> Recertification Process | <input type="checkbox"/> unable to contact you | Change in | <input type="checkbox"/> lease terms | <input type="checkbox"/> termination of rental assistance | Change in | <input type="checkbox"/> house rules | <input type="checkbox"/> eviction from unit | Other: | <input type="checkbox"/> _____ | <input type="checkbox"/> Late payment of rent |  |  |
| <input type="checkbox"/> Emergency  | Assist with           | <input type="checkbox"/> Recertification Process |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
| <input type="checkbox"/> unable to contact you  | Change in             | <input type="checkbox"/> lease terms             |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
| <input type="checkbox"/> termination of rental assistance   | Change in             | <input type="checkbox"/> house rules             |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
| <input type="checkbox"/> eviction from unit   | Other:                | <input type="checkbox"/> _____                   |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
| <input type="checkbox"/> Late payment of rent   |                       |  |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
| <p><b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.</p>   |                       |  |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
| <p><b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.</p>  |                       |  |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
| <p><b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.</p> |                       |  |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |
| <p><input type="checkbox"/> Check this box if you choose not to provide the contact information.</p>  |                       |  |             |  |  |           |                                      |   |           |                                      |   |        |                                |   |  |  |

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**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.

## Citizenship Declaration

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

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

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

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

SAVE VERIFICATION NO. \_\_\_\_\_  
(To be entered by owner if and when received)

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

### DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury,  
that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

#### \_\_\_\_\_ 1. A citizen or national of the United States.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

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

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

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

a. Verification Consent Format (see Sample Verification Consent Form in

Exhibit 3-6).

AND

b. One of the following documents:

- (1) Form I-551, *\*Permanent Resident Card\**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (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 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

## Citizenship Declaration

### 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: \_\_\_\_\_

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Name of Property Project No. Address of Property

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.