



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Rental Application

To be completed by office staff:
 Date Application Rec'd _____
 Time Application Rec'd _____
 Signature of Staff member receiving application _____

Please print or type:

Full Name: _____ Maiden Name: _____

Current Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Phone: _____

Household Member Information (List all household members who will be living in the unit at least 50% of the time.)

Member's Name	Relationship to Head	Date of Birth	Age	Social Security Number (SSN) *
	HEAD			

Marital Status: Single Married Divorced Separated Widowed

*Applicants do not need to disclose or provide verification of a SSN for household members to be placed on the waiting list. However, prior to admission, all applicant and tenant household members must disclose and provide verification of the complete and accurate SSN assigned to them except for those individuals who do not contend eligible immigration status or tenants who were age 62 or older as of January 31, 2010, and whose initial determination of eligibility was begun before January 31, 2010.

Residential History (10 years of rental history and/or 2 non-relation character references)

1. Present Landlord/Property Name: _____
 Present address: _____ Apt. # _____
 City, State, Zip: _____
 Landlord Day Phone: (____) _____ Rent Amt: \$ _____ per month
 Dates Rented/From: _____ To: _____
2. Previous Landlord/Property Name: _____
 Previous address: _____ Apt. # _____
 City, State, Zip: _____
 Landlord Day Phone: (____) _____ Rent Amt: \$ _____ per month
 Dates Rented/From: _____ To: _____
3. Previous Landlord/Property Name: _____
 Previous address: _____ Apt. # _____
 City, State, Zip: _____
 Landlord Day Phone: (____) _____ Rent Amt: \$ _____ per month
 Dates Rented/From: _____ To: _____



General Questionnaire

1. Have you or any members of your household ever lived at another assisted housing agency?
 Yes No
If yes, Property Name: _____ City/State: _____
2. Have you or any members of your household ever been evicted from a rental property? Yes
 No
If yes, Property/Landlord Name: _____ City/State: _____
3. Are you or any members of your household currently receiving assistance from HUD? Yes No
If yes, Property/Landlord Name: _____ City/State: _____
4. Have you ever been convicted of a criminal offense? Yes No
If yes, Offense: _____ City/State: _____
5. Have you or any members of your household been evicted in the last three years from federally assisted housing for drug-related criminal activity? Yes No
If yes, Property/Landlord Name: _____ City/State: _____
6. Are you or any members of your household currently using an illegal substance or drug? Yes No
7. Are you or any members of your household subject to the State lifetime sexual offenders registration? Yes No If yes, list the State where the offence occurred: _____
8. HUD requires criminal history background checks be completed in every state in which any household member has resided. List **all** the States in which any household member has ever resided:

9. Are you or any members of your household a U.S. Citizen or national of the United States?
 Yes No
10. Are you or any members of your household a noncitizen with eligible immigration status?
 Yes No
If yes, list the names of the household members who are a noncitizen with eligible Immigration status: _____
11. Will the apartment for which you are applying be the family's only residence? Yes No
12. Do you or any members of your household need an accessible unit? Yes No
13. Do you or any members of your household smoke? Yes No
14. How did you hear about our apartment community? _____

ADDITIONAL HOUSEHOLD INFORMATION	YES	NO
Are any members of the household absent from the home due to: Employment, Military Service, and Placement in foster care, Temporarily or Permanently confined to a nursing home or hospital, Away at school, or any other reason? If yes, please explain:		
Do you expect any changes to the number of household members in the next 12 months? If yes, please explain:		
Are there any Live-in Attendants in the household? (Live-in Attendants will be subject to the criminal/sex offender screening outlined in the Tenant Selection Plan)		
Are any members of the household enrolled as a student at an institution of higher education as defined under Section 102 of the Higher Education Act of 1965?		

INCOME - List all income sources and monthly income amount:

Are you or any other members of the household currently receiving income from any of the following sources?	YES	NO	MONTHLY INCOME
Wages, salaries (includes overtime, tips, bonuses, or commissions) If yes, list name(s) and address(es) of employer(s):			
Does any member of the household work for someone who pays them in cash? If yes, list name(s) and address(es) of employer(s):			
Wages earned through a government program such as Workforce Investment Act (formerly the Job Training Partnership Act) or Senior Aides, Older American Community Service Employment Program, AmeriCorps: If yes, which program:			
Income from the operation of a business If yes, provide a copy of most recent income tax return.			
Scholarships, Educational Grants, Work Study If yes, list the name and address of the college:			
Social Security Benefits If yes, list the name of the household member receiving the benefit and the claim number for the benefit:			

