



Number of Bedrooms:

**Cooperative Membership Application**

**Applicant Information:** Please include everyone who will reside in the unit in the next 12 months

First Name:	Middle Name:	Last Name:
Date of Birth:	SSN:	Phone:
Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/>		
Current Address:		
City:	State:	Zip Code:
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Monthly Rent/Pmt:	Length at address:
Current Landlord:	Address:	Phone #:
If less than 3 years at above address: Previous Landlord:	Address:	Phone #:
List Previous States Resided In:	States: 1. 2. 3.	Dates (M/Y-M/Y): 1. 2. 3.

**Co-Applicant Information:**

First Name:	Middle Name:	Last Name:
Date of Birth:	SSN:	Phone:
Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/>		
Current Address:		
City:	State:	Zip Code:
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Monthly Rent/Pmt:	Length at address:
Current Landlord:	Address:	Phone #:
If less than 3 years at above address: Previous Landlord:	Address:	Phone #:
List Previous States Resided In:	States: 1. 2. 3.	Dates (M/Y-M/Y): 1. 2. 3.



### Household Composition:

Full Name	Relationship to Applicant	Date of Birth	SSN	Gender (Optional)
1.	SELF			
2.				
3.				
4.				
5.				
6.				

### Applicant Employment Information:

Current Employer:

Employer Address:		Length of Employment:
City:	State:	Zip code:
Phone:	Email:	Fax:
Position:	Hourly ____ Salary ____	Annual Income:
Do you have any other source of income? Yes ____ No ____	Source:	Amount:

### Co-Applicant Employment Information:

Current Employer:		
Employer Address:		Length of Employment:
City:	State:	Zip code:
Phone:	Email:	Fax:
Position:	Hourly ____ Salary ____	Annual Income:
Do you have any other source of income? Yes ____ No ____	Source:	Amount:



**Income:**

Please list the total benefit income of all members of the household. If a divorce decree or separation agreement exists but payments are not received, list the amount court ordered by the document.

Benefit Type	Please Circle	Amount Received	Per	Household Member Receiving Benefit
Social Security (Adult)	Y N			
Social Security (Child)	Y N			
SSI (Adult)	Y N			
SSI (Child)	Y N			
Disability or Death Benefits	Y N			
Public Assistance (AFDC, TANF)	Y N			
Alimony	Y N			
Child Support	Y N			
<b>Income Type</b>				
Income from Self-Owed Business	Y N			
Recurring Cash Contributions or Gifts including Rent or Utility Payments	Y N			
Worker's Compensation	Y N			
Unemployment Benefits	Y N			
Severance Pay	Y N			
Payments from Insurance Policies	Y N			
Retirement Benefits	Y N			
Pension Benefits	Y N			
Educational Grants/Scholarships	Y N			
Veteran's Administration Benefits	Y N			
Military Reserves/National Guard	Y N			
GI Bill Benefits	Y N			
Periodic Payments from Lottery Winnings	Y N			
Member of Indian Tribe receiving gaming payments	Y N			
Any Other Income: _____	Y N			

### Asset Information:

Does any member of the household own any of the following types of assets?  
 If additional space needed, please use other at bottom of list.

Type of Asset	Please Circle	Value or Current Balance	Name of Financial Institution
Checking Account	Y N		
Savings Account	Y N		
Credit Union Shares	Y N		
Stocks/Bonds	Y N		
Treasury Bills	Y N		
Money Market Funds	Y N		
Certificate of Deposit	Y N		
Rental Property	Y N		
Real Estate/Mortgages/ Land Contracts	Y N		
Safe Deposit Box	Y N		
Deeds or Trust	Y N		
Annuities	Y N		
Own a Mobile Home	Y N		
IRA or Keogh Account	Y N		
Mutual Funds	Y N		
Personal Property held for investment	Y N		
Other Financial Assets	Y N		
Additional if Needed:			
Checking Account	Y N		
Savings Account	Y N		
Checking Account	Y N		
Savings Account	Y N		
Checking Account	Y N		
Savings Account	Y N		
Other:			
Other:			
Other:			

**Property Information:**

If you own any real estate, answer below:

1. Monthly Mortgage \$ \_\_\_\_\_ Unpaid Balance \$ \_\_\_\_\_

Monthly income of Property \_\_\_\_\_

**Disposal of Assets:**

Have you disposed of any assets for less than fair market value or given any assets away in the past two (2) years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

Asset(s) \_\_\_\_\_ Market Value \$ \_\_\_\_\_

Monetary Value received: \$ \_\_\_\_\_ Date of Disposal: \_\_\_\_\_

**Information:**

Have you ever lived or applied to purchase in Concord Village? Yes \_\_\_ No \_\_\_  
If yes, please include dates and reason for leaving:

