

Highlandtown Plaza Co-op

155 Grundy Street, Baltimore, MD 21224

Dear Applicant:

Thank you for your interest in Highlandtown Plaza Co-op.

Enclosed is a packet of information needed for your application process to begin; it includes:

1. Income Eligibility Fact Sheet
2. Application - If this is for co-applicants, each person must complete an application
3. Dual Subsidy Notice
4. HUD 92006 – Supplement to Application for Federally Assisted Housing
5. HUD 9887 & 9887A - "Document Package for Applicant's/Tenants Consent to the Release of Information"
6. HUD 1141 – Is Fraud Worth It?
7. Fact Sheet for HUD Assisted Residents
8. HUD-5830 & 5832 VAWA Notices
9. Resident Rights & Responsibilities
10. CSI Disclosures Notification

Please print this packet 2-sided. Complete the application and supporting documents and return by mail to CSI Support & Development at 405 Williams Court, Suite 100, Middle River, MD 21220.

If you have any questions about the materials, please call 410-344-1824, and a staff member will be happy to help you.

Your eligibility for this building will require you to meet the age and income limits and provide social security number information. In addition to eligibility requirements, our screening includes an orientation interview, landlord and/or credit and background checks.

Upon receipt of your application you will be placed on our waiting list. When your name reaches the top of our waiting list, you will be contacted.

We are hoping that you join our cooperative community of

People Working Together to Help Each Other

BUILDING OFFICE 410-675-4460

LEASING OFFICE: 410-675-4462

FAX: 410-675-4457

TDD: 800-348-7011

www.csi.coop

A Member of CSI Support & Development Services



CSI Support and Development

Income Eligibility Fact Sheet

Highlandtown Plaza Co-op Apartments

Rent will be based on household income, which includes social security, pension, S.S.I., wages, interest, dividends, etc. This means that everyone's rent will be somewhat different. Each member's charges will be computed individually. There will be a choice of a security deposit equal to one month's rent or a membership fee in Cooperative Services, Inc. of \$100.

Who Is Eligible:

Senior Citizens (62 or older), are eligible to live in this housing program subject to the following income guidelines:

Program Type	Low Income Tax Credit Maximum Annual Income Limits	Low Income Tax Credit Minimum Annual Income Limits
Effective Date	4/18/2022	1/1/2023
1 Person	\$49,850	\$19,320
2 People	\$56,950	\$19,320

HUD Maximum Annual Income Limits
4/18/2022
\$40,650
\$46,450

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



FOR OFFICE USE ONLY
Date Mailed:

APPLICATION

HIGHLANDTOWN PLAZA CO-OP 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 speak to a Leasing Specialist at (800) 362-0548 (TTD 800-348-7011) for waitlist status information. Do not hesitate to contact us with any questions about our application process.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
CURRENT ADDRESS:		TELEPHONE NUMBER AND AREA CODE:
_____		() _____
Street Address	Apt. No.	E-mail:
_____	_____	_____
City	State	Zip Code
UNIT TYPE REQUESTING (Occupancy standards: minimum 1 person, maximum 2 persons)		
<input type="checkbox"/> Standard One Bedroom (head-of-household, the co-head-of-household or the spouse must be 62+)		
<input type="checkbox"/> Accessible One Bedroom (head-of-household, the co-head-of-household or the spouse must be 62+)		
Income limits may apply: <u>1 Person</u> <u>2 Person</u> <i>Note: Income limits subject to change annually by HUD</i>		
HUD:	\$40,650/year	\$46,450/year
LIHTC:	\$49,850/year	\$56,950/year
Estimate of your anticipated annual income: \$ _____		

HOUSING INFORMATION

1. Will this unit be your only place of residency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. This building may have a limited number of parking spaces. Do you require a parking space?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Highlandtown Plaza Co-op Apartments 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you agree that you, your guests, and service providers hired by you will abide by the smoke free policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Please note, this building does not provide health support services, personal assistance nor security personnel. Are you able to meet all the obligations of tenancy with or without assistance from outside the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. If you will use services to enable you to meet obligations of tenancy, please list these services below. Attach an additional sheet if needed.

Name or agency: _____ Phone: _____

Address: _____
Street City State Zip

Type of assistance: _____

Name or agency: _____ Phone: _____

Address: _____
Street City State Zip

Type of assistance: _____

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.

7. 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household member's full name	Relationship to head of household
	<input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in aide (<i>Live-in aides must be approved before move in</i>) <input type="checkbox"/> None of the above

BACKGROUND INFORMATION

8. Have you ever used a different name (or names) from the name given in this application? If yes, please provide name(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>9. 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: <input type="checkbox"/> Felony, what year(s)? <input type="checkbox"/> Misdemeanor, what year(s)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Are you currently using illegal drugs or have you ever been convicted of illegal manufacturing or distribution of illegal drugs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. 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. Are you currently using marijuana for recreational or medicinal purposes?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. Please indicate each state where you have lived: 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.</p> <p> <input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C </p>	

LANDLORD INFORMATION

<p>14. Are you currently receiving housing assistance from HUD or a Public Housing Agency? If yes, please complete the enclosed "Dual Subsidy Notice" form.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>16. Have you ever been evicted from a property managed by CSI Support & Development for lease violations?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>17. Are you currently homeless?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>18. Are you currently renting? If not, please explain your current living arrangements:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> 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
_____ to present				<input type="checkbox"/> Own <input type="checkbox"/> Pay Rent <input type="checkbox"/> Live with family or friends <input type="checkbox"/> Other-explain: Do you currently have outstanding balances overdue to this landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been evicted, or is this landlord attempting to evict you or another person living with you for lease violations? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ to _____				<input type="checkbox"/> Own <input type="checkbox"/> Pay Rent <input type="checkbox"/> Live with family or friends <input type="checkbox"/> Other-explain: Do you currently have outstanding balances overdue to this landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you or any member of your household evicted from this property for lease violations? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ to _____				<input type="checkbox"/> Own <input type="checkbox"/> Pay Rent <input type="checkbox"/> Live with family or friends <input type="checkbox"/> Other-explain: Do you currently have outstanding balances overdue to this landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you or any member of your household evicted from this property for lease violations? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ to _____				<input type="checkbox"/> Own <input type="checkbox"/> Pay Rent <input type="checkbox"/> Live with family or friends <input type="checkbox"/> Other-explain: Do you currently have outstanding balances overdue to this landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you or any member of your household evicted from this property for lease violations? <input type="checkbox"/> Yes <input type="checkbox"/> 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 may be kept in the unit.

