CSI SUPPORT & DEVELOPMENT
Affordable Rental Communities for Seniors

Providing & managing the co-op family of affordable rental communities in Michigan, Maryland, Massachusetts & California

Dear Online Applicant,

Thank you for your interest in City View in the Square. We are anxious to get the paperwork and approvals completed so we can welcome you to our co-op community.

Here's the packet of information needed for your application; it includes:

1. Application*
2. Dual Subsidy form
3. Verification of Disability Status (required only for applicants 18-61 years of age)
4. The "Document Package for Applicant's/Tenants Consent to Release of Information"
5. Income Eligibility Fact Sheet
6. Packet of forms required for the certification of your income with an instruction sheet explaining what you need to do

**If this is for co-applicants, then two applications and two packets of certification forms need to be printed. Be sure to return both packets together.*

Please complete the application, release form and the financial certification information and return them to:

City View in the Square
Attn: Assistant Co-op Coordinator
710 Collins
Kalamazoo, MI 49001

If you have any questions about the materials, please call **Miriam Holbrook at (269) 344-1681.**

Your eligibility for this building will require you to meet the income limits and provide citizenship and social security number information.

If you are between 18 and 61 years of age, verification of physical disability is required for eligibility. Please complete and sign the *Applicant's Release* section of the *Verification of Disability Status* form included in this packet so that we can submit it to your medical evaluator. Completed forms must be sent to our leasing office for processing.

In addition to eligibility requirements, our screening includes an interview, landlord and/or credit and background checks.

After the paperwork is completed, you will be contacted by the co-op to set up the interview.

Our processing of this information takes a minimum of 14 days. If you would like to set up an appointment to tour the building before the paperwork is complete, please call 269-344-1681.

We are hoping that you join our cooperative community.

CSI Disclosure Notifications

Questions Concerning this Notice

CSI Support & Development is dedicated to providing decent, and affordable housing to our residents. If you have any questions about this notice, please contact the management office.

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

This is an important notice. Please have it translated. (English)
Esto es un aviso importante. Por favor téngalo traducido. (Spanish)
Ceci est un avis important. Le faire traduire, s'il vous plait. (French)
这是一个重要的通知。请翻譯這分文件。(Chinese)
이것은 매우 중요한 통지 입니다. 꼭 번역하시기 바랍니다. (Korean)
Это очень важное сообщение . Переведите пожалуйста. (Russian)
Acesta este un mesaj important. Vâ rugâm sâ apelaţi la cineva sâ vi-l traducâ. (Romanian)
Jest to ważna informacja. Proszę mieć to przetłumaczone. (Polish)
هذه وثيقة مهمة. ترحمتها الرجاء. (Arabic)
Ky është një njoftim i rëndësishëm. Ju lutemi ta përktheni këtë (Albanian)

Your response to this letter does not preclude you from exercising other avenues available if you believe that you are being discriminated against on the basis of race, color, religion, sex, national origin, familial status, handicap, or any other state or locally protected classes.

Consideration of the Need for Reasonable Accommodation

You have the right to request a reasonable accommodation to assist in facilitating a meeting with CSI Support & Development. CSI Support & Development will consider extenuating circumstances where this would be required as a matter of reasonable accommodation.

Protections Provided Through the Violence Against Women Act Reauthorization of 2022 (VAWA 2022)

HUD provides protections under VAWA 2022 for individuals experiencing domestic violence, dating violence, sexual assault, or stalking, regardless of sex, gender identity, sexual orientation, or affiliation with a victim facing imminent threat. While applicants must still meet criminal, screening, and lease requirements, they cannot be denied housing solely for being victims of covered acts, and only the abuser may be evicted when violence occurs within a household. Residents facing such threats may request early lease termination or a unit transfer for safety by contacting CSI Support & Development. All residents receive the Notice of Occupancy Rights and must sign the VAWA lease addendum HUD-91067. Any information provided about violence, emergency transfers, or victim status, including HUD-5382 and HUD-5383 forms, must be kept strictly confidential, stored separately from tenant files, and accessed only when legally authorized or with the victim's written, time-limited consent. Confidential information may not be shared or entered into any shared database, and emergency transfer plans must ensure an abuser is never informed of a victim's location.

Notification of Non-Discrimination Based on Disability

CSI Support & Development 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. We have a 504 coordinator designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988): CSI Support & Development, Attn: 504 Coordinator, 8425 E. 12 Mile Road, Warren, MI 48093, 586-753-9002, TDD 800-348-7011.

Penalties for Misusing Form

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Leasing Dept.

FOR OFFICE USE ONLY
Online Applicant

CSI SUPPORT & DEVELOPMENT
Affordable Rental Communities for Seniors

APPLICATION

CITY VIEW IN THE SQUARE APARTMENTS

Thank you for your interest in residing in one of CSI Support & Development's properties. We look forward to processing your application. Please answer all questions on this application. Enter "None" or N/A for those questions which do not apply to you. **Applications will not be considered unless they are fully completed.** Please print using black or blue pen. Do not use white out.

This application is for **one person**. **A separate application must be completed if a second person will occupy the apartment.** Check our website at www.csi.coop or call (269) 344-1681 (TTD 800-348-7011) for waitlist status information. Do not hesitate to contact us with any questions about our application process, a friendly CSI staff member is just a phone call away.

APPLICANT INFORMATION

NAME

_____ _____ _____
Last Name First Name Middle Initial

CURRENT ADDRESS

_____
Street Address Apt. No.

_____
City State Zip Code

TELEPHONE NUMBER AND AREA CODE

( )_____

E-mail: _____

UNIT TYPE REQUESTING (Occupancy standards: minimum 1 person, maximum 2 persons)

☐ **Standard One Bedroom with subsidy** (Rent based on income. Maximum: $36,900/year for 1 person, or $42,150/year for 2 persons. Head-of-household, the co-head-of-household or the spouse must be 62+)

☐ **Standard One Bedroom without subsidy** (Rent $900/month. Minimum income: $21,600/year Maximum: $40,260/year for 1 person, or $46,020/year for 2 persons. Section 8 vouchers are accepted for these units, in which case the minimum income requirement is waived. Head-of-household, the co-head-of-household or the spouse must be 62+)

☐ **One Bedroom Mobility Accessible** (Rent based on income. Maximum: $36,900/year for 1 person, or $42,150/year for 2 persons. Head-of-household, the co-head-of-household or the spouse must be disabled and require the features of an accessible unit. Some features of an accessible unit include lower kitchen cabinets and counters, wheelchair accessible doorways. Verification of the need for these features will be required in order to qualify.)

Please note: Income limits and rent amount subject to change

Estimate of your anticipated annual income: $_____

Preference may be given to individuals with incomes at or below 30% of the area median income. Is your income at or below (1) person $21,250 p/yr. or (2) persons $24,250 p/yr.

