

CHOCTAW PROPERTIES
202 SUPPORTIVE HOUSING FOR THE ELDERLY
P.O. BOX G HUGO OK. 74743
877-326-0605 580-326-0600
FAX: 580-326-0010

APPLICANTS
PLEASE READ CAREFULLY

Thank you for your interest in Choctaw Properties Supportive Housing for the Elderly program. Please submit the following requested information.

- Application – Dated and Signed
- All household income must be verified by source of income
- All documents enclosed signed and dated
- Copy of Social Security cards for all family members
- A Criminal Background check must be signed before a notary & notarized (This form must be notarized before sending it in.)
- Two previous landlord references or two 3rd party statements from someone other than relatives.
- If any applicant requires assistance in completing this application such as reader, interpreter, or any other special needs please contact us for assistance.

All required documents must be returned with the application for your application to be processed.

If your application is incomplete, your application will be returned to you for completion.
If you fax your application in, you must then mail the original application to our office.
The waiting list is maintained according to date of application.

Please allow 5 to 7 days before contacting our office concerning your placement on the Waiting List.



**CHOCTAW PROPERTIES, INC.
P.O. BOX G
HUGO OKLAHOMA 74743**

APPLICATION

Applicant Name _____
 S.S. Number _____ Date of Birth _____
 Marital Status M ___ S ___ D ___ W ___ Common Law ___ Separated ___
 Current Address _____ City, State, Zip Code _____
 Home Phone _____ Work Phone _____ Spouse Work Phone _____

List Names, Addresses & phone numbers of two relatives or friends who know how to contact you

NAME _____	NAME _____
Address _____	Address _____
Phone # _____	Phone # _____

FAMILY COMPOSTITION—complete the information below for each member who will be living in your unit.

Name of Family Member	DOB	SEX	AGE	Relationship to Family Head	Social Security Number	Occupation or Student
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1. _____
 2. _____

**Assets: List the type and value of any assets you have
(Bonds, Savings & Checking Accts, Real Estate, Etc.)**

Have you or any member of your household been convicted of
 A crime other than a traffic violation ___ yes ___ no
 If yes explain: _____

1. _____
 2. _____
 3. _____

Family Member with Income	Wages (Annual)	Social Security	Supplemental Security Income	TANF	Veterans	Other
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1. _____
 2. _____
 3. _____
 4. _____

YOUR APPLICATION WILL BE RETURNED TO YOU FOR COMPLETION IF IT IS INCOMPLETE

Office use only

Date _____
 Time _____

1. Do you pay for medical insurance for yourself and/or other members of your household? Yes No
If so, specify the amount of premium per month. _____
2. Do you have medical bills outstanding on which you are paying? Yes No
3. Do you anticipate any prescription bills in the coming year? Yes No
4. Do you pay a care attendant for any equipment for the handicapped member(s) of the household to permit that person or someone else in the family to work? Yes No
If yes, describe the expenses _____

ADDITIONAL INCOME INFORMATION

1. Does any member of your household receive educational grants and/or scholarships? Yes No
If yes, specify amount(s). _____
2. Does any member of your household receive cash contributions from individuals not living with you?
 Yes No
3. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificate of deposit, stocks or bonds, income from rental property, etc.? Yes No
4. Does any member of your household receive child support? Yes No If yes, specify amount _____.

AGREEMENT: I/We certify that the information provided in this application is true and accurate to the best of my/our knowledge. I/We understand that false information/statements are grounds for termination of occupancy or housing assistance and are punishable under federal law.

I/We understand that this is not a contract and does not bind either party.

I/We understand that the above information is being collected to determine eligibility for assistance. Information given will be verified and may be released to appropriate federal, state, or local agencies.

Head of Household **Date** **Spouse** **Date**

OFFICE USE ONLY-PLEASE DO NOT WRITE BELOW THIS LINE

Date/Time Application Received _____ Recertification Date _____

Program # _____ Account# _____ Project# _____ Bedroom Size _____

Current Payment _____ Effective Date _____

Prepared By _____ Date _____

I _____ do hereby give the person(s) listed below permission to make inquiries on my behalf regarding the status of my application. I understand the staff will not release any information to any other person(s) not listed below.