20. Do you plan to keep an animal in your apartment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21. If yes, please provide the following information:		
ANIMAL TYPE <i>(dog, cat, turtle, etc.)</i>	BREED <i>(if applicable)</i>	WEIGHT

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.

We are required by the Department of HUD to have your signature on file in order to be placed on the waitlist. Applicants must be at least 62 at the time we receive this application in order to qualify for a standard unit. A limited number of apartments are available in some locations for younger persons who are physically disabled and need the special design features of a unit designed for the mobility impaired. Call for eligibility requirements. Please note that the building has no health support services or personal assistance. Check our website at www.csi.coop or speak to a specialist at 800-362-0548 for the status of the waitlist.

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.

Applications received for a closed waitlist will not be processed. If you are in search of more immediate housing, note that some of our co-ops have shorter waitlists than others. Please contact our Waitlist Department at 800-362-0548 for waitlist information.

If you are interested in reviewing our Tenant Selection Plan, you may request a copy by calling us at 410-344-1820 or emailing us at seniorhousingmd@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 Highlandtown Plaza Co-op. 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) _____

Applicant's Signature _____

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

Date _____

PLEASE RETURN THIS APPLICATION TO:

**Highlandtown Plaza Co-op
Attn: Leasing Specialist
405 Williams Court, Suite
100 Middle River, MD 21220**



Dual Subsidy Notice

Applicant Name		
Head-of-Household Name (if different)		
Current Address		
Address Line 2		
City, State, Zip		
Home Phone		
Cell Phone		
Email address		
Work Phone		
May we contact you at work?	Yes	No

This form must be completed for each adult applicant. Choose one of the options below, sign the document and return it with the application package.

I understand that my application to move to **Highlandtown Plaza Co-op** with my other household members has preliminary eligibility requirements.

I have indicated, on the application and/or it has been reported by EIV (Enterprise Income Verification), 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 owner/agent discovers that any household member failed to move out of a HUD assisted residence before moving to **Highlandtown Plaza Co-op**, no rent subsidy or utility allowance will be provided by Department of Housing and Urban Development (HUD) 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 tenants 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 owner/agent discovers that any household member failed to give up current HUD assistance before moving to **Highlandtown Plaza Co-op**, no rent subsidy or utility allowance will provided by the Department of Housing and Urban Development until the day after the move out is complete.*



Dual Subsidy Notice

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 information provided by EIV is then verified, the owner/agent will reject the application based on misrepresentation of information.

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).

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.

Signature of Applicant

Date

cc: Applicant/Resident File

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.

The person named below has been 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).

Cindy Lamb
8425 East 12 Mile Road
Warren, MI 48093
Baltimore, MD 21224
Telephone – 586-753-9002
TDD Number: 800-348-7011



Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	

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.

.HLTD Forms 9887 and 9887-A : Explanation

HUD forms 9887 and 9887-A are designed to protect applicants by providing them with detailed information on what is involved in signing a Consent to Release of Information. The applicants signatures indicate they have read and agreed to the procedure. No-one is eligible for a HUD subsidized unit unless these forms are signed.

Form 9887 allows HUD to verify information by checking with records kept by certain public agencies (IRS, Social Security Administration, and the state Agency that keeps wage and unemployment compensation claim information.)

Form 9887-A allows CS/ Support and Development Services to verify information that is used to determine eligibility and the amount of rent to be paid.

**Please SIGN and DATE
on pages 4 and 7 at the X's.
Thank you.**

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

This Package contains the following documents:

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

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

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U. S. Department of Housing and Urban Development (HUD).

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

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

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

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

Customer Protections

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

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

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

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 43 50.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

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

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

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9 887:** Allows the release of information between government agencies.
3. **Form HUD-9 887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): US Dept. of Housing & Urban Development 100 S. Charles Street Baltimore, MD 21201	O/A requesting release of information (Owner should provide the full name and address of the Owner.): CSI Support & Development 405 Williams Court, Suite 100 Middle River, MD 21220	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.):
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

X _____ Head of Household	X _____ Date	_____ Other Family Members 18 and Over	_____ Date
_____ Spouse	_____ Date	_____ Other Family Members 18 and Over	_____ Date
_____ Other Family Members 18 and Over	_____ Date	_____ Other Family Members 18 and Over	_____ Date
_____ Other Family Members 18 and Over	_____ Date	_____ Other Family Members 18 and Over	_____ Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

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

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

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

Section 236

HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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.

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

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

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

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

X

Name of Applicant or Tenant (Print)

X

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.

Arionna Brown

Name of Project Owner or his/her representative

Certified Occupancy Specialist

Title

Signature & Date
cc:Applicant/Tenant
Owner file



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 Carefull

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.

form HUD-1141

(12/2005)

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@hud.oig.gov. You can write the Hotline at:



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

FACT SHEET

For HUD ASSISTED RESIDENTS

Section 202/162 – Project Assistance Contract (PAC) Section 202/811 – Project Rental Assistance Contract (PRAC)

“HOW YOUR RENT IS DETERMINED”

Office of Housing

June 2007

This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

OAs' Responsibilities:

- Obtain accurate income information

- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition and decreases or increases in income are reported by \$200 more per month
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
- 10% of the family's monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.

Note: An owner may admit an applicant to the PAC program only if the Total Tenant Payment is less than the gross rent. This note does not apply to the PRAC program. In some instances under the PRAC program a

tenant's Total Tenant Payment will exceed the PRAC operating rent (gross rent).

Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount ******(except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from annual Income, below)******
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay ******(except for lump-sum additions to family assets, see Exclusions from Annual Income, below)******
- Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- ******For Section 8 programs only, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965,

shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.******

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant or are held in an individual's name but:
 - The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
 - that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
 - Foreclosure
 - Bankruptcy
 - Divorce or separation agreement if the applicant

or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- **Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above,**The full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)

- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund

established pursuant to the settlement in *In Re Agent-product liability litigation*

- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998

Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income the expenditure is applied only one time
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Regulations:

- General HUD Program Requirements; 24 CFR Part 5 and CFR 24 Part 891.