How did you hear about us? ☐ Apartments.com ☐ Bus Campaign ☐ Case Worker/non-profit
☐ Yelp ☐ Zillow.com ☐ Other:

HOUSEHOLD COMPOSITION

If you are the head of household (HOH), please complete this section which provides information about other household members. You must indicate one of the HUD approved relationship codes for each household member. If you are not the HOH, please skip this section.

1. Will anyone else live in the unit with you? If yes, please provide the following information and note that all adults must complete their own application:	☐ Yes ☐ No
Other Household member's full name	**Relationship to head of household**
	☐ Co-head/Spouse ☐ Child ☐ Other adult ☐ Foster adult/child ☐ Live-in aide *(Live-in aides must be approved before move in)* ☐ None of the above

HOUSING INFORMATION

2. Will this unit be your only place of residency?	☐ Yes ☐ No
3. **If the head of household or co-head/spouse is not 62** or older, do you claim eligibility because the head of household or co-head/spouse is disabled and requires the specially designed features of a mobility accessible unit (lower kitchen cabinets/counters, wheelchair accessible doorways, etc.)?	☐ Yes ☐ No ☐ N/A
4. City View in the Square does not allow smoking in any common areas, and within 25 feet of the building. Do you acknowledge that you are aware of this smoke free policy?	☐ Yes ☐ No
5. The Controlled Substances Act prohibits all forms of marijuana use, therefore, the use of medical or recreational marijuana is illegal under federal law even if it is permitted under state law and is not allowed on any CSI property because of federal funds received. Do you acknowledge that you are aware of this zero-tolerance marijuana use policy, and agree that you, your guests, and service providers hired by you will abide by this policy?	☐ Yes ☐ No
6. Do you understand that failure to comply with the smoking and marijuana policies may result in termination of tenancy?	☐ Yes ☐ No
7. The management and property staff do not provide, nor has the authority to provide, any personal care or personal supervision services. All care and supervision services must be provided by the resident or aides supervised by the resident or the resident's representative(s). Neither CSI nor the co-op provide assistance with personal activities or daily living. Are you able to meet all the obligations of tenancy with or without assistance from outside the building?	☐ Yes ☐ No
8. Legally, do you need permission of another person (i.e. court appointed guardian) to make leasing or financial decisions? If yes, please provide her/his contact information: Name: _____ Phone number: (_____)_____	☐ Yes ☐ No

BACKGROUND INFORMATION

9. Have you ever used a different name (or names) from the name given in this application? If yes, please provide name(s):	☐ Yes ☐ No
10. Have you ever been convicted of a crime? If yes, indicate if the conviction(s) was a felony, misdemeanor, or check both if you have been convicted of both: ☐Felony, what year(s)? ☐Misdemeanor, what year(s)?	☐ Yes ☐ No
11. Are you currently using illegal drugs or have you ever been convicted of illegal manufacturing or distribution of illegal drugs?	☐ Yes ☐ No
12. Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry?	☐ Yes ☐ No
13. Please indicate each state where you and the members of your household have resided: This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application. ☐AL ☐AK ☐AZ ☐AR ☐ CA ☐CO ☐CT ☐DE ☐FL ☐GA ☐ HI ☐ID ☐IL ☐IN ☐IA ☐KS ☐KY ☐ LA ☐ME ☐MD ☐MA ☐MI ☐MN ☐ MS ☐MO ☐MT ☐NE ☐NV ☐NH ☐NJ ☐ NM ☐NY ☐NC ☐ND ☐OH ☐OK ☐OR ☐PA ☐ RI ☐SC ☐SD ☐TN ☐TX ☐UT ☐ VT ☐VA ☐WA ☐WV ☐WI ☐WY ☐Washington D.C	

LANDLORD INFORMATION

14. Are you currently receiving housing assistance from HUD or a Public Housing Agency?	☐ Yes ☐ No
15. Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime? If yes, when?	☐ Yes ☐ No
16. Have you ever been evicted from a property managed by CSI Support & Development for lease violations?	☐ Yes ☐ No
17. Are you currently homeless?	☐ Yes ☐ No
18. Are you currently renting? If not, please explain your current living arrangements:	☐ Yes ☐ No

19. We require information on where you have lived for the past five years. Please provide this information and give the name, address, phone number of your landlords, and the date you lived there. (Use an additional sheet if you need more space.)

Dates From - To	Address of Your Location	Name and Address of Landlord	Telephone Number of Landlord	Indicate which Apply
				☐ Own ☐ Pay Rent ☐ Live with family or friends ☐ Other-explain:
				Do you currently have outstanding balances overdue to this landlord? ☐ Yes ☐ No
				Have you been evicted, or is this landlord attempting to evict you or another person living with you for lease violations? ☐ Yes ☐ No
				☐ Own ☐ Pay Rent ☐ Live with family or friends ☐ Other-explain:
				Do you currently have outstanding balances overdue to this landlord? ☐ Yes ☐ No
				Were you or any member of your household evicted from this property for lease violations? ☐ Yes ☐ No
				☐ Own ☐ Pay Rent ☐ Live with family or friends ☐ Other-explain:
				Do you currently have outstanding balances overdue to this landlord? ☐ Yes ☐ No
				Were you or any member of your household evicted from this property for lease violations? ☐ Yes ☐ No
				☐ Own ☐ Pay Rent ☐ Live with family or friends ☐ Other-explain:
				Do you currently have outstanding balances overdue to this landlord? ☐ Yes ☐ No
				Were you or any member of your household evicted from this property for lease violations? ☐ Yes ☐ No

PETS & ASSISTANCE/COMPANION ANIMALS

Please review the Rules for Animal Ownership. They are available upon request. The presence of any animal must be approved before the animal is allowed to be kept in the unit. **Please note that only one four-legged, warm-blooded, under 20 lbs., domesticated animal is allowed per apartment as a pet. Accommodations can be made for assistance animals. Pets and assistance animals must be approved before they are allowed to live in the unit.**

20. Do you plan to keep an animal in your apartment?	☐ Yes ☐ No

21. If yes, please provide the following information:

ANIMAL TYPE *(dog, cat, turtle, etc.)*	**BREED** *(if applicable)*	**WEIGHT**

PARKING

22. This building may have a limited number of parking spaces. Do you require a parking space?	☐ Yes ☐ No

APPLICANT SIGNATURE AND CERTIFICATION

I understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. I understand that any false information may make me ineligible for a unit.

I certify that all information given in this application and in the attachments: application's information and the citizenship declaration are true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, management may decline my application or, if move-in has occurred, terminate my Lease Agreement.

I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency and the third party reporting agency, so that I may obtain a complete disclosure of the nature and scope of the investigation.

This authorization is limited to use regarding this facility.

I understand that it is a criminal offense, punishable by a $10,000 fine or 10 years imprisonment or both, to make willful statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

During the application process, if your address and/or phone number is to change, it is your responsibility to provide us with the new address and/or phone number.