Are you or any other members of the household currently receiving income from any of the following sources?	YES	NO	MONTHLY INCOME
Death Benefits If yes, list the name and address of the agency paying the benefit:			
Pensions/Retirement Funds If yes, list the name and address of the agency paying the benefit:			
Periodic payments from IRA/Keogh/Any other Retirement accounts If yes, list the name and address of the financial institution:			
Annuities or non-revocable trust If yes, list the name and address of the financial institution:			
Unemployment Compensation or Severance Pay If yes, list the name and address of the agency paying the benefit:			

Military Pay If yes, list the name and address of the agency paying the benefit:			
Workman's Compensation If yes, list the name and address of the agency paying the benefit:			
Public Assistance/TANF/Cash Assistance If yes, list the name and address of the agency paying the benefit:			
Do you have a court order for Alimony or are you receiving Alimony payments? If yes, list the name and address of the agency paying the benefit:			
Do you have a court order for Child Support or are you receiving child support payments? If yes, list the name and address of the agency paying the benefit:			
Income from rent or sale of property If yes, provide a copy of most recent income tax return.			
Periodic payments other sources, such as lottery winnings If yes, list the name and address of the agency paying the benefit:			



Are you or any other members of the household currently receiving income from any of the following sources?	YES	NO	MONTHLY INCOME
Insurance Policies If yes, list the name and address of the agency paying the benefit:			
Are there any adult members of the household (18 years of age or older) receiving income not listed above? If yes, list the source of the income:			
Are there any adult members of the household (18 years of age or older) claiming zero income or no income from the sources listed above? If yes, list the name of the household member:			
Did you or any other members of the household file a federal tax return last year?			

ASSETS - List all asset sources and the value of the asset:

Do you or any other members of the household have money in any of the following assets?	YES	NO	VALUE OF THE ASSET
Checking Account If yes, list the bank or financial institution:			
Savings Account If yes, list the bank or financial institution:			
Certificate of Deposit (CD) If yes, list the bank or financial institution:			
Money Market Funds If yes, list the bank or financial institution:			
Stocks/Bonds/Treasury Bills If yes, list the bank or financial institution:			
Annuities If yes, list the bank or financial institution:			
Access to a revocable Trust Funds If yes, list the bank or financial institution:			
IRA/Keogh Account/Any other Retirement accounts If yes, list the bank or financial institution:			



Do you or any other members of the household have money in any of the following assets?	YES	NO	VALUE OF THE ASSET
Own any Royalties or Mineral Rights If yes, list organization that can verify the income:			
Whole Life or Universal Life Insurance Policy (This does <u>not</u> include term life insurance policies which have no cash value) If yes, list the insurance agency:			
Cash held in a safety deposit box <u>or</u> in your home			
Assets held in another state or foreign country			
Do you or any other members of the household have any assets not listed above? If yes, list the asset and the bank or financial institution:			
Is money received from any of the assets or income sources listed above being deposited onto a pre-paid debit card? (such as: Direct Express, ReliaCard, NetSpend, Citi Bank, Etc.) If yes, list the card type and provide verification documentation:			

Have you or any other household members disposed of (or given away) any asset(s) for less than fair market value in the past two (2) years? If yes, list them here:			
Are any of the assets listed above held jointly with another person? If yes, list the asset and who it is held with:			

ASSETS – Lump Sum Payments (not received in periodic payments)

Have you or any other members of the household received any lump sum payments, such as:	YES	NO	AMOUNT OF PAYMENT
Inheritances			
Lottery winnings			
Insurance settlements for health, accident, Workers Compensation, etc.			
Capital gains			
Social Security benefits, unemployment compensation, etc.			
Other (specify):			



DEDUCTIONS

<p>HUD Regulations allow for certain deductions that may be subtracted from annual income based on allowable family expenses and family characteristics. Please answer the following questions to see if you qualify for any deductions.</p>	<p>YES</p>	<p>NO</p>
<p>Are there any family members under the age of 18 in the household? If yes, list their name(s) here:</p>		
<p>Are there any family members who are a person with disabilities in the household? If yes, list their name(s) here:</p>		
<p>Are there any fulltime students 18 years of age or older in the household? If yes, list their name(s) here:</p>		
<p>Are there any household members who are elderly (age 62 or older)? If yes, list their name(s) here:</p>		
<p>Do you have medical expenses that are not paid for by an outside source such as insurance? (i.e. Services for doctors, health care professional, health care facilities, medical insurance premiums, prescriptions, dental expenses, eyeglasses, hearing aids and batteries)</p> <p>If yes, list the provider's name and address: (use additional paper if necessary)</p>		
<p>Do you pay child care expenses for a child (or children) under the age of 13 because you (check one box only) <input type="checkbox"/> work <input type="checkbox"/> are actively looking for work <input type="checkbox"/> attend school?</p> <p>If yes, list the provider's name and address:</p>		
<p>Is any part of the child care expense paid by another person or agency? If yes, list the name and address of the agency paying:</p>		
<p>Do you pay for a care attendant or any equipment for a disabled household member necessary to enable that person or someone else in the household to work? If yes, enter the provider's name and address:</p>		



FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THE APPLICATION

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or 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 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

This application must be signed by all adults who will occupy the apartment before it can be considered. In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer credit reporting agencies and obtaining credit information from other credit institutions. Additionally, I authorize all corporations, companies, landlords, law enforcement agencies, academic institutions, and current employers to release information they may have about me and release them from any liability and responsibility from doing so.

Head of Household	Date	Co-head of Household	Date
Household Member	Date	Household Member	Date

This project does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. As required in the HUD Occupancy Handbook 4350.3 REV-1, all individuals with disabilities have the right to request reasonable accommodations. Reasonable accommodations are changes, exceptions, or adjustments to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to: participate fully in a program; take advantage of a service; live in a dwelling; or perform a job. To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability. Requests for Reasonable Accommodations should be brought to the attention of management.

Violence Against Women Act (VAWA) 2013 Notification Requirement: VAWA 2013 provides the following protections relating to admission, occupancy, and termination of assistance policies. Being a victim of domestic violence, dating violence, or stalking, as these terms are defined in the law, is not basis for denial of assistance or admission to assisted housing if the applicant otherwise qualifies for assistance or admission.



ONLY APPLICABLE FOR PUBLIC HOUSING

RE: PET POLICY

Pet Information:

- _____ A. I do not have a pet (Skip the following question but sign and date)
- _____ B. I have a pet. Please continue to answer the following questions:

I have a _____ Dog _____ Cat _____ Bird _____ Fish _____ Other

Weight: _____ Size: _____

Signature

Date

Residents are hereby authorized to keep one (1) pet per dwelling unit. Authorization may be terminated sooner if resident's right to occupancy is lawfully terminated or if the pet rules are violated by resident(s) or residents' guest or occupants or resident(s) fail a housekeeping inspection at any time when personnel enter the apartment. Only one small pet (4-legged, warm-blooded) per unit is permitted. Doberman, Shepherd, Chow, etc. are considered large type animals. Your pet cannot weigh more than 25 lbs. A fish tank under 10 gallons will not be required to be registered, but anything exceeding is considered a pet and must be registered. Other animals such as snakes, reptiles, rabbits, ferrets, rodents and insects are not permitted as pets.

The tenant agrees to pay additional pet deposit of \$100.00 which will be added to the original security deposit.



Household Members

Head of Household (Full Name) DOB S.S. #

Full Name DOB S.S.#

Full Name DOB S.S.#

Full Name DOB S.S. #

Full Name DOB S.S.#

Full Name DOB S.S.#

- ** Must have copy of social security card for all members of the household
- ** Must have a copy of birth certificate for all members of the household
- ** If over 18, must have a copy of their driver's license and/or state ID

Release of Information

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

PHA requesting release of information: (cross out space if none)
(Full address, name of contact person and date)

This form cannot be used to request a copy of a tax return. Instead Use
IRS Form 4506, Request for a Copy of Tax Form

Sappa Valley Manor
Oberlin Housing Authority
202 N. Elk
Oberlin KS 67749

Purpose:

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- | | |
|---|---|
| Low-income Rental Indian Housing | Section 23 and 10(c) Leased Housing |
| Low-Income Public Housing | Section 23 Housing Assistance Payments |
| Mutual Help Homeownership Opportunity Program | Section 202 |
| Rental Assistance Program (RAP) | Section 221(d)(3) Below Market Interest Rate |
| Rent Supplement | Turnkey III Homeownership Opportunities Program |
| Section 8 Housing Assistance Payments Program | |

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs. I authorize only HUD and Indian Housing Authority, or a public Housing Agency to obtain information on wages or unemployment compensation from State Employment Security Agencies.