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

- "Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>

NOTICE OF OCCUPANCY RIGHTS UNDER
THE VIOLENCE AGAINST WOMEN ACT

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Section 202 and 236 is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

Protections for Applicants

If you otherwise qualify for assistance under Section 202 and 236, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under Section 202 and 236, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under Section 202 and 236 solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking. Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

CSI may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking. If CSI chooses to remove the abuser or perpetrator, CSI may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, CSI must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing. In removing the abuser or perpetrator from the household, CSI must follow Federal, State, and local eviction procedures. In order to divide a lease, CSI may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, CSI may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, CSI may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) **You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) **You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) **You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

CSI will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

CSI's emergency transfer plan provides further information on emergency transfers, and CSI must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

CSI can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from CSI must be in writing, and CSI must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. CSI may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to CSI as documentation. It is your choice which of the following to submit if CSI asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by CSI with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that CSI has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, CSI does not have to provide you with the protections contained in this notice.

If CSI receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), CSI has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, CSI does not have to provide you with the protections contained in this notice.

Confidentiality

CSI must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

CSI must not allow any individual administering assistance or other services on behalf of CSI (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

CSI must not enter your information into any shared database or disclose your information to any other entity or individual. CSI, however, may disclose the information provided if:

- You give written permission to CSI to release the information on a time limited basis.
- CSI needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires CSI or your landlord to release the information.

VAWA does not limit CSI's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, CSI cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if CSI can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If CSI can demonstrate the above, CSI should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the Baltimore HUD Field Office at 410-962-2520.

For Additional Information

You may view a copy of HUD's final VAWA rule at http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/fr/

Additionally, CSI must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact CSI Support & Development at 586-753-9002.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact House of Ruth (www.hruth.org 410-889-7884).

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>

For help regarding sexual assault, you may contact Turnaround (www.turnaround.org 443-279-0379).

Victims of stalking seeking help may contact House of Ruth (www.hruth.org 410-889-7884) or Family Crisis Center (www.familycrisiscenter.net 410-285-7496).

Attachment: Certification form HUD-5382

**CERTIFICATION OF U.S. Department of Housing
DOMESTIC VIOLENCE, and Urban Development
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

INSTRUCTIONS FOR CERTIFICATION

Completely fill in ALL information on the enclosed forms by checking YES or NO to all questions, providing the information requested, signing and dating where noted. When complete you may:

- If you want a certification specialist to help with your packet, please call to schedule a interview: *Arionna Brown at 410-344-1824*
- Drop into our personal mailbox located in front of our regional office at CSI Support & Development, 405 Williams Court, Suite 100, Middle River, MD 21220
- Mail USPS to address above. Please be sure to have correct postage.
- Email to Arionna.Brown@csi.coop.
- Fax to 410-344-1840

The enclosed forms are for your use in providing access to the necessary information regarding your income, assets and medical expenses. This is an annual requirement of HUD/LIHTC for all applicants of subsidized housing.

COMPLETE AND PROVIDE THE BELOW LISTED DOCUMENTS

1. Enclose a copy of a valid state ID or driver's license.
2. Copy of your social security card.
3. Copy of your current social security award letter. To get a current letter call 1.800.772.1213, go online to myssa.gov to print a letter from your account or visit your local SSA office.
4. AUTHORIZATION TO RELEASE INFORMATION: Print your name and apartment number on top line, sign and date at the black X.
5. HOUSEHOLD ELIGIBILITY QUESTIONNAIRE: You **MUST** check YES or NO to each statement. If YES, provide the amount, frequency, and approximate cash value, as requested. Complete pages 1-4 and print, sign and date on page 4.
6. VERIFICATION FORMS:
 - On the upper left side of the verification form, provide the name, address, phone and fax number of the company with whom CSI will need to verify your information.
 - In the next section, provide your name, social security number, apartment number, and any requested ID number, account or policy numbers where indicated.

DO NOT WRITE BELOW THIS BOX ON THE VERIFICATIONS:



APPLICANT TO COMPLETE TOP SECTION ONLY



Complete, **ONLY** the verification forms which pertain to you, throw out any unused forms. i.e. If you do not have Life Insurance, throw that form away.

- PENSION DATA FORM
- ASSETS ON DEPOSIT ORM
- WELLS FARGO
- PNC BANK
- MEDICAL EXPENSE FORM
- LIFE INSURANCE FORM
- STOCKS FORM
- EMPLOYMENT FORM
- VETERAN'S PENSION FORM

RX COPAYS: Provide a pharmacy printout for the past 12 month period.

Note: If you have VA medical benefits only, complete a Medical Expense form

Wells Fargo/PNC/TD/Citi Bank : You must complete the bank specific forms providing complete account number(s).

DO NOT send original receipts, letters, or statements. Please send only copies of medical or over-the-counter receipts.

Stocks: Provide a photocopy or notarized listing of your stocks, showing the number of shares you currently own, the current value, and anticipated dividends or if stocks are handled by a company, for instance Computershare, please provide a copy of your latest statement.

Bonds: Provide a photocopy or listing of bonds. If you have a company managing your portfolio, please complete a verification of assets on deposit form for this company. Make sure you give your account number and date of birth.

Annuity/IRA: On the left side of the top box, provide the company name, address, phone, and fax number of where you have your account. Include your annuity or contract number if it is different from your social security number. If you have a current statement for an annuity, 401(k), IRA, or other retirement account, provide a copy.

7. HUD FORM 9887/9887-A: ALL household members sign and date on 2 pages (4, and 7)

8. HUD 92006 SUPPLEMENTAL AND OPTIONAL CONTACT:

- **Required:** First 3 lines: Print your name, and phone number
- **Optional:** Next 6 lines: Provide your emergency contact information and check the boxes as to what CSI may contact this person for. If you do not want to provide an emergency contact, check the box at the bottom of the page above the signature line.
- **Required:** Sign and date at the bottom of the page, even if you did not provide contact formation

If you have questions, contact your certification specialist as listed above. Thank you.



AUTHORIZATION TO RELEASE INFORMATION

APPLICANT

Name:

(Please print)

X

Apt #

Property Name:

Highlandtown Plaza Co-op

Address:

155 Grundy Street
Baltimore, MD 21224

As managing agents for this PRAC 202 Project, HUD regulations require we verify the program eligibility of all APPLICANTS of families applying for admission and verify this information periodically for residents. As managing agents for this LIHTC Project, IRS/DHCD 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 return it via fax to 410-344-1840, email to Arionna.brown@csi.coop or mail to the address below at your earliest convenience. Thank you for your assistance.