If you are interested in reviewing our Tenant Selection Plan, you may request a copy by calling us at 269-344-1681 or emailing us at seniorhousingmi@csi.coop

This facility is committed to serving all eligible and qualified individuals regardless of disability. If you need a reasonable accommodation to reside or continue to reside in this facility and have an equal opportunity to participate

in the project, you should bring that fact to the management's attention. The management will try to work with you to reach an accommodation in keeping with the fundamental nature of the project and within the budgetary and administrative limits of the facility.

Notification of Non-Discrimination Based on Disability: CSI Support & Development 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. We have a 504 coordinator designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988): CSI Support & Development, Attn: Corporate Controller, 8425 E. 12 Mile Road, Warren, MI 48093, 586-753-9002, TDD 800-348-7011

Penalties for Misusing Form: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

_____ _____

SIGNATURE DATE

AUTHORIZATION TO RELEASE INFORMATION

I am applying for an apartment at **City View in the Square Co-op Apartments**. My signature below authorizes credit reporting agencies and/or landlord references and law enforcement agencies to release all pertinent information requested.

Applicant's Name (please print) _____

Date of Birth _____

Applicant's Social Security Number _____

All Social Security Numbers Used by Applicant _____

If you have no social security number, you claim you are exempt because:

☐ You are an ineligible non-citizen

☐ You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10

Applicant's Signature _____ Date _____

PLEASE RETURN THIS APPLICATION TO:

City View in the Square
Attn: Assistant Co-op Coordinator
710 Collins
Kalamazoo, MI 49001

OMB Control # 2502-0581
Leasing Dept
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant **Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

CSI SUPPORT & DEVELOPMENT
Affordable Rental Communities for Seniors

If you are currently receiving housing assistance from HUD or a Public Housing Agency, you must complete this form. Choose one of the options below, sign the document and return it.

Name: _____

I understand that my application to move to **City View in the Square Co-op** with the rest of my household members has met preliminary eligibility requirements.

I have indicated, on the application, that:

1. ☐ I am not currently receiving HUD assistance in another unit

2. ☐ I am currently receiving HUD assistance in another unit.

According to the current HUD lease, if I am living in a community and receiving HUD project-based assistance, I must provide a 30-day notice to the agent managing the property where assistance is currently provided.

*If the management discovers that any household member failed to move out of a HUD assisted residence before moving to **City View in the Square Co-op** no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after the move out is complete. Household members who signed the lease will be responsible for paying the market rent until qualified to receive HUD assistance on this property. Any assistance paid in error must be returned to HUD.*

3. ☐ I am the recipient of a housing voucher.

I understand that HUD prohibits residents from benefiting from Housing Voucher assistance in a unit assisted through HUD's Section 8 program.

I understand that HUD prohibits residents from benefiting from Housing Voucher assistance in a unit assisted through HUD's Section 8 program. When the application is submitted the household will be added to the waiting list. A unit will be offered in accordance with the resident selection plan. If the family later moves out of the project, the project subsidy will not move with the family as it does with a voucher. If you wish to participate in the voucher program after move-out, you will need to reapply to the PHA to receive another voucher.

*All household members must be removed from or forfeit the voucher before receiving HUD assistance for a unit on this property. If the management discovers that any household member failed to give up current HUD assistance before moving to **City View in the Square Co-op,** no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after the move out is complete.*

Household members who signed the lease will be responsible for paying the market rent until qualified to receive HUD assistance on this property. Any assistance paid in error must be returned to HUD.

This information will be verified using the Existing Tenant Report in EIV. If EIV indicates a conflict and verification information indicates that the information provided is not true, and the EIV information is verified, then the management will reject the application based on misrepresentation of information.

By signing this notice, I certify that the information provided is accurate. I understand the penalties for attempting to receive assistance in multiple residences, and I have been given an opportunity to ask questions.

Notification of Non-Discrimination Based on Disability: CSI Support & Development 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. We have a 504 coordinator designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988): CSI Support & Development, Attn: Corporate Controller, 8425 E. 12 Mile Road, Warren, MI 48093, 586-753-9002, TDD 800-348-7011

Penalties for misusing this form: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

_____ _____

Signature of Applicant Date

VERIFICATION OF DISABILITY STATUS
MOBILITY IMPAIRMENT
202/8 and PRAC

TO: (Verifier)
Name: _____
Address: _____
_____
FAX#: _____

FROM: CSI Support & Development
City View in the Square
710 Collins, Kalamazoo, MI 49001
Phone # 269-344-1681 Fax # 269-343-7720

PERSON REQUESTING ACCESSIBLE APARTMENT:

Your eligibility for admission is dependent on your being a person with a physical disability. The definition of disability varies depending on the project you are applying for or living in. *To qualify to live in this building, you must require the features of a unit specifically designed for disabled persons with mobility impairments.* Please provide your verifier's contact information above, and sign the applicant's release section below.

TO THE VERIFIER:

The person referenced on this document has applied for a unit specifically designed for disabled persons with mobility impairments in a senior citizens' apartment building, and must provide documentation to the need for such an apartment. Please read the document thoroughly before answering the questions on the reverse side. If the document has not been signed in the release section, you are not required to complete the verifications.

****

APPLICANT'S RELEASE

I hereby authorize the release of the information requested above.

Date: _____ Co-op Name: _____

Name: _____

Address: _____

Signature: _____

TO THE INDIVIDUAL REQUESTING VERIFICATION:

You do not have to sign this form if the name or address of either the property management company or the verification source is left blank.

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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD 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 W.S.C. 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 W.S.C. 408 (a) (6), (7) and (8).

OMB Approval Number 2502-0204 (Expires 3/31/2011)

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)**

Please Sign and Date at the “x” on: Inside (Page 3) and Back Cover (Page 6)

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

OMB Approval Number 2502-0204 (Expires 3/31/2011)

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

OMB Approval Number 2502-0204 (Expires 3/31/2011)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	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.):
Department of Housing & Urban Development 477 Michigan Avenue Detroit, MI 48226	CSI Support & Development Services 8425 E. 12 Mile Road Warren, MI 48093	Michael DeVos, Director MSHDA, 735 E. Michigan Ave., Lansing, MI 48909

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

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

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

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

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

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

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

Leasing Dept.

OMB Approval Number 2502-0204 (Expires 3/31/2011)

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 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.

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.

X _____

Name of Applicant or Tenant (Print)

X _____

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.

CSI Support & Development

Section 202/8

City View in the Square Income Eligibility Fact Sheet

Eligibility for subsidized units: Each resident will pay 30% of his/her monthly certified income for rent (exceptions apply). "Income" includes social security, pension, S.S.I., wages, interest, dividends, etc. This means that everyone's rent will be somewhat different. Each resident's charges will be computed individually. Please note that the minimum rent for this building is $25. There will be a security deposit equal to one month's rent.

