

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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**Signature of Applicant**

**Date**

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

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

# Resident Check System

Welcome to Jackson House,

As part of our safety program at Jackson House, we offer you the opportunity to participate in our Resident Check System.

If you wish to participate, each day our volunteers will call you beginning at 11 am, just to make sure you are doing ok. If you are downstairs, please stop by the reception desk and let them know your apartment number and that you are doing ok. Or feel free to call at any time to let the volunteer know that you are doing ok. If they are unable to reach you or have not seen you by 3pm, a staff member will come to your apartment to make sure that you are doing ok.

If you do not wish to participate in this program, simply sign and date the form below. We will mark our records accordingly and will not check on you. We do urge all residents to participate in this program. Your safety and good health are our primary concern, and this is an important tool for us to be assured you are alright.

Jackson House Management

I \_\_\_\_\_, Apt. \_\_\_\_\_ DO wish to participate in the Resident Check System, I understand that I will be checked on daily.

\_\_\_\_\_ Current Phone Number

I \_\_\_\_\_, Apt. \_\_\_\_\_ DO NOT wish to participate in the Resident Check System, I understand that I will not be checked on daily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**JACKSON HOUSE AND  
W.B. SANDERS RETIREMENT CENTER**

As of: July 19 2017

**COST SCHEDULE ADDENDUM**

Deductions from your security deposit may be expected for the following items in addition to other charges as set forth in the lease agreement.

**Cleaning Charges (Including but not limited to):**

Range	\$25	Tub/Shower	\$30	Floors	\$20 hour
Drip Pans	\$5	Commode	\$15	Trash Removal	\$20 hour/load
Refrigerator	\$20	Sink	\$10	Other Misc. Labor	\$20 hour
Cabinets	\$25	Medicine Cabinet	\$10	Countertops	\$20
Range Hood	\$25	Carpet Cleaning	\$25	Microwave	\$15
Dishwasher	\$20				

**Painting Charges (Labor and Materials):**

Complete Unit	\$250	Spot Paint Bedroom	\$25	Ceiling	\$20 room
Spot Paint Living Room	\$25	Spot Paint Kitchen	\$20		

**Repair and Replacement Charges (including but not limited to):**

Shower Enclosure	\$120	Exhaust Fan	\$10	Refrigerator	\$400
Shower Rod	\$10	Med Cabinet Mirror	\$18	Fridge shelves	\$20(ea)
TP Holder	\$10	Towel Bar	\$10	Range	\$350
Commode Seat	\$12	Drain Stopper	\$1	Range knobs	\$7
Door lock	\$30	Blinds	\$50(ea)	Smoke Alarm	\$25
Door key	\$5	Kitchen sink strainer	\$5	Robe hook	\$5
Outlet/Switch Plate	\$1	Mailbox Lockset	\$10	Mailbox Key	\$5
Drip Pans (Range)	\$5ea	Key Fob	\$10	Ceiling Fan	\$60
Electrical Receptacle	\$2	Carpet Replacement –	from \$500 (Bedroom) - \$800 (Multiple Rooms)		
Microwave (OTC)	\$250	Dishwasher	\$250	Microwave (Countertop)	\$75
LVT (Flooring)	\$500 per room				

**The Following Items Will Be Charged On A Cost Plus Labor Basis:**

Entrance Door	Interior Doors/Closet Doors	
Faucets	Commodes	Counter Top
Cabinets	Drywall Repairs	Light Globes

This is not a complete list. There may be other items that you are charged for or additional charges for these items if damaged.

I understand that I am to report damages/losses to management for repair or replacement and alterations to my apartment. I understand that this is not a complete list of charges and that charges may vary depending on actual cost to the property.

\_\_\_\_\_  
Resident Signature

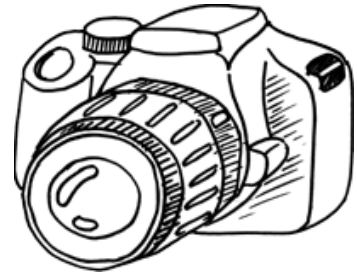
\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

# Jackson House Apartments

## Photo/Video Release Form



Throughout the year, there may be times when Jackson House staff, the media, or other organizations, with the approval of the property manager, may take photographs of residents, audiotape/videotape residents, or interview residents for property related stories in a way that may individually identify a specific resident. Those photographs and/or audiotape/videotaped images or interviews may appear in property publications; in property video production; on the property's website; in the news media; or in other nonprofit organizations publications and social media sites pertaining to the property.