<p>_____ Authorized Signature for CSI Support & Development</p> <p>Arionna Brown Print Name</p>	<p>_____ Certification Specialist Title</p> <p>_____ Date</p>
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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

APPLICANT Signature

X

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).**

Verification form is attached. Please return attached form via fax to (410) 344-1840 or email to Arionna.brown@csi.coop or mail to:

Arionna Brown
c/o CSI Support and Development
405 Williams Court, Suite 100
Middle River, MD 21220



HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

For LIHTC, PRAC or Other 202 Projects

Property Name: **Highlandtown Plaza Co-op**

Unit: _____

Certification Type:

Move In/Initial Certification

Baseline Re-certification

Other: _____

Housing Program:

PRAC 202 /RAD

LIHTC

HOME

I. HOUSEHOLD INFORMATION

- Please list each person who will reside in the unit along with the relationship to the head of household, date of birth and social security number.
- Please check YES or NO to each question for each household APPLICANT.
- List full time student status for any APPLICANT who is currently enrolled, expects to be enrolled, or was previously enrolled for any of the past 5 months in the calendar year. Include K-12, university, technical, trade, and mechanical schools.

HOUSEHOLD APPLICANT NAME	RELATIONSHIP	DOB	SSN
1.	HEAD OF HOUSEHOLD		
2.			

HOUSEHOLD TELEPHONE NUMBERS:	HOME	
	WORK	
	CELL (HEAD OF HOUSEHOLD)	
	CELL (CO-HEAD OR SPOUSE)	
	Email	

	Head of Household	Co Head and/or Other APPLICANT
	Check YES or NO	Check YES or NO
1. Are you a full-time student?	[] YES [] NO	[] YES [] NO
2. Are you a veteran or active member of the United States Armed Forces?	[] YES [] NO	[] YES [] NO
3. Are you or have you ever been a registered sex offender in any state? If YES, what state?	[] YES [] NO State: _____	[] YES [] NO State: _____
4. I certify that I received all the documents listed below:	[] YES [] NO	[] YES [] NO
• "Resident Rights & Responsibilities"	[] YES [] NO	[] YES [] NO
• "Applying For HUD Housing Assistance"	[] YES [] NO	[] YES [] NO
• The Fact Sheet "How Your Rent is Determined"	[] YES [] NO	[] YES [] NO
• "EIV and You" brochure	[] YES [] NO	[] YES [] NO
• HUD VAWA 5380 & 5382	[] YES [] NO	[] YES [] NO



II. HOUSEHOLD INCOME

- You must check YES or NO to every item listed and complete amount and frequency for all items that are checked YES.
- Include all regular or periodic payments including Required Minimum Distributions (RMD).
- All adults must sign and date the form.

Type of Income	Head of Household			Co Head and/or Other APPLICANT		
	Check YES or NO	Amount	Frequency	Check YES or	Amount	Frequency
1. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Wages from full-time employment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Wages from part-time employment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Wages from seasonal or sporadic	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. 2 nd Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Retirement acct payments 401K, 403B, 501C, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Annuity acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. 2 nd Annuity acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Investment acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Veterans/VA income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Disability/death	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. TANF, AFDC, TAC,	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Unemployment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. Worker's	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. Real estate rent	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Military pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Alimony	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Rental income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Regular gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Lottery payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

Are any income changes expected in the next 12 months? YES NO If YES, please describe:

For each source of income checked YES above, please complete the following:

Income #	HH	Name of Income Source	Phone/Fax/Email

III. HOUSEHOLD ASSETS

- You must check YES or NO to every item listed and write approximate cash value for all check YES.
- List assets for each household APPLICANT.
- Cash value is market value minus any costs/penalties/fees required to convert to cash.
- Do not list assets that are not accessible to the family or cannot be converted to cash.

Type of Asset	Head of Household		Co Head and/or Other APPLICANT	
	Check YES or NO	Approximate Cash Value	Check YES or NO	Approx Cash Value
1. Checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2. 2 nd checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
3. Savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
4. 2 nd savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
5. Direct deposit Paycard	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
6. Certificate of Deposit (CD)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
7. Other bank account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
8. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
9. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
10. Portfolio/brokerage	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
11. IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
12. 2 nd IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
13. Treasury bills/bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
14. Company retirement acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
15. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
16. 2 nd Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
17. Trust account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
18. Cash on hand	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
19. Life insurance (not term)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
20. Life insurance (not term)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
21. Life insurance (not term)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
22. Real estate equity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
23. Has anyone received any lump sum amounts in the past 2 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
24. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

I CERTIFY THAT TOTAL NET CASH VALUE OF HOUSEHOLD ASSETS ARE VALUED AT LESS THAN \$5000: YES NO

For each asset checked YES above, please complete the following and use additional sheet, if necessary.:

Asset #	HH APPLICANT	Name of Financial Institution	Phone/Fax/Email

Has any applicant/APPLICANT disposed of any assets over \$1,000 in the last 2 years? YES NO If YES,

The asset(s) were disposed of: For market value For LESS THAN market value.

Type of asset:	Date of Disposal:	Fair Market Value:	Amount Received:
What was done with the proceeds:			

IV. HOUSEHOLD OUT OF POCKET MEDICAL EXPENSES

Please check YES and only list medical expenses that are paid out of pocket by the applicant/tenant and NOT reimbursed by insurance.

- You must check YES or NO to every item listed.
- Only list medical expenses that are paid out of pocket by the applicant/APPLICANT and NOT reimbursed by insurance.

Type of Medical Expense	Head of Household			Co Head and/or Other APPLICANT		
	Check YES or NO	Amount	Freq	Check YES or NO	Amount	Frequency
1. Medicare	[] YES [] NO	\$		[] YES [] NO	\$	
2. Supplemental Medical	[] YES [] NO	\$		[] YES [] NO	\$	
3. Prescription Insurance	[] YES [] NO	\$		[] YES [] NO	\$	
4. Prescriptions Copays	[] YES [] NO	\$		[] YES [] NO	\$	
5. Other medical and dental expenses not reimbursed by insurance.	[] YES [] NO	\$		[] YES [] NO	\$	

For each medical expense checked YES above, please complete the following:

Medical #	HH	Name of Income Source	Phone/Fax/Email

Under penalties of perjury, I/we certify that the information presented on this form is true, complete and accurate to the best of my/our knowledge. False, misleading, or incomplete information may result in the termination of your lease.