Qualified applicants are eligible to live in this housing program subject to the following income limits:

Eligibility income limits as of	May 1, 2026	(Date)
	Kalamazoo-Battle Creek	(Area)
1 person	$36,900	Annually
2 persons	$42,150	Annually

Contract rent for City View in the Square Apartments is:$1,025 One Bedroom.

Eligibility for non-subsidized unit: There are three non-subsidized units at this property. The rent is $900 per month. Qualified applicants are eligible to live in this unit subject to meeting the following income requirements:

- Minimum income: $21,600/year
- Maximum income: $44,280/year for 1 person, or $50,580/year for 2 persons
- Section 8 vouchers are accepted for this unit, in which case the minimum income requirement is waived

You Must Declare The Following Assets:
Checking, savings, stocks, bonds, mutual funds, value of equity in real estate property, and other capital investments, anything owned wholly or in part by you.

If total assets are less than $5,000, we calculate the projected income earned based on the current rate of interest.

If total assets exceed $5,000, we base the earnings on a percentage of the total assets, or actual income earned -whichever is higher.

Do Not Declare the Following Assets:
Value of necessary personal property, such as furniture, automobiles, etc.

Reminder:
HUD requires that all property and assets be accounted for at market value for a period of two years from date of disposition.

Notification of Non-Discrimination Based on Disability

CSI Support & Development 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. We have a 504 coordinator designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988): CSI Support & Development, Attn: 504 Coordinator, 8425 E. 12 Mile Road, Warren, MI 48093, 586-753-9002, TDD 800-348-7011

Rev. 5.7.26

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

OMB Approval Numbe

form
OMB Approval Nur

CSI SUPPORT & DEVELOPMENT
Affordable Rental Communities for Seniors

If you are applying for an apartment with special design features for the mobility impaired, the following characteristics may apply to this type of unit:

- Wheelchair turn-around space in the kitchen and bathroom
- Kitchen and bathroom counters and cabinets are two inches lower
- Areas beneath the kitchen and bathroom sinks are open (cabinet-free)
- Two peep holes installed at the apartment entry door-one at wheelchair height
- Lower switch plates and intercom controls
- Door openings wide enough to accommodate wheelchairs
- Front control stoves
- Refrigerators with at least 50% freezer space accessible at wheelchair height
- Lower shelves and hanger bars in closets for better wheelchair accessibility

Medical verification of mobility impairment will be required by a medical evaluator in order to occupy an accessible unit.

Rev. 5/8/12

CSI SUPPORT & DEVELOPMENT
Affordable Rental Communities for Seniors

INCOME & ASSETS VERIFICATION FORMS

The enclosed forms are for your use in providing the necessary information regarding your income and assets. This is a requirement of the Department of Housing & Urban Development and must be completed before you can move into this co-op.

HUD requires this information for two reasons - **first to determine your eligibility to live in subsidized housing and secondly, to determine the amount of rent you will pay.** We are required to re-certify your income and assets annually after you have moved in.

To expedite this application process, we need the following items completed and returned to the CSI main office within 14 days with your completed original application form:

- **SOCIAL SECURITY VERIFICATION –** We need a current dated **benefit verification letter** from Social Security. This verification letter can be obtained by calling your local social security office**.** Request that it be mailed to you. **OR** obtain the letter by accessing your account www.ssa.gov. Upon receipt of verification letter send it to our office. Please do not wait for this verification before returning the rest of this packet.
- **PROOF OF AGE -** We must have a copy of some legal document showing your date of birth (Driver's License, State ID, or birth certificate)
- **SOCIAL SECURITY CARD** – We must have a copy of your social security card.
- **ENCLOSED INCOME & ASSETS VERIFICATION FORMS**

Instructions for the enclosed forms:

- **CHECK LIST -** Fill out this form completely, **checking yes or no to EACH statement**. At the bottom sign your name, date, and give your phone number.

- **MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES – If you receive assistance payments from the State of Michigan that supplement your income,** complete the top portion only of the release of information form, sign and date. **OR** contact your worker and request a **Benefit Summary Report. OR** obtain the report online by accessing your account at https://newmibridges.michigan.gov.

- **DIRECT EXPRESS/PAY CARD BALANCE -** Complete this form and attach verification of balance **only if you receive any income, Social Security, or SSI benefits on a pay card.**

- **ASSET VERIFICATION (bank, credit union, IRA, mutual fund) -** Completely fill out the front side only, sign and date. Include the complete institution's name, address, and account numbers. Use one form per financial institution. *Please note: make more copies of this form if you hold accounts with more than one bank.

- **MEDICAL VERIFICATION -** Completely fill out the front side only, sign and date **only if you pay for medical expenses not covered or reimbursed by your medical insurance**. Make sure the name and address of your doctor or pharmacy is provided. *Please note: make more copies of this form if needed.

- **PENSION VERIFICATION -** Completely fill out the top portion only, sign and date **only if you are receiving a pension.** Please provide complete name and address of your pension company.

- **WHOLE LIFE INSURANCE VERIFICATION -** Completely fill out the top portion only, sign and date **only if you have a whole life insurance policy.** Please provide complete name and address of your insurance company.

- **ANNUITY VERIFICATION -** Completely fill out the top portion only, sign and date **only if you have an annuity.** Please provide complete name and address of your annuity company.

- **DISPOSITION OF ASSETS -** Complete, sign and date this form.

- **FAMILY SUMMARY SHEET -** Complete this form for the person(s) that will occupy the unit.

- **DECLARATION OF CITIZENSHIP -** Complete this form; indicate your citizenship; sign and date.

- **RACE AND ETHNIC DATA -** Complete this form; indicating your race and ethnicity is optional; it **must be signed and dated**.

- **EIV & YOU -** Sign and date the acknowledgement of receipt of the *"EIV and You"* brochure.

- **ANNUAL STUDENT ELIGIBILITY CERTIFICATION -** Complete, sign and date this form.

- **AUTHORIZATION TO RELEASE INFORMATION -** Completely fill out the top portion only, sign and date this form.

- **HUD RELEASE OF INFORMATION -** Sign and date the green certification copy of HUD Release of Information (HUD9887A form) in the required places.

- **OTHER INFORMATION NEEDED *(IF APPLICABLE)***
  - ► **Medical Insurance** – send a copy of a current verification letter from the insurance company (Blue Cross, AARP, HAP, etc.) **OR** copies of your ***last three months*** billing statements. **Copies of checks or money orders cannot be accepted.**
  - ► **If you are currently employed -** please contact us at 1-586-753-9002 for an employment verification form.
  - ► **If you are currently receiving unemployment benefits -** provide a copy of your current benefit letter from the Unemployment Insurance Agency.
  - ► **If you own stocks -** Provide a photocopy or listing of your stocks, showing the number of shares you currently own, the current value and anticipated dividends.
  - ► **If you have bonds -** Provide a photocopy of all bonds or a notarized listing of them.
  - ► **If you own a home or land -** Provide a copy of **current tax bill/assessment** along with the **current mortgage statement** if a mortgage is owed. Copy of land contract showing the current balance and rate of interest.