\_\_\_\_\_

Do you know anyone who lives or has lived at Concord Village? Yes \_\_\_ No \_\_\_

If yes, who? \_\_\_\_\_

Do you anticipate a change in household composition during the next 12 months? Yes \_\_\_ No \_\_\_

Will any of the above household members live anywhere except in the unit? Yes \_\_\_ No \_\_\_

Will any other persons live in the apartment on a less than a full-time basis? Yes \_\_\_ No \_\_\_

If you answered "Yes" to any of the above questions, please explain:

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

Are you or any household member a full-time or part-time student at an institute of higher learning?

Yes \_\_\_ No \_\_\_

If yes, who? \_\_\_\_\_

School you/they are attending: \_\_\_\_\_

Is anyone who will reside in the household subject to State lifetime sex offender registration in any state?

Yes \_\_\_ No \_\_\_

If Yes, explain:

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

Have you ever been, or are you now being evicted, or a party to any dispute over rent, resident relations, or HUD subsidy? Yes \_\_\_ No \_\_\_

If yes, please explain:

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



If you are receiving, or have received HUD rental assistance, has your assistance ever been terminated for fraud, non-payment of rent, failure to cooperate with the recertification process or any other reason? Yes \_\_\_ No \_\_\_

If yes, please explain:

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Are you, or any member of your household currently an illegal user of a controlled substance or, have been convicted of the illegal manufacture, or distribution of a controlled substance, or convicted of illegal use of a controlled substance? Yes \_\_\_ No \_\_\_

Have you, or any member of your household been convicted of a felony or a drug or violence misdemeanor? Yes \_\_\_ No \_\_\_

If yes to either question, please explain:

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Have you or your spouse/co-applicant ever used different names from the names given in this application?

If yes, please explain:

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How did you hear about Concord Village? \_\_\_\_\_

## RACE AND ETHNICITY DATA COLLECTION

The following information is requested by the Federal Government to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity, and sex of applicants based on visual observation or surname.

I do not wish to furnish this information.

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race: *(Mark one or more)*

American Indian / Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Gender: *Optional*

Male

Female

Non-Discrimination Statement:

**This institution is an equal opportunity provider.**

Information provided by Management.





**VEHICLE REGISTRATION FORM**

<b>PLEASE LIST ALL DRIVERS IN THE HOUSEHOLD BELOW</b>		<b>Phone #:</b>		
	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>	<b>VEHICLE 3</b>	<b>VEHICLE 4</b>
<b>MAKE:</b>				
<b>MODEL:</b>				
<b>COLOR:</b>				
<b>YEAR:</b>				
<b>LICENSE PLATE#</b>				
<b>CHECK IF MOTORCYCLE:</b>				
<b>DECAL#:</b>				

**ATTACH THE FOLLOWING DOCUMENTS**

- Copy of each vehicle's registration
- Copy of Driver's license of each person registering vehicles

IMPORTANT: VEHICLE(S) MAY BE TOWED AT OWNER'S/TENANT'S EXPENSE IF NOT REGISTERED AND/OR A PARKING DECAL PERMIT IS NOT DISPLAYED ON THE VEHICLE. I HAVE READ AND AGREE TO COMPLY WITH THE CONCORD VILLAGE POLICY, RULES AND REGULATIONS WHICH APPLY TO THE PARKING AND OPERATION OF VEHICLES WITHIN THE COMMUNITY.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**EMERGENCY CONTACT INFORMATION**

<b><u>Member Info</u></b>		
Member Name:		
Address:		
Home Phone#:	Cell#	Work#
<b><u>Emergency Contact's</u></b>		
Name:		Relationship:
Address:		
Home Phone#:	Cell#	Work#
Name:		Relationship:
Address:		
Home Phone#:	Cell#	Work#



**PET ADDENDUM**

This pet addendum is an amendment to the occupancy agreement between \_\_\_\_\_  
and Concord Village, Inc. covering Unit# \_\_\_\_\_