X

 Head of Household Printed Name

X

 Head of Household Signature & Date

X

 Spouse and/or Co Head Printed Name

X

 Spouse and/or Co Head Signature & Date

 Management Signature

 Date

CASH ON HAND SELF - AFFIDAVIT

TENANT/APPLICANT: _____

DATE: _____

PROPERTY: Highlandtown Plaza Co-op

I, _____ verify I have cash on hand in the amount of \$_____.

Under penalty of perjury, I certify the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands providing false representation herein constitutes an act of fraud.

Signature of Tenant/Applicant

Date

WARNING: Section 1001 of Title 18 U. S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

"This institution is an equal opportunity provider and employer"



EQUAL HOUSING OPPORTUNITY



VERIFICATION OF PENSION DATA

X

DATE: _____
TO: _____
TEL: _____
FAX: _____
EMAIL: _____

FROM:
Arionna Brown
for Highlandtown Plaza Co-op
c/o CSI Support and Development
405 Williams Court, Suite 100
Middle River, MD 21220
TEL: 410-344-1824
RETURN TO FAX: 410-344-1840 or
EMAIL: Arionna.brown@csi.coop

SUBJECT: Verification of information supplied by APPLICANT receiving housing subsidy.
Please return this verification by fax to the person listed above.

X

APPLICANT NAME: _____ SS#: _____

ADDRESS : _____ APT#: _____

PENSION ID # IF DIFFERENT FROM SS#: _____



APPLICANT TO COMPLETE TOP SECTION ONLY



This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask for your cooperation in providing the following information and returning it to the person listed at the top right of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. The Applicant has consented to the release of this information. Please see the attached Authorization to Release Information.

INFORMATION BEING REQUESTED:

Current monthly gross amount \$ _____ or annual amount \$ _____

Deductions from gross for medical insurance premiums. \$ _____

Date of initial award ____/____/____ Effective date of current amount. ____/____/____

Is this a lifetime benefit that will not change? ___YES ___NO

Is this benefit amount subject to change? ___YES ___NO

Name & Title

Firm/Organization

Signature

Date

Phone Number

Fax Number





29565

Verification of Deposit Housing Assistance Agencies

WELLS
FARGO

For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Fax Requests To.....1-844-879-0412

Online Instructions.....www.wellsfargo.com/biz/vod

Balance Confirmation Services.....1-540-563-7323

SECTION 1: REQUESTER INFORMATION

C S I S U P P O R T A N D D E V E L O P M E N T

Company Name

A R I O N N A B R O W N

Attention

4 0 5 W I L L I A M S C O U R T S U I T E 1 0 0

Street Address

M I D D L E R I V E R M D 2 1 2 2 0

City

State

Zip

Requester Email (optional)

4 1 0 - 3 4 4 - 1 8 2 4

Requester Phone Number

4 1 0 - 3 4 4 - 1 8 4 0

Return Fax Number

SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Customer One Social Security Number

Customer One Social Security Number

Account Number(s) (Required)

Account Number(s) (Required)

Account Number(s) (Required)

Account Number(s) (Required)

Account Number(s) (Required)

Account Number(s) (Required)

Month / Day / Year

Month / Day / Year

CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder

Date

Signature of Account Holder

Date

Verification of Deposit Housing Assistance Agencies

ONLY use this form for the banks listed:

- *Citi Bank
- *PNC Bank
- *TD Bank

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

CO-OP: _____ **APT:** _____

SECTION 1: REQUESTER INFORMATION

C S I S U P P O R T & D E V E L O P M E N T

Company Name

A R I O N N A B R O W N

Attention

4 0 5 W I L L I A M S C O U R T S U I T E 1 0 0

Street Address

M I D D L E R I V E R M D 2 1 2 2 0

City

State

Zip

Requester Email (optional)

4 1 0 - 3 4 4 - 1 8 2 4

Requester Phone Number

4 1 0 - 3 4 4 - 1 8 4 0

Return Fax Number

SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Customer One Social Security Number

Customer One Social Security Number

Account Number(s) (Required)

Account Number(s) (Required)

Month / Day / Year

Month / Day / Year

CUSTOMER AUTHORIZATION

We authorize and direct this financial institution to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

X _____
Acct Holder #1 Signature Date

X _____
Acct Holder #2 Signature Date

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VERIFICATION OF ASSETS ON DEPOSIT

X

DATE: _____ TO: _____ TEL: _____ FAX: _____ EMAIL: _____	FROM: Arionna Brown for Highlandtown Plaza Co-op c/o CSI Support and Development 405 Williams Court, Suite 100 Middle River, MD 21220 TEL: 410-344-1824 RETURN TO FAX: 410-344-1840 or EMAIL: Arionna.brown@csi.coop
SUBJECT: Verification of information supplied by APPLICANT receiving housing subsidy. Please return this verification by fax to the person listed above.	

X

APPLICANT NAME: _____ **SS#:** _____

ADDRESS : _____ **APT#:** _____

↑ APPLICANT TO COMPLETE TOP SECTION ONLY ↑

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask for your cooperation in providing the following information and returning it to the person listed at the top right of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. The Applicant has consented to the release of this information. Please see the attached Authorization to Release Information.

INFORMATION BEING REQUESTED:

Type of account	Withdrawal penalty amount	Average balance for last 6 months	Current balance	Current interest rate	Number of account holders
	\$	\$	\$	%	
	\$	\$	\$	%	
	\$	\$	\$	%	
	\$	\$	\$	%	
	\$	\$	\$	%	
	\$	\$	\$	%	

Name & Title

Signature

Phone Number

Firm/Organization

Date

Fax Number



VERIFICATION OF ASSETS ON DEPOSIT

X

DATE: _____ TO: _____ TEL: _____ FAX: _____ EMAIL: _____	FROM: Arionna Brown for Highlandtown Plaza Co-op c/o CSI Support and Development 405 Williams Court, Suite 100 Middle River, MD 21220 TEL: 410-344-1824 RETURN TO FAX: 410-344-1840 or EMAIL: Arionna.brown@csi.coop
SUBJECT: Verification of information supplied by APPLICANT receiving housing subsidy. Please return this verification by fax to the person listed above.	