We must stress the importance of total honesty in reporting all income and assets belonging completely or in part to you. Penalties imposed by the federal government are severe for falsifying information in order to obtain housing. In addition, immediate eviction can result if it is determined the initial documentation was deliberately misleading.

If you have any questions about these forms, please contact us at 586-753-9002 and ask to speak with a Leasing Specialist. We are eager to get your paperwork processed for you. We look forward to hearing from you and thank you again for your interest in cooperative living!

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

MSHDA INCOME & ASSETS CHECKLIST

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

Household Member Name:	Unit Number:
Development Name:	

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

	Yes	No	COMPLETE EACH ITEM:			
26			I receive periodic payments from insurance policies or any type of settlement. If yes, how many policies or settlements? _____ From what Sources? _____			
27			I receive long term care insurance payments that exceed $180/day or $67,000 annually.			
28			I receive other recurring or periodic income not listed above. Describe: _____			
29			I receive student financial assistance (does not include student loans).			
CHILD SUPPORT						
30			I receive child support. If yes, from how many parents do you receive support? ____ If yes, what State is the case through? ____ If yes, is child support paid directly to DHS? ☐ Yes ☐ No			
31			I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.			
32			I anticipate filing a claim for child support within the next twelve months.			
ASSETS **(Include all assets held or owned either in or outside of the United States)**					Cash Value*	Interest Rate**
33			I have a savings account(s) at: _____ (List name(s) of institution)		$	
34			I have a checking account(s) at: _____ (List name(s) of institution)		$	
35			I have certificates of deposit at: _____ (List name(s) of institution)		$	
36			I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or another agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____		$	
37			I have a Venmo, PayPal, Cash App, or another peer-to-peer payment app. If yes, how many and through which services? _____		$	
38			I have Cryptocurrency (such as Bitcoin, Ethereum, etc.)		$	
39			I have cash held in my home or in a safety deposit box.		$	
40			I have savings bonds. If yes, how many? _____		$	
41			I have Treasury Bills. If yes, how many? _____		$	
42			I have stocks, bonds, mutual funds, or securities.		$	
43			I own a house or mobile home.	(**Section 8 PBRA Programs only:** Is the home suitable for occupancy? ☐ Yes ☐ No)	$	
44			I own real estate or land and receive income from the rental of the real estate. If yes, how many properties? _____		$	
45			I have land contracts. If yes, how many? _____		$	
46			I hold a mortgage or deed of trust.		$	
47			I have revocable trusts. If yes, how many trusts? _____		$	
48			I have whole life or universal life insurance policy(ies). If yes, how many policies? _____		$	
49			I have non-necessary personal property held for investment purposes (gems, jewelry, collections, etc.).		$	
50			I have lump sum receipts or one-time receipts.		$	

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

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

_____ _____

Applicant / Tenant Signature Date

TO BE COMPLETED BY OWNER/MANAGEMENT AGENT

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

☐ **Move-In/Initial Certification – All household assets must be 3rd party verified.**

☐ **1st Year Annual Recertification – Year: _____ Asset Threshold: $_____**
(can be found on huduser.org)

☐ **2nd Year Annual Recertification – Year: _____ Asset Threshold: $_____**
(can be found on huduser.org)

☐ **3rd Year Annual Recertification – All household assets must be 3rd party verified.**

The cycle will now repeat, with 3rd party verifications of assets occurring every three (3) years.

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

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

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

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

_____ _____

Owner/Management Signature Date

VERIFICATION OF MICHIGAN DEPT. OF HEALTH & HUMAN SERVICES INFORMATION

TO: (Name & Address of MDHHS Office)

_____

_____

_____

Fax #:_____

FROM: CSI Support & Development
City View in the Square Co-op
710 Collins, Kalamazoo, MI 49001
Phone: 269-344-1681 FAX: 269-343-7720
Attn: **Leasing Dept.**

SUBJECT: Verification of information used to meet residency requirements with HUD senior government subsidized housing.
Please return this verification by fax, mail or email to the contact listed above.

Name: _____ Last 4 digits of SS#: _____

Address:_____

Case # _____ Case Worker Name _____ Specialist ID# _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires CSI Support & Development by law to verify all income information that is used in determining this person's eligibility and rent amount. We ask your cooperation in providing the information requested below and returning it to CSI Support & Development by mail, email, or fax. Your prompt return of this information will help to assure timely processing of the recertification. The tenant has consented to this release of information as shown below. This form can be faxed or copied.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.
I certify I am the individual to whom the information applies. I know that if I make any representations which I know are false to obtain information, I could be punished by a fine or imprisonment or both.

X_____ _____

Applicant Signature **Date**

NOTE: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS BLANK.

THIS SECTION TO BE COMPLETED BY MDHHS Representative

1. Does the person above receive quarterly State Paid Financial Assistance? ☐Yes ☐No

If **yes** how much? **$42.00** Other amount received: _____

2. Does the person above receive any other ***cash*** assistance? ☐Yes ☐No

If **yes** what type? _____ Amount received? _____

How Often? ☐Monthly ☐ Weekly ☐Quarterly ☐Annually ☐Other (describe): _____

Under penalty of perjury, I, hereby, certify that the information supplied is true and complete to the best of my knowledge

_____ _____
Name and Signature of person supplying information Date

_____ _____ _____
Address of MDHHS office Phone Number Fax Number

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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD 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 W.S.C. 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 W.S.C. 408 (a) (6), (7) and (8).

CSI SUPPORT & DEVELOPMENT

EQUAL HOUSING OPPORTUNITY

Verification of Direct Express / Pay Card / Peer-to-Peer Balance

Applicant's Name: _____ Co-op Name: _____

If you currently use a pay card on which your Social Security or SSI or any other regular benefits are deposited, or a Peer-to-Peer Account (example: Venmo, PayPal, CashApp, etc.) you must provide a **CURRENT** account balance verification from one of the following:

1. **An ATM Balance Inquiry receipt**
2. **Through the online account service**
3. **A paper statement**

Tape Current ATM Receipt HERE

DO NOT use this form for a CHECKING account with a debit/bank card

Last 4 digits on Card:_____

Card/Account Type:

- ☐ **Direct Express**
- ☐ **Venmo**
- ☐ **PayPal**
- ☐ **CashApp**
- ☐ **Other: _____**

This Verification is used for Initial Certification.
Notes: The applicant/member indicated above provided a copy of a current ATM receipt or online balance statement for the Direct Express Account. A copy of an ATM receipt or online balance statement showing the current balance is attached. Because the ATM receipt or online balance statement does not provide all required information (the name of the recipient or the complete account number), CSI Support & Development has reviewed the Direct Express card to make sure the last four characters on the card match the last four characters on the ATM receipt or online balance statement. CSI Support & Development is using the current balance shown on the ATM receipt or online balance statement to verify the amount to use as the asset value of the Direct Express account in accordance with RHIIP ListServ 296.
A copy of the card being verified is not in the file because the owner/agent did not want to maintain a document with the complete card/account number in the file in compliance with the federal security recommendations. This document is used in compliance with verification instruction provided in HH 4350.3 R1, C4, Paragraph 5-1.