\_\_\_\_ I hereby grant unto Jackson House Apartments permission to use photograph videotaped image for the purposes mentioned above. I understand and agree that Jackson House Apartments may use these photos and/or videotaped images in subsequent years unless I revoke this authorization by notifying the property manager in writing.

\_\_\_\_ I hereby DO NOT grant Jackson House Apartments permission to use photographs or videotapes of me.

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

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

Signature: \_\_\_\_\_ 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)

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</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>

Date (mm/dd/yyyy): \_\_\_\_\_

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

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

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

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

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

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

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

## 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.

# Owner's Summary of Family

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex (Optional)	Date of Birth	Declaration	Date Verified
Head							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

OWNER'S NOTICE NO. 1  
FOR AN APPLICANT FAMILY

Dear Future Resident of Jackson House, please review the below and if you have any questions let us know. This can be a lot to take in at one time and we are here to help. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact Jennifer Maupin at 270-442-7591 (voice) or 1-800-247-2510 (TDD for hearing impaired only). She will be happy to assist you.

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States Citizens, nationals, or certain categories of eligible noncitizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payments programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 101/Rent Supplement Program

You have applied for or are applying for assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (Attachment 7) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below by \_\_\_\_\_.

Jackson House  
301 South 9<sup>th</sup> Street  
Paducah, KY 42003

This section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you are unable to provide the required documentation by the date show above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination or ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.



Attachments:

**APPLICANT  
CITIZENSHIP DECLARATION FORMAT**

INSTRUCTIONS: Complete this format for each members of the household listed on the Family Summary Sheet.

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD: \_\_\_\_\_

SEX (Disclosure is Optional): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_

ALIEN REGISTRATION NO: \_\_\_\_\_

ADMISSION NUMBER: \_\_\_\_\_ IF APPLICABLE, (THIS IS AN 11 DIGIT NUMBER FOUND ON  
INS FORM I-94, DEPARTURE RECORD).

NATIONALITY: \_\_\_\_\_ (ENTER THE FOREIGN NATION OR COUNTRY TO WHICH YOU OWE  
LEGAL ALLEGIANCE. THIS IS NORMALLY, BUT NOT ALWAYS, THE COUNTRY OF BIRTH.)

SAVE VERIFICATION NO: \_\_\_\_\_

(TO BE ENTERED BY OWNER IF AND WHEN RECEIVED)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION:

I, \_\_\_\_\_ hereby declare, under

(print or type first name, middle initial, last name)

perjury, that I am:

\_\_\_\_\_ 1. A citizen or national of the United States

If you checked this block no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 2: a noncitizen with eligible immigration status in the category checked below:

\_\_\_\_\_ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a)(15) of the INA (8 USC 101)(a)(20) and 1101(a)(15), respectively. [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (9 USC 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);

\_\_\_\_\_ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 USC 1259).

\_\_\_\_\_ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 USC 1153(a)(7)) before April 1 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.

\_\_\_\_\_ (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 USC 1182(d)(5))\_ [parole status];

\_\_\_\_\_ (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 USC 1253(h)) [threat to life or freedom]; or

\_\_\_\_\_ (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 USC 1255a) [amnesty granted under INA 245A].

If you check this block, you should submit the following documents:

a. Verification Consent Format (attachment 9)

AND

b. One of the following documents

(1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);

(2) For I-94, Arrival-Departure Record, with one of the following annotations:

a. Admitted as Refugee Pursuant to section 207

b. Section 208 or Asylum

c. Section 243(h) or Deportation stayed by Attorney General

d. Paroled Pursuant to Sec 212(d)(5) of the INA

(3) If Form I-94, Arrival Departure Record, is not annotated, then accompanied by one of the following documents:

a. A final court decision granting asylum (but only if no appeal is taken)

b. A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990 or from an INS district director granting asylum (if application filed before October 1, 1990).

c. A court decision granting withholding or deportation; or

d. A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).

- (4) Form I-688, Temporary Resident Card, which must be annotated 'section 245A' or 'section 210';
- (5) Form I-688B, Employment Authorization Card, which must be annotated 'Provision of Law 274a.12 (11)' or 'Provision of Law 2745a.12';
- (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one3 of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in paragraph b above are not currently available, complete the request for extension block below.