Please print names of those person(s) you authorize below:

1. _____

2. _____

3. _____

I must notify the Independent Elderly Staff in writing of any changes I may wish to make in the future.

Applicant Signature

Date

Witnessed by

Date

CHOCTAW POTEAU PROPERTIES

RULES FOR PETS

The following rules are established to govern the keeping of pets in and on properties owned and operated by the Choctaw Nation Housing Authority.

Tenants permitted a pet are those **sixty-two years of age and older or a house-confined handicap person with a doctors statement**. All pets must be registered with the Housing Authority. Tenants must receive a written permit to keep any animal on or about the premises. This privilege may be revoked at any time subject to the Housing Authority's grievance procedure if the animal becomes destructive or a nuisance to others, or if the tenant/owner fails to comply with the following:

1. A maximum number of one pet is allowed for elderly families or handicap families with a doctor's statement.
2. Permitted pets are domesticate dogs, cats, birds, and fish aquariums. Dogs and cats weight must be less than 25 pounds.
3. Dogs are to be licensed yearly with the proper authorities, and tenants must show proof of the yearly distemper also.
4. **No vicious or intimidating dogs are to be kept.**
5. All cats and dogs are to be spayed or neutered. If such animals are not spayed/neutered and have offspring, the tenant is in violation of this rule.
6. No pet may be kept in violation of humane or health laws.
7. Dogs and cats shall remain inside a tenants unit unless outside and they are to be on a leash at all times. Birds must be confined to a cage at all times.
8. Cats are to use litter boxes kept in tenant's premises. Tenant is not allowed to let waste accumulate.
9. Tenants are responsible for promptly cleaning up pet droppings, if any, outside of unit, and properly disposing of said droppings.
10. Tenants shall take adequate precautions to eliminate any pet odors within or around unit and maintain unit in a sanitary condition at all times.
11. Tenant shall not permit and disturbance by their pet which would interfere with the quite enjoyment of the other tenants whether by loud barking, howling, biting, scratching, chirping, or other such activities.
12. If pets are left unattended for 24 hrs and more, the Housing, Authority may enter the unit to remove the pet and transfer it to the proper authorities.
13. Tenants shall not alter their unit, patio, or unit area to create an enclosure for an animal.
14. Tenant is responsible for all damages caused by their pets.
15. Tenants are prohibited from feeding stray animals. The feeding of stray animals shall constitute having a pet without permission from the Housing Authority.
16. Tenant shall pay a damage deposit for each pet as follows: Dog, \$150.00; Cat, \$150.00; Fish and Bird, none. The tenant shall pay this deposit in advance or on the acceptance of said pet. This deposit is Non Refundable. This fee is separate from the required security deposit.
17. Tenants who violate these rules are subject to (A) loss of deposit (B) being required to get rid of the pet within 30 days of notice by the Housing Authority; and/or (C) eviction.

I HAVE READ AND UNDERSTAND THE ABOVE REQUATIONS REGARDING PETS AND AGREE TO CONFORM TO THE SAME.

SIGNATURE

DATE

PLEASE TAKE THIS FORM TO YOUR PREVIOUS/PRESENT LANDLORD, HAVE THEM TO: COMPLETE IT AND RETURN TO YOU, FOR YOU TO PUT WITH OTHER FORMS FOR SUBMISSION.

DATE : _____

TO : _____

_____ has/have applied for residency for assistance in our Section 202 Supportive Housing for the Elderly Program. Your name and address were given by the applicant as a Person/Landlord reference.

Please fill out the questionnaire below and return it as soon as possible in the envelope provided, so we can process this applicant in a reasonable period of time. ALL INFORMATION IS HELD IN STRICT CONFIDENCE.

Thank you for your cooperation and prompt reply.