CSI Leasing Specialist _____
signature & 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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

VERIFICATION OF ASSETS ON DEPOSIT (Bank/Credit Union)

TO: (Name & Address of Financial Institution)

_____

_____

_____

Fax #: _____

FROM: CSI Support & Development

City View in the Square

710 Collins, Kalamazoo, MI 49001

Phone: 269-344-1681 **Fax: 269-343-7720**

SUBJECT Verification of information used to meet residency requirements with HUD senior government subsidized housing.
Please return this verification by fax to the number listed above.

Applicant Name:_____

Address_____

_____

Last 4 digits of SS#_____

List all account numbers:

Checking acct. _____

Savings acct._____

Cert. of Dep. _____

Mutual Fund/IRA _____

Money Market_____

Other_____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires CSI Support & Development by law to verify all income information that is used in determining this person's eligibility and rent amount.

We ask your cooperation in providing the information requested below and returning it to CSI Support & Development. Your prompt return of this information will help to assure timely processing of the recertification. The tenant has consented to this release of information as shown below.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. This form can be faxed or copied.
I certify I am the individual to whom the information applies. I know that if I make any representations which I know are false to obtain information, I could be punished by a fine or imprisonment or both.

X_____ _____

Applicant Signature **Date**

NOTE: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS BLANK.

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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD 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 W.S.C. 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 W.S.C. 408 (a) (6), (7) and (8).

INFORMATION BELOW TO BE COMPLETED BY COMPANY REPRESENTATIVE ONLY

List any other accounts separately, indicating account numbers, current balances and rates of interest for each.

Account Number	Type of account	Withdrawal penalty	Average balance for last 6-months	Current Balance	Current interest rate
_____	Checking		$_____	$_____	_____
_____	Savings			$_____	_____
_____	Certificate of Deposit	_____		$_____	_____
_____	Certificate of Deposit	_____		$_____	_____
_____	Mutual Fund*	_____	$_____	$_____	_____

***Does the holder have the right to withdraw the balance of the Mutual Fund ☐YES ☐NO**

_____	Money Market	_____	$_____	$_____	_____
_____	Other - Identify_____	_____	$_____	$_____	_____

IRA information		
Please complete every line. If it does not apply, please write N/A or NONE		
Contract/Account #	**Current Cash Value**	**Anticipated annual earnings and/or Interest Rate ("N/A" if no interest or earnings paid)**
	$	**$ / %**

Does the holder have the right to with draw the balance of the IRA? ☐Yes ☐No Does the holder have access to a lump sum amount? ☐Yes ☐No

Is the holder receiving periodic payments/withdrawals? ☐Yes ☐No

If yes, what is the amount of each payment: $_____ per ☐Month ☐Quarter ☐Other_____

Is the holder receiving **Required Minimum Distributions**? ☐Yes ☐No

If yes, what is the amount of each payment: $_____ per ☐Month ☐Quarter ☐Year ☐Other_____

If account(s) have been closed please provide the date of closure: _____ _____

Account # Date closed

If any accounts are held jointly, please indicate account numbers and list names on account(s).

Account # _____ Name(s) on the account _____

Completed and Verified by:

_____ _____

Name and Title Company Name

_____ _____

Signature Company Address

Date: _____ _____

Phone Number: _____ Fax Number: _____

VERIFICATION OF MEDICAL EXPENSES

TO: (Name & Address of Medical Company)

_____

_____

_____

FAX#: _____

FROM: CSI Support & Development
City View in the Square
710 Collins, Kalamazoo, MI 49001
Phone: 269-344-1681 Fax**: 269-343-7720**

SUBJECT: Verification of information used to meet residency requirements with HUD senior government subsidized housing.
Please return this verification by fax to the number listed above.

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth:_____ Contract/Account #: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires CSI Support & Development by law to verify all income information that is used in determining this person's eligibility and rent amount.

We ask your cooperation in providing the information requested below and returning it to CSI Support & Development by mail or fax. Your prompt return of this information will help to assure timely processing of the recertification. The tenant has consented to this release of information as shown below.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. This form can be faxed and copied.
I certify I am the individual to whom the information applies. I know that if I make any representations which I know are false to obtain information, I could be punished by a fine or imprisonment or both.

X_____ _____

Applicant Signature **Date**

This authorization expires 1 year from date of signature

NOTE: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS BLANK.

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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD 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 W.S.C. 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 W.S.C. 408 (a) (6), (7) and (8).

Information below to be completed by medical personnel:

Please complete either section 1, 2, or 3

1. The person whose signature appears on this form paid $_____ for medical expenses for the ***previous*** 12 months from_____ to_____ that **was not reimbursed by insurance.**

- OR -

2. The person whose signature appears on this form is expected to pay approximately $_____ in the ***following*** 12 months that **will not be reimbursed by insurance.**

Insurance Information

3. The person whose signature appears on this form currently pays an **insurance premium** amount of $_____.

3.b. How often is the premium paid (monthly, quarterly, annually, etc.)? _____

Type of service you provide to the Applicant:

- ☐ Physician Care
- ☐ Dental
- ☐ Hospital/Clinic Care
- ☐ Therapy
- ☐ Prescriptions
- ☐ Eyeglasses, hearing aids, batteries
- ☐ Medical insurance premiums
- ☐ Veterinary Services

Completed and Verified by:

_____ Name and Title

_____ Company Name

_____ Signature

_____ Company Address

Date: _____

_____

Phone Number: _____

Fax Number: _____

VERIFICATION OF PENSION INFORMATION

TO: (Name & Address of Pension Company)

_____

_____

_____

FAX#: _____

FROM: CSI Support & Development
City View in the Square
710 Collins, Kalamazoo, MI 49001
Phone: 269-344-1681 **Fax: 269-343-7720**

SUBJECT: Verification of information used to meet residency requirements with HUD senior government subsidized housing.
Please return this verification by fax to the number listed above

Applicant's Name: _____
Address: _____
Last 4 digits of your SS#:_____ Pension ID#:_____

If this is a Veteran's Pension complete the following information:

Last 4 digits of Veteran's SS#:_____ Veteran's Claim#: _____Veteran's Service #:_____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires CSI Support & Development by law to verify all income information that is used in determining this person's eligibility and rent amount.
We ask your cooperation in providing the information requested below and returning it to CSI Support & Development by mail or fax. Your prompt return of this information will help to assure timely processing of the recertification. The tenant has consented to this release of information as shown below.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. This form can faxed and copied.
I certify I am the individual to whom the information applies. I know that if I make any representations which I know are false to obtain information, I could be punished by a fine or imprisonment or both.