X

APPLICANT NAME: _____ **SS#:** _____

ADDRESS : _____ **APT#:** _____

↑ APPLICANT TO COMPLETE TOP SECTION ONLY ↑

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INFORMATION BEING REQUESTED:

Type of account	Withdrawal penalty amount	Average balance for last 6 months	Current balance	Current interest rate	Number of account holders
	\$	\$	\$	%	
	\$	\$	\$	%	
	\$	\$	\$	%	
	\$	\$	\$	%	
	\$	\$	\$	%	
	\$	\$	\$	%	

Name & Title

Firm/Organization

Signature

Date

Phone Number

Fax Number



VERIFICATION OF LIFE INSURANCE

X

DATE: _____ TO: _____ TEL: _____ FAX: _____ EMAIL: _____	FROM: Arionna Brown for Highlandtown Plaza Co-op c/o CSI Support and Development 405 Williams Court, Suite 100 Middle River, MD 21220 TEL: 410-344-1824 RETURN TO FAX: 410-344-1840 or EMAIL: Arionna.brown@csi.coop
SUBJECT: Verification of information supplied by APPLICANT receiving housing subsidy. Please return this verification by fax to the person listed above.	

X

APPLICANT NAME: _____ **SS#:** _____
ADDRESS : _____ **APT#:** _____
POLICY #'s: _____

↶
APPLICANT TO COMPLETE TOP SECTION ONLY
↷

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask for your cooperation in providing the following information and returning it to the person listed at the top right of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. The Applicant has consented to the release of this information. Please see the attached Authorization to Release Information.

Policy Number	Type of Policy	Date Policy Issued	Net Cash Surrender Value	Annual Interest or Dividend Rate	
				Dollars or	Percent
			\$	\$	%
			\$	\$	%
			\$	\$	%
			\$	\$	%
			\$	\$	%

Name & Title

Signature

Phone Number

Firm/Organization

Date

Fax Number



VERIFICATION OF LIFE INSURANCE

X

DATE: _____ TO: _____ TEL: _____ FAX: _____ EMAIL: _____	FROM: Arionna Brown for Highlandtown Plaza Co-op c/o CSI Support and Development 405 Williams Court, Suite 100 Middle River, MD 21220 TEL: 410-344-1824 RETURN TO FAX: 410-344-1840 or EMAIL: Arionna.brown@csi.coop
SUBJECT: Verification of information supplied by APPLICANT receiving housing subsidy. Please return this verification by fax to the person listed above.	

X

APPLICANT NAME: _____ **SS#:** _____
ADDRESS : _____ **APT#:** _____
POLICY #'s: _____

↶
↷

APPLICANT TO COMPLETE TOP SECTION ONLY

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask for your cooperation in providing the following information and returning it to the person listed at the top right of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. The Applicant has consented to the release of this information. Please see the attached Authorization to Release Information.

Policy Number	Type of Policy	Date Policy Issued	Net Cash Surrender Value	Annual Interest or Dividend Rate	
				Dollars or	Percent
			\$	\$	%
			\$	\$	%
			\$	\$	%
			\$	\$	%
			\$	\$	%

Name & Title

Firm/Organization

Signature

Date

Phone

Fax Number



ANNUITY or IRA VERIFICATION

X	DATE: _____	FROM: Arionna Brown for Highlandtown Plaza Co-op c/o CSI Support and Development 405 Williams Court, Suite 100 Middle River, MD 21220 TEL: 410-344-1824
	TO: _____	RETURN TO FAX: 410-344-1840 or EMAIL: Arionna.brown@csi.coop
	TEL: _____	
	FAX: _____	
	EMAIL: _____	
SUBJECT: Verification of information supplied by APPLICANT receiving housing subsidy Please return this verification by fax to the person listed above.		

X APPLICANT NAME: _____ SS#: _____
ADDRESS : _____ APT#: _____
Contract/Annuity #: _____ DOB: _____

↑ APPLICANT TO COMPLETE TOP SECTION ONLY ↑

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask for your cooperation in providing the following information and returning it to the person listed at the top right of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. The Applicant has consented to the release of this information. Please see the attached Authorization to Release Information.

Type of Annuity held: FIXED VARIABLE HYBRID IMMEDIATE LIFE OTHER

What is the total amount that was paid into the annuity by the account holder? \$ _____

What is the total amount withdrawn to date from the annuity? \$ _____

Number of account holders: _____ Net Cash Surrender Value: \$ _____

Annual earnings or interest rate: \$ _____ or % _____

Are regular withdrawals/payments being received by annuitant; including RMD? Yes No

Amount: \$ _____ Frequency: _____

Initial payment issue date: _____

Name & Title

Firm/Organization

Signature

Date

Phone Number

Fax Number



VERIFICATION OF MEDICAL EXPENSES

X

DATE: _____
TO: _____
TEL: _____
FAX: _____
EMAIL: _____

FROM:
Arionna Brown
for Highlandtown Plaza Co-op
c/o CSI Support and Development
405 Williams Court, Suite 100
Middle River, MD 21220
TEL: 410-344-1824
RETURN TO FAX: 410-344-1840 or
EMAIL: Arionna.brown@csi.coop

SUBJECT: Verification of information supplied by APPLICANT receiving housing subsidy.
Please return this verification by fax to the person listed above.

X

APPLICANT NAME: _____ SS#: _____
ADDRESS : _____ APT#: _____
ACCOUNT #: _____ DOB: _____

↑ APPLICANT TO COMPLETE TOP SECTION ONLY ↑

OUT-OF-POCKET MEDICAL EXPENSES INCLUDE services of physicians and other health care professionals, services of health care facilities, prescription/non-prescription medicines, dental expenses, eye exams and glasses, hearing aids and batteries, wheelchairs, walkers, and other medical equipment **WHICH ARE NOT PAID FOR OR REIMBURSED BY MEDICAL INSURANCE.**

Please complete the following:

Amount of dollars paid out-of-pocket for medical expenses for

- Copays
- Monthly Premiums

- 1) In the last 12 months: \$ _____ OR;
- 2) Amount of dollar expected to be paid in the next 12 months: \$ _____
- 3) Monthly Premium amount: \$ _____

Name & Title

Firm/Organization

Signature

Date

Phone Number

Fax Number



VERIFICATION OF MEDICAL EXPENSES

X

DATE: _____
TO: _____
TEL: _____
FAX: _____
EMAIL: _____

FROM:
Arionna Brown
for Highlandtown Plaza Co-op
c/o CSI Support and Development
405 Williams Court, Suite 100
Middle River, MD 21220
TEL: 410-344-1824
RETURN TO FAX: 410-344-1840 or
EMAIL: Arionna.brown@csi.coop

SUBJECT: Verification of information supplied by APPLICANT receiving housing subsidy.
Please return this verification by fax to the person listed above.