Information Covered:

- | | |
|---|---------------------------------|
| Child Care Expenses | Handicapped Assistance Expenses |
| Credit History | Identity and Marital Status |
| Criminal Activity | Medical Expenses |
| Family Composition | Social Security Numbers |
| Employment, Income, Pensions, and Assets | Residences and Rental History |
| Federal, State, Tribal, or Local Benefits | |

Individuals or Organizations that may Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- | | | |
|--|------------------------|--------------------------------------|
| Banks and Other Financial Institutions | Providers of: | Handicapped Assistance |
| Courts | Alimony | Medical Care |
| Law Enforcement Agencies | Child Care | Pensions/Annuities |
| Credit Bureaus | Child Support | Schools and Colleges |
| Employers, Past and Present | Credit | U.S. Social Security Administration |
| Landlords | Handicapped Assistance | U.S. Department of Veteran's Affairs |
| | Welfare Agencies | |

Computer matching Notice & Consent:

I understand that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

- | | | |
|-------------------------------------|----------------------------|---------------------------------------|
| U.S. Office of Personnel Management | U.S. Department of Defense | State Employment Security Agencies |
| U.S. Social Security Administration | U.S. Postal Service | State Welfare and Food Stamp Agencies |

The match will be used to verify information supplied by my family.

Conditions:

- I/We voluntarily waive all right of recourse and release each such person from liability for providing information to the Atchison Housing Authority.
- I/We agree that photocopies of this authorization may be used for the purposes stated above.
- If I/We do not sign this authorization, I/We also understand that my housing assistance may be denied or terminated.
- This Consent form expires 15 months after signed.

Signatures:

Print Name: _____
 Social Security #: _____
 Date of Birth: ____/____/____
 Address: _____
 Signature: _____
 Date: _____

Print Name: _____
 Social Security #: _____
 Date of Birth: ____/____/____
 Address: _____
 Signature: _____
 Date: _____

Print Name: _____
 Social Security #: _____
 Date of Birth: ____/____/____
 Address: _____
 Signature: _____
 Date: _____

Print Name: _____
 Social Security #: _____
 Date of Birth: ____/____/____
 Address: _____
 Signature: _____
 Date: _____

Original is retained by the Requesting organization

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)**

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

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

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.

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

Kansas City *multifamily HUD* Sappa Valley Manor
400 State Avenue Room 200 202 N. Elk Ave
Kansas City, KS 66101-2406 Oberlin, KS 67749
ATTN: Director

if
II Kansas Housing Resources Corporation
611 S Kansas Ave Suite 300
Topeka, KS 66603

should
title of
per or
an X

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.

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 &
4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887 (02/2007)

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Sappa Valley Manor
Name of Project Owner or his/her representative

executive director
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)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> 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.

EMERGENCY NUMBERS
TO NOTIFY IN CASE OF EMERGENCY

1. Name: _____
Relationship: _____
Address: _____
City, State: _____
Telephone: Home _____
Work _____

2. Name: _____
Relationship: _____
Address: _____
City, State: _____
Telephone: Home _____
Work _____

3. Name: _____
Relationship: _____
Address: _____
City, State: _____
Telephone: Home _____
Work _____

Doctor's Name: _____

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)

Oberlin Housing Authority

202 N. Elk; Oberlin, KS

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.

**Declaration of U.S. Citizenship
Or Non-Citizen With Eligible Immigration Status**

In accordance with the Department of Housing and Urban Development (HUD), every applicant / participant must complete the following for all family household members. Please list every person living in the household and designate citizenship as defined below.

- (A). United States Citizen(s)
- (B). Non-Citizen with Eligible Immigration Status
- (C). Non-Citizen without Eligible Immigration Status

Applicant Information (PLEASE PRINT)

Name	Sex	Age	Relationship	A	B	C	Signature of Head of Household
Head of Household							
Spouse				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I declare under penalty that I or we are giving true and accurate information on every member of our household concerning whether he or she is a U.S. Citizen, non-citizen with eligible immigration status or non-citizen without eligible immigration status.

Signature, head of household

Date

Signature, spouse/co-head of household

Date

Signature, additional household member

Date

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

ATTACHMENT 3

Tenant Certification

I certify that the information* given to the Oberlin housing authority on household composition, income, net family assets, and allowances and deductions are accurate and complete to the best of my knowledge and belief.

I understand that false statements or information is punishable under Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse OR Other Household Member

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity Nation Toll - Free 1-800-424-8590.

*After verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 or HUD-50059 (Tenant Data Summary). See the Federal Privacy Act Statement for more information about its use.



HOUSING AGENCY DISPOSAL OF ASSETS CERTIFICATION

To meet eligibility and rent determinations it is required by Federal Regulations that the Head of Household and spouse certify in writing as to whether they have disposed of any assets for less than fair market value during the two years preceding the effective date of certification/re-certification of tenant eligibility.

PLEASE CHECK ONE OF THE BOXES BELOW:

For Head of Household:

1. I certify that I have not disposed of any assets for less than fair market value in the past two years.
2. I certify that I have disposed of the following asset (s) for less than fair market value in the past two years.