X_____ _____

Applicant Signature **Date**

NOTE: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS BLANK.

TO BE COMPLETED BY THE COMPANY OFFICIAL ONLY

Current monthly **gross amount of pension** $_____

Deductions from gross for medical insurance premium $ _____

Is the individual reimbursed for medical costs? Yes No If yes how much? _____

Does the recipient receive any lump sum payments? Yes No If yes how much? _____

Date benefits began_____ Effective date of **current** amount_____

Under penalty of perjury, I certify that the above information is true and correct

Name and Title of Person Supplying Information

_____

_____

Phone Number

_____

Fax Number

Name and Address of Organization

_____

_____

_____

Date

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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD 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 W.S.C. 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 W.S.C. 408 (a) (6), (7) and (8).

VERIFICATION OF WHOLE LIFE INSURANCE

TO: (Name & Address of Life Insurance Company)

_____

_____

_____

Fax #: _____

FROM: CSI Support & Development
City View in the Square
710 Collins, Kalamazoo, MI 49001
Phone: 269-344-1681 **Fax: 269-343-7720**

SUBJECT Verification of information used to meet residency requirements with HUD senior government subsidized housing.
Please return this verification by fax to the number listed above.

Name: _____ Last 4 digits of SS#: _____

Address: _____

City, State, Zip: _____

Account #: _____

This person has applied for housing assistance under a program of the Michigan State Housing Development Authority (MSHDA). MSHDA requires CSI Support & Development by law to verify all income information that is used in determining this person's eligibility and rent amount. We ask your cooperation in providing the information requested below and returning it to CSI Support & Development. The tenant has consented to this release of information as shown below. This form can be faxed or copied.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. This form may be faxed or copied. I certify I am the individual to whom the information applies. I know that if I make any representations which I know are false to obtain information, I could be punished by a fine or imprisonment or both.

X _____ _____

Applicant Signature **Date**

NOTE: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS BLANK.

THIS SECTION TO BE COMPLETED BY LIFE INSURANCE PROVIDER
Please complete every line. If it does not apply, please write N/A or NONE

Policy Account #	Face Amount	Cash Surrender Value	Dividend Paid and/or Interest Rate ("N/A" if no interest or dividend paid)
	$	$	$ / %
	$	$	$ / %
	$	$	$ / %

Does the holder have access to a lump sum amount? ☐Yes ☐No

Is the holder receiving periodic payments? ☐Yes ☐No

If yes, what is the amount of each payment: $_____ per ☐Month ☐Quarter ☐Other_____

Under penalty of perjury, I, hereby, certify that the information supplied is true and complete to the best of my knowledge

_____ _____
Name, Title and Signature of person supplying information Date

_____ _____ _____
Company Address Phone Number Fax Number

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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD 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 W.S.C. 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 W.S.C. 408 (a) (6), (7) and (8).

Leasing Dept.

VERIFICATION OF ANNUITY INFORMATION

Name & Address of Annuity Company

TO: _____

_____

_____

_____

FAX#: _____

FROM: CSI Support & Development
City View in the Square
710 Collins, Kalamazoo, MI 49001
Phone: 269-344-1681 **Fax: 269-343-7720**

SUBJECT: Verification of information used to meet residency requirements with HUD senior government subsidized housing.
Please return this verification by fax to the number listed above.

Name: _____ Last 4 digits of SS#:_____

Address: _____

City, State, Zip: _____

Contract/Account #: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires CSI Support & Development by law to verify all income information that is used in determining this person's eligibility and rent amount. We ask your cooperation in providing the information requested below and returning it to CSI Support & Development by mail or fax. Your prompt return of this information will help to ensure timely processing of the recertification of assistance. The tenant has consented to this release of information as shown below.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. This form can be faxed and copied. I certify I am the individual to whom the information applies. I know that if I make any representations which I know are false to obtain information, I could be punished by a fine or imprisonment or both.

X_____ _____

Applicant Signature **Date**

NOTE: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS BLANK.

THIS SECTION TO BE COMPLETED BY COMPANY REPRESENTATIVE
Please complete every line. If it does not apply, please write N/A or NONE

Contract/Account #	Current Cash Value	Type of annuity	Anticipated annual earnings and/or Interest Rate ("N/A" if no interest or earnings paid)
	$	__FIXED __VARIABLE __HYBRID __IMMEDIATE __ LIFE __OTHER:	$ / %

Does the holder have the right to with draw the balance? ☐Yes ☐No

Is the holder receiving periodic payments/withdrawals? ☐Yes ☐No

If yes, what is the amount of each payment: $_____ per ☐Month ☐Quarter ☐Other_____

Is the holder receiving **Required Minimum Distributions**? ☐Yes ☐No

If yes, what is the amount of each payment: $_____ per ☐Month ☐Quarter ☐Year ☐Other_____

Surrender/Withdrawal Penalty_____ Tax penalty amount _____

Under penalty of perjury, I, hereby, certify that the information supplied is true and complete to the best of my knowledge

_____ _____
Name, Title and Signature of person supplying information Date

_____ _____ _____
Company Address Phone Number Fax Number

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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD 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 W.S.C. 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 W.S.C. 408 (a) (6), (7) and (8).

CSI SUPPORT & DEVELOPMENT
Affordable Rental Communities for Seniors

Providing & managing the co-op family of affordable housing communities in Michigan, Maryland, Massachusetts & California

DISPOSITION OF ASSETS

ATTN: LEASING DEPARTMENT

Dear Applicant:

If you have sold or given away any asset valued at **$1,000 or more** (for example: home, money, stocks, bonds, mutual funds, etc.) for less than market value during the past two years, we must consider it as part of your assets. We will use the imputed interest rate of 2.0% and add it to your other income for two years from the date of disposition. Please indicate the following: type of asset, date the transaction took place, amount you received, and the value of the asset at the date of transaction.

If you have **not** disposed of any assets during the past two years, only check the top box, sign and date the form so that we have it in your file.

Check the box that applies, sign and date the form, and return it to our office for inclusion with your other paperwork.

☐ I certify that I **have not** disposed of any assets valued at $1,000 or more for less than market value during the two years preceding this certification.

☐ I certify that I **have** disposed of the following assets for less than market value during the two years preceding this certification:

Type of Asset	Date Sold or Disposed of	Amount Received	Market Value of Asset at Time of Disposition

X _____ _____

Applicant Signature **Date**

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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD 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 W.S.C. 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 W.S.C. 408 (a) (6), (7) and (8).