X

APPLICANT NAME: _____ SS#: _____
ADDRESS : _____ APT#: _____
ACCOUNT #: _____ DOB: _____

↑ APPLICANT TO COMPLETE TOP SECTION ONLY ↑

OUT-OF-POCKET MEDICAL EXPENSES INCLUDE services of physicians and other health care professionals, services of health care facilities, prescription/non-prescription medicines, dental expenses, eye exams and glasses, hearing aids and batteries, wheelchairs, walkers, and other medical equipment **WHICH ARE NOT PAID FOR OR REIMBURSED BY MEDICAL INSURANCE.**

Please complete the following:

Amount of dollars paid out-of-pocket for medical expenses for:

- Copays
- Monthly Premiums

- 1) In the last 12 months: \$ _____ OR;
- 2) Amount of dollar expected to be paid in the next 12 months: \$ _____
- 3) Monthly Premium amount: \$ _____

Name & Title

Firm/Organization

Signature

Date

Phone Number

Fax Number



EMPLOYMENT VERIFICATION

X

DATE: _____ TO: _____ TEL: _____ FAX: _____ EMAIL: _____	FROM: Arionna Brown for Highlandtown Plaza Co-op c/o CSI Support and Development 405 Williams Court, Suite 100 Middle River, MD 21220 TEL: 410-344-1824 RETURN TO FAX: 410-344-1840 or EMAIL: Arionna.brown@csi.coop
SUBJECT: Verification of information supplied by APPLICANT receiving housing subsidy. Please return this verification by fax to the person listed above.	

X

APPLICANT NAME: _____ **SS#:** _____
ADDRESS : _____ **APT#:** _____

↶
APPLICANT TO COMPLETE TOP SECTION ONLY
↷

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask for your cooperation in providing the following information and returning it to the person listed at the top right of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. The Applicant has consented to the release of this information. Please see the attached Authorization to Release Information.

Presently Employed: YES NO
 Is this Title V income? : YES NO

First Date of Employment: ____/____/____
 Last Date of Employment: ____/____/____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Average # of regular hours per year: _____

How many weeks are worked per year? _____

Year-to-date earnings: \$ _____ through ____/____/____

Overtime Rate: \$ _____ per hour
 Average number of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour
 Average number of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Deductions from gross for any medical, dental or pharmacy insurance premiums: \$ _____

List any anticipated change in employee's rate of pay within the next 12 months; _____ Effective date: ____/____/____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Name & Title

Firm/Organization

Signature

Date

Phone Number

Fax Number

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. Employment Verification (March, 2007)



VETERAN'S PENSION VERIFICATION

DATE: _____	FROM: Arionna Brown for Highlandtown Plaza Co-op c/o CSI Support and Development 405 Williams Court, Suite 100 Middle River, MD 21220 TEL: 410-344-1824 RETURN TO FAX: 410-344-1840 or EMAIL: Arionna.brown@csi.coop
TO: Veterans Administration Federal Bldg, 31 Hopkins Plaza Baltimore, MD 21201	
TEL: 410-230-4530	
FAX: 410-230-4541	
SUBJECT: Verification of information supplied by APPLICANT receiving housing subsidy. Please return this verification by fax to the person listed above.	

X **APPLICANT NAME:** _____ **SS#:** _____

ADDRESS: _____ **APT#:** _____

VA#: _____ **DOB:** _____

↑ **APPLICANT TO COMPLETE TOP SECTION ONLY** **↑**

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask for your cooperation in providing the following information and returning it to the person listed at the top right of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. The Applicant has consented to the release of this information. Please see the attached Authorization to Release Information.

Gross Monthly Veteran's Benefit: \$ _____

Do you anticipate a change in the gross monthly amount of the income during the next 12 months? Yes No

If Yes, date of change: ____/____/____

Amount of increase: \$ _____

Amount of decrease: \$ _____

Comments: _____

Name & Title

Firm/Organization

Signature

Date

Phone Number

Fax Number





RHIPP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What YOU Should Know
If You are App 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.

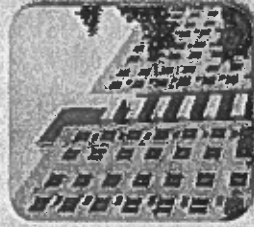
What if the information in EIV is not about me?

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/rhlp/eiv/eivhome.cfm.



JULY 2009



RESIDENT RIGHTS & RESPONSIBILITIES



Secretary of HUD

This brochure does not apply to the Public Housing Program, the Section 8 Moderate Rehabilitation Program (except for multifamily housing properties insured by HUD), and the Housing Choice Voucher Program (except when a voucher is used in a multifamily housing property with a HUD-insured mortgage).

AS A RESIDENT, YOU HAVE RIGHTS AND RESPONSIBILITIES THAT HELP MAKE YOUR HUD-ASSISTED HOUSING A BETTER HOME FOR YOU AND YOUR FAMILY.

This brochure is being distributed to you because the United States Department of Housing and Urban Development (HUD), which regulates the property in which you live, has provided some form of assistance or subsidy for your apartment. As part of its dedication to maintaining the best possible living environment for all residents, your local HUD office encourages and supports the following:

- Management agents and property owners communicate with residents on any and all issues
- Owners and managers give prompt consideration to all valid resident complaints and resolve them as quickly as possible
- Your right to file complaints with management, owners, or government agencies without retaliation, harassment or intimidation
- Your right to organize and participate in certain decisions regarding the well-being of the property and your home
- Your right to appeal a decision made by the local HUD office to the Office of Asset Management and Portfolio Oversight at HUD Headquarters.

Along with the owner/management agent, you play an important role in making your apartment, the grounds, and other common areas—a better place to live.

This brochure briefly lists some of the most important rights and responsibilities to help you get the most out of your home.



YOUR RIGHTS

As a resident of a HUD-assisted multifamily housing property, you should be aware of your rights.

Rights: *Involving Your Apartment*

- The right to live in decent, safe, and sanitary housing that is free from environmental hazards including lead-based paint.
- The right to have repairs performed in a timely manner, upon request.
- The right to be given reasonable notice, in writing, of any non-emergency inspection or other entry into your apartment.
- The right to protection from eviction except for specific causes stated in your lease.
- The right to request that your rent be recalculated if your income decreases.
- The right to access your tenant file.