- 1. Member has read, understands, and agrees to abide by all Rules and Regulations pertaining to pets.
- 2. Member has completed a Pet Application Form and has been granted permission by Concord Village, Inc. to keep pet(s) specified under the following terms and conditions as well as those outline in the Rules and Regulations:
  - a. That the pet will be allowed out of the pet owner’s unit or yard only under the complete control of a responsible human companion and on a hand-held leash or in a pet carrier.
  - b. That any damage to the exterior or interior of the premises, grounds, flooring, walls, trim, finish, tiles, carpeting, or any stains, etc., caused by the pet will be the full financial responsibility of the Member and that Member agrees to pay all costs involved in the restoration to its original condition. If because of any such stains, etc., said damage is such that it cannot be removed, then Member hereby agrees to pay the full expense of replacement.
  - c. That the Member will provide adequate and regular veterinary care, as well as ample food and water, and will not leave pet unattended for any undue length of time. Member will diligently maintain cleanliness of litter boxes as well as pet sleeping and feeding areas. Member will prevent pets from engaging in behaviors or creating excessive noise at a level that disturbs neighbors, including, but not limited to, barking, jumping, and running.
  - d. That if there is reasonable cause to believe an emergency exists with respect to the pet, and if efforts to contact the Member and emergency caretaker are unsuccessful, the Manager or the manager’s agents may contact the local animal control authority and assist its staff in entering the Member’s unit. Examples of an emergency include suspected abuse, abandonment, fire or other disaster, or any prolonged disturbance. If it becomes necessary for the pet to be boarded, any and all costs incurred will be the sole responsibility of the Member.
  - e. Pets will not be left unattended on back patios while Member is not home.
  - f. Member agrees to indemnify, hold harmless, and defend Concord Village, Inc, Sunrise Property Management or manager’s agents against all liability, judgments, expenses (including attorney’s fees), or claims by third parties for any injury to any person or damage to property of any kind whatsoever caused by the Member’s pet(s).

\_\_\_\_\_  
PRINT MEMBER’S NAME

\_\_\_\_\_  
MEMBER’S SIGNATURE

DATE

**Concord Village, Inc**  
\_\_\_\_\_

PROPERTY NAME

DATE



## PET APPLICATION

Concord Village, Inc. requires all Members wishing to bring pets into the community to read, understand and abide by the rules outlined in the rules and regulations and pet addendum. These policies consider the needs of management, pet owning Members and non-pet owning Members, as well as the needs of the pets themselves. The intent of this policy is to create a harmonious co-existence of all in our community living situation by fostering an attitude of respect, cooperation, and consideration.

**Provide the following information:**

Type of pet: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Description: \_\_\_\_\_ Breed: \_\_\_\_\_

**Attach evidence of the following, in the form of a receipt or other written verification, from the veterinarian:**

License: tag number # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Evidence of Maricopa County required vaccinations

Evidence of spay/neuter-ATTACH

Veterinarian Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**• Emergency pet caretaker #1:**

Name: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

**• Emergency pet caretaker #2:**

Name: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

CHECK BOX IF YOU HAVE EQUAL ACCESS REQUIREMENTS (Additional Form Required)

Member Name (printed) \_\_\_\_\_

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

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



## PET WAIVER

I do not have a pet at this time but agree to inform management within 10 days should I acquire a pet. I also agree to register and abide by the pet policy shall I acquire one in the future.

Member Name (printed) \_\_\_\_\_

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

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



**CRIME FREE OCCUPANCY AGREEMENT ADDENDUM**

In consideration for the execution or renewal of your occupancy agreement of the dwelling unit identified in the occupancy agreement, Manager or Owner and Member agree as follows: Member, any member(s) of the Member's household, a guest or any other person affiliated with the Member, at or near the Member premises:

1. Shall not engage in criminal activity, including drug-related criminal activity, on or near the said premises. "Drug related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use an illegal or controlled substance (as defined in Section 102 of the Controlled Substance Act [21 U.S.C. 802]).
2. Shall not engage in any act intended to facilitate criminal activity.
3. Will not permit the dwelling unit to be used for, or to facilitate criminal activity.
4. Shall not engage in the unlawful manufacturing, selling, using, storing, keeping, or giving of an illegal or controlled substance as defined in A.R.S. 13-3451, at any locations, whether on or near the dwelling unit premises.
5. Shall not engage in any illegal activity, including, but not limited to prostitution as defined in A.R.S. 13- 3211, criminal street gang activity as defined in A.R.S. 13-105 and A.R.S. 13-2308, threatening or intimidating as prohibited in A.R.S. 13-1202, assault as prohibited in A.R.S. 13-1203, including but not limited to the unlawful discharge of a weapon, on or near the dwelling unit premises, or any breach of the occupancy agreement that otherwise jeopardizes the health, safety and welfare of the landlord, his agent, or other tenant, or involving imminent or actual serious property damage, as defined in A.R.S.33-1368.
6. VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE OCCUPANCY AGREEMENT AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF TENANCY. A single violation of any of the provisions of this added addendum shall be deemed a serious violation, and a material and irreparable non-compliance. It is understood that a single violation shall be good cause for immediate termination of the occupancy agreement under A.R.S. 33-1377, as provided in A.R.S. 33- 1368. Unless otherwise provided by law, proof of violation shall not require a criminal conviction, but shall be by a preponderance of the evidence.
7. In case of conflict between the provisions of this addendum and any other provisions of the occupancy agreement, the provisions of this addendum shall govern. I hereby authorize management to use all police generated reports as direct evidence in all eviction hearings against me.
8. This OCCUPANCY AGREEMENT ADDENDUM is incorporated into the occupancy agreement executed or renewed this day between