TYPE OF ASSET: _____

DATE DISPOSED OF ASSET: _____

AMOUNT RECEIVED FOR ASSET: \$ _____

MARKET VALUE OF THE DISPOSED ASSET: \$ _____
(at the time of disposition)

X _____
Head of Household Date

For Spouse or Other Adult Household Member:

1. I certify that I have not disposed of any assets for less than fair market value in the past two years.
2. I certify that I have disposed of the following asset (s) for less than fair market value in the past two years.

TYPE OF ASSET: _____

DATE DISPOSED OF ASSET: _____

AMOUNT RECEIVED FOR ASSET: \$ _____

MARKET VALUE OF THE DISPOSED ASSET: \$ _____
(at the time of disposition)

X _____
Spouse or Other Adult Household Member Date

Criminal History NCIC Check Request Form

In accordance with HUD Rules and Regulations, all applicants must be screened before a determination can be made concerning their eligibility for assisted housing.

A history of the following prohibited activities may exclude the applicant from receiving housing: Criminal activity, feuding, social problems, patterns of violent behavior, vandalism or destruction of property, drug related activities, alcohol abuse, rape, or sexual deviation, and threats against others.

I hereby grant my permission for the **Police Department of the City of Oberlin and the Decatur County Sheriff Office** to search their records and the records of any other law enforcement agency for records of myself and the members of my household as listed on my application and to provide any information contained therein to the **Housing Authority of Oberlin, Kansas**.

This information is to be used solely to determine eligibility for assisted housing and shall not be disclosed or released outside of the Housing authority, except as permitted or required by law.

Last Name: _____ First Name: _____ MI _____

Date of Birth: _____ Sex: _____

Social Security Number: _____ Ethnicity: Hispanic Non-Hispanic

Race: White Black American Indian/Alaskan Native Asian/Pacific

Applicant Authorizing Signature: _____

To Be Completed by Decatur County Dispatch and Returned to Oberlin Housing Authority

_____ There is no additional information in the NCIC for the above-named person.

_____ There is a Criminal History Record of the above-named person and the Housing Authority should refer the person to the Decatur County Sheriff Office for finger-printing and further checks with the FBI.

Decatur County Dispatcher

Date



Verification of Income from Employment

Re. _____

Social Security # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call 785-475-3010 . Fax Number 785-475-2652

Sincerely: _____

1. Employed Since: _____ 2. Job Title: _____
3. Pay Schedule: Monthly Semi-Monthly Bi-Weekly Weekly
4. Salary, Base Pay Rate: \$ _____ per hour \$ _____ per week \$ _____ per month
5. Average hours worked at Base Pay Rate: _____ hrs/week, or _____ hrs/month in year.
6. Is this person likely to get Overtime? Yes No If yes, Overtime Pay Rate \$ _____ Hr
7. Average number of Overtime hours expected during the next 12 months: _____ Hrs/Month
8. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.?
For _____ \$ _____ per _____
9. Is pay received for vacation? Yes No If yes, number of days/year: _____
10. Total Base Pay Earnings for last 12 months: \$ _____
11. Total Overtime Earnings for the last 12 months: \$ _____

Firm Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature _____ Date _____

ASSET VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/TENANT

Financial Institution: _____

Address: _____

The individual/household named below has applied for residency or is currently residing in housing that requires verification of all assets and any income earned from the assets. The information will remain confidential. This Verification is being requested in connection with the undersigned's eligibility for residency in the following community:

Project Name: OBERLIN HOUSING AUTHORITY

I certify that this verification has been sent directly to the financial institution and was not hand-carried by the applicant/tenant or any other interested party.

Signature of Owner/Agent _____ Executive Director _____
 Title Date

By my signature, I hereby authorize disclosure of the asset information requested below in order to determine my eligibility to rent as required by Section 42 of the Internal Revenue Code or other Affordable Housing Program.

 Applicant/Tenant Signature

Return Form to:

OBERLIN HOUSING AUTHORITY	
202 N. ELK	
OBERLIN, KS 67749	
Fax #	785-475-2652

 Printed Name of Applicant/Tenant

 Date SSN Last 4 Digits

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Please provide the information requested below:

<u>Asset Type</u>	<u>Open Date</u>	<u>Account No.</u>	<u>Account Balance *</u>	<u>% Rate</u>	<u>Annual Int. From Asset</u>
_____	___/___/___	_____	\$ _____	_____	_____
_____	___/___/___	_____	\$ _____	_____	_____
_____	___/___/___	_____	\$ _____	_____	_____
_____	___/___/___	_____	\$ _____	_____	_____

*Please provide the **average 6-month** balances for checking accounts and **current** balances for savings accounts listed.

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Title: _____

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.