LANDLORD

1. HOW LONG DID THE TENANT RENT FROM YOU? _____
2. WHAT WAS THE MONTHLY RENT? _____
3. DID THIS TENANT PAY PROMPTLY? _____
4. DID THIS TENANT LEAVE THE PROPERTY IN SATISFACTORY CONDITION? _____
5. WAS THERE A DEPOSIT? _____ WAS IT RETURNED? _____
6. DID THE TENANT MAINTAIN DESIRABLE LIVING CONDITIONS: A WELL KEPT HOUSE? _____
7. DID THE TENANT GET ALONG WITH THE OTHER TENANTS, NEIGHBORS? _____
8. WERE THE CHILDREN ADEQUATELY SUPERVISED? _____
9. WHAT WAS THE REASON FOR THE APPLICANT LEAVING YOUR APARTMENT? _____
10. DID THE TENANT GIVE PROPER NOTICE TO MOVE? _____
11. WOULD YOU RENT TO THE APPLICANT IN THE FUTURE? _____
12. ADDITIONAL COMMENTS(USE BACK OF PAPER IF NECESSARY) _____

SIGNATURE OF LANDLORD/DATE

PHONE #

Return to: Choctaw Housing
ATTN: 202
P.O. Box G
Hugo, OK 74743

PLEASE TAKE THIS FORM TO YOUR PREVIOUS/PRESENT LANDLORD, HAVE THEM TO: COMPLETE IT AND RETURN TO YOU, FOR YOU TO PUT WITH OTHER FORMS FOR SUBMISSION.

DATE : _____

TO : _____

_____ has/have applied for residency for assistance in our Section 202 Supportive Housing for the Elderly Program. Your name and address were given by the applicant as a Person/Landlord reference. Please fill out the questionnaire below and return it as soon as possible in the envelope provided, so we can process this applicant in a reasonable period of time. ALL INFORMATION IS HELD IN STRICT CONFIDENCE. Thank you for your cooperation and prompt reply.

LANDLORD

1. HOW LONG DID THE TENANT RENT FROM YOU? _____
2. WHAT WAS THE MONTHLY RENT? _____
3. DID THIS TENANT PAY PROMPTLY? _____
4. DID THIS TENANT LEAVE THE PROPERTY IN SATISFACTORY CONDITION? _____
5. WAS THERE A DEPOSIT? _____ WAS IT RETURNED? _____
6. DID THE TENANT MAINTAIN DESIRABLE LIVING CONDITIONS: A WELL KEPT HOUSE? _____
7. DID THE TENANT GET ALONG WITH THE OTHER TENANTS, NEIGHBORS? _____
8. WERE THE CHILDREN ADEQUATELY SUPERVISED? _____
9. WHAT WAS THE REASON FOR THE APPLICANT LEAVING YOUR APARTMENT? _____
10. DID THE TENANT GIVE PROPER NOTICE TO MOVE? _____
11. WOULD YOU RENT TO THE APPLICANT IN THE FUTURE? _____
12. ADDITIONAL COMMENTS(USE BACK OF PAPER IF NECESSARY) _____

SIGNATURE OF LANDLORD/DATE

PHONE #

Return to: Choctaw Housing
ATTN: 202
P.O. Box G
Hugo, OK 74743

Criminal Background Check

I _____ being of sound mind, do hereby authorize Choctaw Properties to do a **CRIMINAL BACKGROUND CHECK** with Law Enforcement Agencies. I/We are also aware and have been advised that due to finding any criminal history on myself/us, my/our application will be terminated immediately.

I/We further agree upon written consent, I/We will not hold/file any lawsuit of any kind against the Law Enforcement Agency or Choctaw Properties.

Signature of Person Date of Birth Social Security Number

Signature of Person Date of Birth Social Security Number

Dated this _____ Day of _____ 20 _____.

Seal _____
Notary

My Commission Expires _____

Law Enforcement Agency: _____

Address _____ Phone _____

Name & position of person doing this check: _____

Date _____

Criminal History _____

*Fill in your signature, date of birth, & social security number, **have it notarized**, and then return it to us with the other forms. We will contact the local Law Enforcement Agency.

EMPLOYMENT INCOME RELEASE OF INFORMATION

NAME: _____ DATE: _____ S.S # _____

Choctaw Properties is required by the Department of Housing and urban Development (HUD) to verify the income all tenants, or prospective tenants. The person identified above has been informed that he/she is now or has been, within the last twelve- (12) months, employed by your firm. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

CP HOUSING STAFF

THIS PORTION TO BE COMPLETED BY TENANT OR PROSPECTIVE TENANT

I authorize _____ to give Choctaw Properties
Name of source of Income

_____ Address

Information they need in regard to employment. I release the above named agency from all liability in relation to the release of such information.

Employee's Signature _____ Date: _____

This portion to be completed by Employer Only. Please return to employee after completion.