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

Check here if adult signed for child\_\_\_\_\_

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore; I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

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

Check here is adult signed for child\_\_\_\_\_

\_\_\_\_\_ 3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance. If you check this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

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

Check here is adult signed for child\_\_\_\_\_

# Family Summary Sheet

<b>Member No.</b>	<b>Last Name of Family Member</b>	<b>First Name</b>	<b>Relationship to Head of Household</b>	<b>Sex (Optional)</b>	<b>Date of Birth</b>
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



# JACKSON HOUSE

SECTION 8 #: KY36L000013  
US DEPARTMENT OF HOUSING  
AND URBAN DEVELOPMENT  
FEDERAL HOUSING ADMINISTRATION

RENTAL OFFICE: 301 SOUTH 9<sup>TH</sup> ST  
PADUCAH KY 42003  
270-442-7591

## JACKSON HOUSE APPLICATION FOR ADMISSION

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Apt No: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Head of Household Work #: \_\_\_\_\_  
Spouse Work #: \_\_\_\_\_

List names, addresses and phone numbers of two relatives or friends who generally know how to contact you:

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

Race of Head of Household: \_\_\_ White \_\_\_ Black \_\_\_ American Indian \_\_\_ Asian  
Ethnicity of Head of Household: \_\_\_ Hispanic \_\_\_ Non-Hispanic

### HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the head of household and all other members who will be living in the assisted unit. Give the relationship of each family member to the head.

Member #	Full Name	Relationship	B-Date	Age	Sex*	SSN
		SELF				

\*Providing Information Is Optional

If you answer yes to the question below, you must provide documentation.

Have you been displaced by government action or a presidentially declared disaster? \_\_\_Yes \_\_\_No

HUD requires that any unit that is architecturally altered for handicapped persons be occupied by a family that has a member that needs such alterations.

Do you have a:	YES	NO
Visual Impairment (Legally Blind)	_____	_____
Hearing Impairment (50% Loss of Hearing or Greater)	_____	_____
Mobility Handicap (Use of walker, cane, wheelchair) (Specify_____)	_____	_____

**CURRENT HOUSING STATUS:**

How many people live in your home now? \_\_\_\_\_

How many bedrooms do you have? \_\_\_\_\_

Does anyone live with you now who is not listed above? \_\_\_Yes \_\_\_No

If yes, please explain \_\_\_\_\_

Do you plan to have anyone living with you in the future who is not listed above? \_\_\_Yes \_\_\_No

If yes, please explain \_\_\_\_\_

Do you wish to move? \_\_\_Yes \_\_\_No If yes, why? \_\_\_\_\_

Are you being evicted? \_\_\_Yes \_\_\_No If yes, explain \_\_\_\_\_

**ADDENDUM: Is the applicant or the applicant's members or family subject to a lifetime state sex offender Registration program in any state? Yes \_\_\_\_\_ No \_\_\_\_\_**

**List the states where the applicant and members of the applicant' household have resided:**

---

What is your current rent? \_\_\_\_\_

What are your monthly cost for all utilities (except phone and cable): \_\_\_\_\_

Are you now living in a Government subsidized unit? \_\_\_\_\_

(ex – Section 236, or Section 221 (D) (3) Subsidized project)

Are you receiving Section 8 assistance where you now live? \_\_\_Yes \_\_\_No

Have you ever been evicted from government subsidized housing? \_\_\_Yes \_\_\_No

Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to comply with recertification procedures?

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

Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**INCOME INFORMATION**

Please answer each of the following questions. For each YES answer provide details in the space below question 12.

1. Is any member of your household employed, full time or seasonally? \_\_\_\_\_
2. Does any member of your household expect to work for any period during the next twelve months? \_\_\_\_\_
3. Does any member of your household work for someone who pays them in cash? \_\_\_\_\_
4. Is any member of your household on leave of absence from work due to layoff, medical or military leave? \_\_\_\_\_
5. Does any member of your household now receive, or expect to receive unemployment benefits? \_\_\_\_\_
6. Does any member of your household now receive or expect to receive alimony payments? \_\_\_\_\_
7. Is any member of your household entitled to alimony payments that he/she is now receiving? \_\_\_\_\_
8. Does any member of your household receive or expect to receive welfare assistance? \_\_\_\_\_
9. Does any member of your family receive or expect to receive SSI benefits? \_\_\_\_\_
10. Does any member of your household receive or expect to receive income from a pension or annuity? \_\_\_\_\_

11. Does any member of your household receive regular cash contributions \_\_\_\_\_  
from individuals not living in the unit or from agencies?