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager or Owner Signature

\_\_\_\_\_  
Date



**NOTIFICATION OF ENFORCEMENT OF CRIME FREE ADDENDUM TO OCCUPANCY AGREEMENT**

Arizona recently passed a Medical Marijuana law that permits the limited use of Medical Marijuana in specific and limited circumstances. The State of Arizona has adopted rules that govern the manner of establishing the regulations for the use of medical marijuana.

Despite Arizona's new law, the federal Controlled Substance Act (CSA) categorizes marijuana as a Schedule 1 substance and the manufacture, distribution, or possession of marijuana is a federal criminal offense. See 21 U.S.C. 801 et seq. Furthermore, the U.S. Department of Housing and Urban Development has sent out a Memorandum that specifically states that the use of marijuana for medical purpose violates federal law and that federal and state nondiscrimination laws do not require landlords to accommodate requests by current or prospective residents with disabilities to use medical marijuana. See Medical Use of Marijuana and Reasonable Accommodation in Federal Public and Assisted Housing dated January 20, 2011.

Concord Village, Inc has determined that the use, possession, distribution or manufacture of marijuana in any unit or common area has been determined to interfere with the health, safety, welfare and right to peaceful enjoyment of the premises by other Members. As such, the Board and management hereby informs and reminds all Members and Occupants that they signed a Crime Free Addendum when they moved in and, pursuant to that addendum and the supporting federal laws, any use of marijuana ( medical or otherwise ) by Members, occupants, or their guests will result in an immediate termination of occupancy. By signing this form, you understand and agree the Board and Management may take appropriate legal action to enforce the Crime Free Addendum and this agreement, including termination of your membership in the event you, other occupants or guests, or others associated with you violate such Occupancy agreement and Addendums.

If you have any questions or concerns about this policy, please speak to management.

Member	Date
Member/Occupant	Date
Member/Occupant	Date
Member/Occupant	Date
Member/Occupant	Date

**Exhibit 6-3: Disclosure Form for Target Housing Rentals and Leases**

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

**Lessor's Disclosure (initial)**

\_\_\_\_\_ (a) Presence of lead-based paint or lead-based paint hazards (check one below):

Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).  
\_\_\_\_\_

Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

X \_\_\_\_\_ (b) Records and reports available to the lessor (check one below):

Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).  
\_\_\_\_\_

Report of Findings August 1995

Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgment (initial)**

\_\_\_\_\_ (c) Lessee has received copies of all information listed above.

\_\_\_\_\_ (d) Lessee has received the pamphlet *Protect Your Family from Lead In Your Home*.

**Agent's Acknowledgment (initial)**

\_\_\_\_\_ (e) Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

Concord Village, Inc.

Lessor \_\_\_\_\_ Date \_\_\_\_\_ Lessor \_\_\_\_\_ Date \_\_\_\_\_

Lessee \_\_\_\_\_ Date \_\_\_\_\_ Lessee \_\_\_\_\_ Date \_\_\_\_\_

Agent \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_ Date \_\_\_\_\_



**Race and Ethnic Data Reporting Form**

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

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

**Concord Village, Inc. 123-14002**

631 E. Lexington Place Tempe, AZ 85281

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
Concord Village, Inc./Sunrise Property Management		<b>HUD Cooperative</b>
<b>Name of Owner/Managing Agent</b>		<b>Type of Assistance or Program Title:</b>

<b>Name of Head of Household</b>	<b>Name of Household Member</b>
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Date (mm/dd/yyyy): \_\_\_\_\_

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

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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