CSI Support & Development Services
8425 East Twelve Mile Road
Warren, MI 48093
http://www.csi.coop

Tel (586) 753-9002
Fax (586) 753-9028
TDD (800) 348-7011
E-mail seniorhousing@csi.coop

EQUAL HOUSING OPPORTUNITY

CSI SUPPORT & DEVELOPMENT

EQUAL HOUSING OPPORTUNITY

City View in the Square

Please complete necessary information for the person(s) that will occupy the unit on the table below and return.

This form is required by HUD to be in your file at annual recertification

FAMILY SUMMARY SHEET

Member No.	LAST Name of Family Member	FIRST Name of Family Member	Date of Birth
Head of Household			
2			

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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD 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 W.S.C. 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 W.S.C. 408 (a) (6), (7) and (8).

Rev: 4.1.19

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

ANNUAL STUDENT ELIGIBILITY CERTIFICATION

(For LIHTC and Bond-Financed Projects)

This form must be completed for all households in which any of the occupants are students, either full-time or part-time. All household members age 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form upon move-in and at least annually thereafter or whenever there is a change in student status during the entire compliance period of the project.

Household Name:	Unit Number:
Development Name:	

	Name of Household Member	Currently a Student	If not currently a student, was the member a student at any time during the current calendar year?
Head		☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
2		☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
3		☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
4		☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
5		☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
6		☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A

A. ☐ At least one household member (_____) is currently a **non-student** and has not been (and will not be) a student during any part of any five different months of the calendar year.[i] A **Student Status Verification** form must be completed if this individual attended school at any time during the past twelve months.

B. ☐ Household contains all students but is qualified because the following occupant (_____) is currently a **part-time student** and this part-time student has not been (and will not be) a full-time student during any part of any five months (consecutive or different) of the calendar year. A **Student Status Verification form** is required for the part-time student.

C. ☐ Household contains all full-time students but is qualified because the household meets one or more of the exceptions provided in IRC Section 42 and listed below.

- At least one student is receiving assistance under Title IV of the Social Security Act (i.e., welfare, AFDC, TANF, etc.) ☐ Yes ☐ No Program:
- At least one student was previously under the care and placement responsibility of the state agency responsible for administering foster care. If yes, attach documentation of previous foster care participation. ☐ Yes ☐ No
- At least one student participates in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws (i.e., Housing Reconnect Program). If yes, attach documentation of current participation.

  ☐ Yes, Program Name: ☐ No
- At least one household member (who is not themselves a dependent of anyone) is a single parent with their own dependent child(ren) who are not dependent(s) of anyone else other than the other non-custodial parent. If yes, attach documentation such as a tax form or statement.

  ☐ Yes ☐ No Explanation:
- At least one student is married and entitled to file a joint tax return. If yes, attach a copy of the marriage license or the most recently filed tax return.

  ☐ Yes ☐ No Document Attached:

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

_____	_____	_____
Signature of Applicant/Resident	Printed Name of Applicant/Tenant	Date
_____	_____	_____
Signature of Applicant/Resident	Printed Name of Applicant/Tenant	Date

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.

[i] *Note: The five months need not be consecutive. If the individual attended school full-time for even one day of a calendar month, that month counts toward the five months.*

Citizen/Non-Citizen Declaration

City View in the Square

INSTRUCTIONS: Complete the Declaration below for each member of the household listed on the Family Summary Sheet by printing the person's first name, middle initial and last name in the space provided. Then review the block shown below and complete either block number 1, 2 or 3:

NAME: _____
Last First Middle Initial

SEX ☐ Male ☐ Female ☐ Prefer not to disclose DATE OF BIRTH_____

SS#_____

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)

DECLARATION

I, _____ hereby declare, under penalty
(print or type first name, middle initial, last name):

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: _____

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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD 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 W.S.C. 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 W.S.C. 408 (a) (6), (7) and (8).

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

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

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

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

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

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

AND

c. One of the following documents:

(1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
(2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  (a) "Admitted as Refugee Pursuant to section 207";
  (b) "Section 208" or "Asylum";
  (c) "Section 243(h)" or (Deportation stayed by Attorney General"; or
  (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it **must** by 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 a 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: _____

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 here 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 form 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: _____

VERIFICATION CONSENT FORM

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

CONSENT

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

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing: and

2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
   a. HUD, as required by HUD; and
   b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

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

_____ _____
Signature Date

Check here if adult signed for a child: _____

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)

City View in the Square	047EH019	710 Collins, Kalamazoo, MI 49001
Name of Property	**Project No.**	**Address of Property**

CSI Support & Development Services	Section 8
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 incompliance 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 provide 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 no 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.

AUTHORIZATION TO RELEASE INFORMATION

Name: _____

Address: _____

_____

RELEASE BY APPLICANT

I authorize the release of the information requested to be sent to CSI Support & Development. I am the individual to whom the information applies. I know that if I make any representations which I know are false, to obtain information, I could be punished by a fine or imprisonment or both. Information obtained under this consent is limited to data that is no older than 12 months old. This form may be faxed or copied.

X _____ X _____

Signature Date

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). ** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).

As managing agents for this Low Income Housing Tax Credit project, regulations require we verify the program eligibility of all applicants of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached verification form and mail it to the address below at your earliest convenience. Thank you for your assistance.

_____ Leasing Specialist

Authorized Signature for CSI Support & Development Title

_____ _____

Name Date

Verification form is attached. **Please return attached form via fax to (269) 343-7720 or mail to:**

City View in the Square
710 Collins Street, Ste # 114
Kalamazoo, MI 49001

EQUAL HOUSING OPPORTUNITY

U.S. Department of Housing and Urban Development
Office of Housing • Office of Multifamily Housing Programs

RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION

What YOU Should Know if You are Applying for or are Receiving Rental Assistance through the Department of Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".

What income information is in EIV and where does it come from?

The Social Security Administration:
- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):
- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:
- correctly reported your income

They will also be able to determine if you:
- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

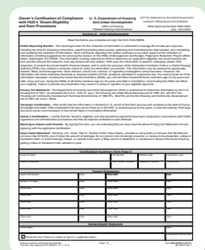
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to $10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
  - *Child support*
  - *AFDC payments*
  - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: http://www.ssa.gov/pubs/10064.html.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.

Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm.

EQUAL HOUSING OPPORTUNITY

JULY 2009

Dear Online Applicant:

Please sign this form and return it to CSI Support & Development Services, **City View in the Square**, 710 Collins, Kalamazoo, MI 49001. This form is required by HUD to be signed and in your file each year.

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EIV & You Information Notice

I acknowledge receiving a copy of the
EIV & You Brochure

I have read and understand the Enterprise Income Verification information used to verify income of individual participating in HUD's rental assistance programs.

X_____
Signature of Applicant

_____
Signature of Co-Applicant

_____
Date

RECEIVED BY CSI Support & Development Services

Rev. 12/01/2009