Rights: *Involving Resident Organizations*

- The right to organize as residents without obstruction, harassment, or retaliation from property owners or management.
- The right to provide leaflets and post materials in common areas informing other residents of their rights and opportunities to involve themselves in their property.
- The right to use appropriate common space or meeting facilities to organize (this may be subject to a reasonable, HUD-approved fee).
- The right to meet without representatives or employees of the owner/management company present.
- The right to be recognized by property owners/management company as having a voice in residential community affairs.

Rights: *Involving Nondiscrimination*

The right to equal and fair treatment and use of your building's services and facilities, without regard to race, color, religion, gender, sexual orientation, gender identity, disability, familial status (children under 18), national origin (ethnicity or language), or in some circumstances, age.



YOUR RESPONSIBILITIES

As a resident of a HUD-assisted multifamily housing property, you also have certain responsibilities to ensure that your building remains a suitable home for you and your neighbors. By signing your lease, you, the owner and the management company have entered into a legal, enforceable contract. You are responsible for complying with your lease, house rules, and local laws governing your property. If you have any questions about your lease or do not have a copy of it, contact your property management agent or the local HUD office.

Responsibilities: *To Your Property Owner or Management Agent*

- Complying with the rules and guidelines that govern your lease.
- Paying the correct amount of rent on time each month.
- Providing accurate information to the owner/management agent's company at the certification or recertification interview to determine your total tenant payment, and consenting to the release of information by a third party to allow for verification.
- Reporting changes in the family's income or composition to the owner/management agent's company in a timely manner.

Responsibilities: *To the Property and Your Fellow Residents*

- Complying with rules and guidelines that govern your lease.
- Conducting yourself in a manner that will not disturb your neighbors.
- Not engaging in criminal activity in your apartment, common areas or grounds.
- Keeping your apartment reasonably clean, with exits and entrances free of debris, clutter or fire hazards and not littering the grounds or common areas.
- Disposing of garbage and waste in the proper manner.
- Maintaining your apartment and common areas in the same general physical condition as when you moved in.
- Reporting any apparent environmental hazards to the management (such as peeling paint, which is a hazard if it is a lead-based paint) and any defects in building systems, fixtures, appliances, or other parts of the apartment, the grounds, or related facilities.



YOUR RIGHT TO BE INVOLVED

In decisions affecting your home

As a resident in HUD-assisted multifamily housing, you play an important role in decisions that affect your community. Different HUD programs provide for specific resident rights. You have the right to know under which HUD program your building is assisted. To find out if your apartment building is covered under any of the following programs, contact your management agent, Section 8 contract administrator, or the HUD office nearest you. If your building was funded under HUD's Rental Assistance Demonstration Program, or HUD's Section 236, 221(d)(3)/BMIR, Rental Assistance, Section 202 Direct Loan or Section 202/811 Capital Advance Programs or is assisted under any applicable project based Section 8 program or Rent Supplement, you have the right to be notified of, or in some instances, to comment on, the following:

- Nonrenewal of a project based Section 8 contract
- An increase in the maximum permissible rent
- Conversion of a project from project-paid utilities to tenant-paid utilities
- A proposed reduction in tenant utility allowance
- Conversion of residential apartments in a multifamily housing property to a nonresidential use or to condominiums, or the transfer of the housing property to a cooperative housing mortgagor corporation or association
- Transfer of the project-based Section 8 contract in your property to one or more buildings at other locations
- Partial release of mortgage security
- Capital improvements that represent a substantial addition to the project
- Prepayment of mortgage (*if prior HUD approval is required before owner can prepay*)
- Any other action, which could ultimately lead to involuntary, temporary or permanent relocation of residents
- If you live in a building that is owned by HUD and is being sold, you have the right to be notified of, and comment on HUD's plans for disposing of the building.



ELIGIBILITY FOR ENHANCED VOUCHERS

If your apartment is assisted under a project-based Section 8 contract that is ending, and if the owner decides not to renew it, the owner is required by law to notify you in writing of that decision at least one year before the contract expires. Under these circumstances, you may be eligible for an Enhanced Voucher (EV), which owners are required to accept and which would give you the Right to Remain in a apartment at your property, provided that you are in compliance with your lease and the property remains rental housing. HUD will select a local Public Housing Agency (PHA) to provide an EV for eligible families who decide to remain at the property and to administer this assistance.

If you decide to remain at your property using an EV, a higher payment standard will be used to determine the amount of Section 8 assistance that is paid on your behalf if the gross rent for the apartment is more than the PHA's payment standard. However, the PHA must determine that the rent that the owner charges for your apartment is reasonable, and you must continue paying at least the amount of rent that you were previously paying.

If you are eligible for an EV, you can instead choose to move out of the property and use the voucher to rent a apartment anywhere in the United States where the owner will accept the voucher and the rents are in an allowable range, subject to approval. If you move out, however, the voucher is no longer "enhanced," and the amount of Section 8 assistance that is paid on your behalf will be based on the PHA's normally applicable payment standard.



ADDITIONAL ASSISTANCE

For additional help or information, you may contact:

- Your property manager or the management company
- The account executive for your property in HUD's Multifamily Regional Center or Regional Satellite Center
- HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 to report maintenance or management concerns
- HUD's Office of Fair Housing and Equal Opportunity at 1-800-669-9777, if you believe you've been discriminated against
- HUD's Office of Inspector General Hot Line at 1-800-347-3735 to report fraud, waste, or mismanagement
- HUD's Housing Counseling Service locator at 1-800-569-4287 for the housing counseling agency in your community
- Your local government tenant/landlord affairs office, legal services office or tenant organizations to obtain information on additional rights under local and state law
- If appealing a local HUD Office decision, you may contact the Director of the Office of Asset Management and Portfolio Oversight in Washington, DC at 202-708-3730

ON-LINE RESOURCES:

- **Housing and Urban Development website:** www.hud.gov
- **The local HUD Field Office:** <http://www.hud.gov/local/index.cfm>.
- **Note: To locate your local field office, select:** Contact My Local Office (*under the I Want To section*)



U.S. Department of Housing and Urban Development
Office of Multifamily Housing Programs
Washington, DC 20410-0000 Official Business
Penalty for Private Use \$300



This brochure about your rights and responsibilities as a resident of HUD assisted multifamily housing is available in 13 alternate languages in addition to English and Braille. To determine if your language is available, please contact HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 or visit <http://www.hud.gov/offices/fheo/lep.xml>.