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

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

U.S. Department of Housing and Urban Development

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

**This Package contains the following documents:**

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

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

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

## Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

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

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

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

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

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

### Customer Protections

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

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

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

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

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

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

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

### Consequences for Not Signing the Consent Forms

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

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

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

### Programs Covered by this Fact Sheet

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

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

# Notice and Consent for the Release of Information

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

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)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):  Two Arizona Center 400 N. 5 <sup>th</sup> St. Phoenix, AZ 85004	O/A requesting release of information (Owner should provide the full name and address of the Owner.):  Concord Village, Inc. 631 E. Lexington Place Tempe, AZ 85281	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 information it obtains in accordance with any applicable State privacy law. (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes After receiving the information covered by this notice of consent, HUD, the HHS to disclose to the Department of Housing and Urban Development O/A, and the PHA may inform you that your eligibility for, or level of, assistance (HUD) information in the NDNH portion of the "Location and Collection is uncertain and needs to be verified and nothing else. System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal HUD, O/A, and PHA employees may be subject to penalties for unauthorized identifiers, to conduct analyses of the employment and income reporting of disclosures or improper uses of the income information that is obtained based these individuals. Information may be disclosed by the Secretary of HUD to a on the consent form. 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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

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

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income  
1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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

Original is retained on file at the project site

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

form HUD-9887 (02/2007)

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

Verification by Owners of Information  
Supplied by Individuals Who Apply for Housing Assistance  
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 HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

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

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

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

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

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

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

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

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

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

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

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

**Failure to Sign the Consent Form**

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

**Conditions**

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Title

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

**Penalties for Misusing this Consent:**

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

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

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





# APPLYING FOR HUD HOUSING ASSISTANCE?

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

## Do You Realize...

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

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

## Do You Know...

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

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

## So Be Careful!

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

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

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

- Any increase in income, such as wages from a new job or an expected pay raise or bonus.
- All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.
- All income from assets, such as interest from savings and checking accounts, stock dividends, etc.
- Any business or asset (your home) that you sold in the last two years at less than full value.
- The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.
- (Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

### Ask Questions

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

### Watch Out for Housing Assistance Scams!

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

### Report Fraud

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



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

December 2005



## PENALTIES FOR FALSE INFORMATION

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

I hereby certify I have read and received the HUD handout about supplying false information and understand as the Applicant/Member/Occupant, if false information is submitted regarding but not limited to income, family composition, or any other data requested in this application for Membership or at time of recertification, the Corporation, at its discretion, may impose the following penalties :

1. Terminate the Membership in compliance with Article 13.
  
2. Terminate the assistance, and with HUD approval, require the Member to pay the higher HUD approved Over Income rate for the unit for as long as the Member remains in the project. In addition, the Member could become subject to penalties available under Federal Law. Those penalties include fines up to \$5,000 and imprisonment for up to two (2) years.

Signed under the pains and penalties of perjury,

Member	Date
Member/Occupant	Date
Member/Occupant	Date
Member/Occupant	Date
Member/Occupant	Date



**Authorization:**

I/We hereby authorize Concord Village, Inc., Sunrise Property Management, its successors and/or assigns to conduct an inquiry concerning my credit history, housing report, criminal report or whatever it deems necessary to process my application. I agree to hold Concord Village, Inc. and Sunrise Management harmless for any claims that may arise because of this investigation. I/We affirm that the foregoing information is true and correct to the best of my/our knowledge

**Section 1001, Title 18, U.S.C., "Fraud and False Statements", provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.**

**All adults over 18 must sign below.**

Applicant Signature:	Date:
Co-Applicant Signature:	Date:
Occupant:	Date:
Occupant:	Date:
Occupant:	Date:
Occupant:	Date:



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



**RHIIP**

**RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT**

## *What You Should Know About EIV*

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

### **What is EIV?**

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

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

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

### **What is the EIV information used for?**

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

### **Is my consent required in order for information to be obtained about me?**

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

***Note:*** *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

### **What are my responsibilities?**

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

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Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

#### **What are the penalties for providing false information?**

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

#### **What do I do if the EIV information is incorrect?**

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Debts owed to PHAs and termination information** reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Employment and wage information** reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

**Identity Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

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

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/iv/dm>.

**The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:**

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

**My signature below is confirmation that I have received this Guide.**

Signature

Date



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# EIV & You

ENTERPRISE INCOME VERIFICATION



What YOU Should Know  
if You are Applying or are Receiving

Rental Assistance through the Department of  
Housing and Urban Development (HUD)

## What is EIV?

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



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

The Social Security Administration:

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

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

## What is the information in EIV used for?

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

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

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

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

## Who has access to the EIV information?

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

## What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and

recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



### Penalties for providing false information

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

### Protect yourself, follow HUD reporting requirements

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

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

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

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



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

### What if I disagree with the EIV information?

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

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

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

### What if the information in EIV is not about me?

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

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

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

If you need further assistance, you may contact the contract administrator for the property you live in;

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



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

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

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



JULY 2009