Employed from _____, 20__ to _____, 20__

Occupation/Title _____ Employment is: Permanent() Temporary () Seasonal ()

Current rate of pay: \$ _____ per _____ Employee is pd. Weekly () Monthly () Other () explain other

Average number of hours per week, if not full time employee: _____

IS EMPLOYMENT THROUGH JTPA () YES () NO

IS EMPLOYMENT WORK STUDY () YES () NO

Estimated amount of overtime and commissions, if applicable \$ _____ per _____

Anticipated earnings in the next twelve- (12) months. \$ _____
If pay is not consistent weekly or monthly please estimate projected earnings for the year.

Date: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Employer Phone Number

Completed by: _____

Title: _____

ANY FALSE OR INCORRECT INFORMATION SHALL BE GROUNDS FOR AUTOMATIC AND IMMEDIATE DISQUALIFICATION

Return forms to Choctaw Housing CP : P.O. Box G Hugo, OK. 74743

"OTHER" INCOME RELEASE OF INFORMATION

THIS FORM IS TO BE USED IF YOU RECEIVE SOCIAL SECURITY, SSI OR ASSISTANCE FROM DHS

NAME _____ DATE _____
ADDRESS _____ SOURCE OF INCOME _____
BIRTHDATE _____ ADDRESS _____

Choctaw Properties Program is required by Housing and Urban Development to verify the income of all participants or potential participants. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

CP HOUSING STAFF

This portion to be completed by participant or prospective participant

I authorize _____ to give Choctaw Properties information they need in regard to my income. I release the above named agency from all liability in relation to the release of such information.

Client Signature _____ Date: _____

Social Security # _____ Welfare Case # _____

VA Claim # _____ Civil Service # _____

Child Support # _____ SSI # _____

THIS PORTION TO BE COMPLETED BY SOURCE OF INCOME ONLY, THEN RETURN TO CLIENT.

TYPE OF BENEFITS _____

AMOUNT RECEIVED PER MONTH: SSA _____ SSI _____ OAA _____ TANF _____

AD _____ VA _____ CS _____ OTHER _____

AGENCY: _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____

COMPLETED BY _____

DATE: _____

TITLE _____

Any false or incorrect information shall be grounds for automatic and immediate disqualification.

Please return all forms to Choctaw Housing CP, P.O. Box G Hugo, OK, 74743

“OTHER” INCOME RELEASE OF INFORMATION
THIS FORM IS TO BE USED IF YOU RECEIVE SOCIAL SECURITY, SSI OR ASSISTANCE FROM DHS

NAME _____ DATE _____
ADDRESS _____ SOURCE OF INCOME _____
BIRTHDATE _____ ADDRESS _____

Choctaw Properties Program is required by Housing and Urban Development to verify the income of all participants or potential participants. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

CP HOUSING STAFF

This portion to be completed by participant or prospective participant

I authorize _____ to give Choctaw Properties information they need in regard to my income. I release the above named agency from all liability in relation to the release of such information.

Client Signature _____ Date: _____
Social Security # _____ Welfare Case # _____
VA Claim # _____ Civil Service # _____
Child Support # _____ SSI # _____

THIS PORTION TO BE COMPLETED BY SOURCE OF INCOME ONLY, THEN RETURN TO CLIENT.

TYPE OF BENEFITS _____
AMOUNT RECEIVED PER MONTH: SSA _____ SSI _____ OAA _____ TANF _____
AD _____ VA _____ CS _____ OTHER _____
AGENCY: _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE NUMBER _____ COMPLETED BY _____
DATE: _____ TITLE _____

Any false or incorrect information shall be grounds for automatic and immediate disqualification.
Please return all forms to Choctaw Housing CP, P.O. Box G Hugo, OK. 74743

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

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

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

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

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.): U.S. HUD 301 N.W 10th Street, Suite 200 Oklahoma City, OK 73102	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Choctaw Poteau Properties 209 Hina Mali Poteau, OK 74953	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.) X
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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 NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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

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

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

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

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

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

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

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

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

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

Signatures:		Additional Signatures, if needed:	
_____	_____	_____	_____
Head of Household	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Spouse	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

Original is retained on file at the project site

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

form HUD-9887 (02/2007)

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

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

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

Instructions to Owners

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