12. Does any member of your household receive income from assets \_\_\_\_\_  
including interest on checking or savings accounts, interest and dividends from  
Certificates of Deposit, stocks or bonds, or income from rental property?

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For each type of income that your household receives, give the source of the income and amount of income that can be expected from that source during the next twelve months:

Family Member #	Source/Type of Income	Annual Income

**ASSET INFORMATION**

LIST ALL CHECKING AND SAVINGS ACCOUNTS (including IRA's, Keough Accounts, and Certificates of Deposit) of all household members, including amount disposed of during the past two years.

Family Member #	Bank Name	Account #	Current Balance

List the value of all stocks, bonds, trusts, pension contributions, or other assets

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Do you own a home or other real estate? \_\_\_Yes \_\_\_No

Have you sold or given away any real property or other assets in the past two years? \_\_\_Yes \_\_\_No

If yes, what is the current market value of the asset? \$\_\_\_\_\_



**EXPENSE INFORMATION**

Do you pay for a care attendant or for any equipment for their handicapped member(s) of the family necessary to permit that person or someone else in the family to work? \_\_\_ Yes \_\_\_ No

If yes, describe expenses \_\_\_\_\_

Is Medicare deducted from your social security check? \_\_\_ Yes \_\_\_ No

If yes, what is your Medicare premium? \$ \_\_\_\_\_

Do you have any other kind of medical insurance? \_\_\_ Yes \_\_\_ No

**NOTE: STRAIGHT LIFE INSURANCE IS NOT AN ALLOWABLE DEDUCTION.**

If yes, details requested below:

Name of Company	Address	Type of Insurance	Annual Premium

Do you receive medical assistance through the Welfare Department? \_\_\_\_\_

Do you have any outstanding medical bills on which you are paying? \_\_\_\_\_

Do you take prescription or non-prescription drugs on a regular basis? \_\_\_\_\_

If yes, where do you purchase your medicine?

PHARMACY	ADDRESS
_____	_____
_____	_____

Do you go to a doctor on a regular basis? \_\_\_ Yes \_\_\_ No

If yes, provide name and addresses:

DOCTOR	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____

**REFERENCES**

Please give name and complete address of two people other than relatives who could give you a personal reference:

Name: _____	Name: _____
Street: _____	Street: _____
City: _____ State: _____	City: _____ State: _____
Phone: _____	Phone: _____

**PERSONAL INFORMATION**

What has been your vocation or business? \_\_\_\_\_

What are your avocations or hobbies? \_\_\_\_\_

Are you a U.S. Military Veteran? \_\_\_\_\_

Have you or your spouse (if living) ever been a resident of any other retirement home or nursing home?  
\_\_\_\_ Yes \_\_\_\_ No

Name of Jackson House residents you are acquainted with:

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Do you own a car? \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Do you believe you can live in the same building with others, tolerating peculiarities, being considerate of their infirmities, and participating in general activities? \_\_\_\_\_

Are you able to care for yourself? \_\_\_\_\_

If no please explain \_\_\_\_\_

Give name and address of doctor who last attended you and who would have your medical history:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_

If you should become ill or otherwise unable to properly care for yourself, for any cause or reason, do you give permission to the Management to call a doctor to see you or have you taken to the hospital for proper care? \_\_\_\_\_ Yes \_\_\_\_\_ No

**NOTE: SMOKING IS NOT PERMITTED ANYWHERE IN THE BUILDING.**

Please list two people who should be notified in case of emergency:

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

Street: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

MARK ONE OF THE FOLLOWING:

- I will live only on the 5<sup>th</sup> floor or below.
- I prefer below the 10<sup>th</sup> floor.
- I prefer above the 10<sup>th</sup> floor.
- I will live on any floor.

MARK ONE OF THE FOLLOWING:

- I will live only on the front side of the building (facing the river)
- I will live only on the back side of the building.
- I will live on either side of the building.

MARK ONE OF THE FOLLOWING:

- I want my name to remain on your list, however, I am not ready to move and will call you when I am ready to be considered for apartment.
- Please call me as soon as my name comes up on your waiting list.

**COMMENTS / ADDITIONAL INFORMATION  
ADMITTANCE POLICY**

We will not discriminate relative to race, color, creed, religion, or national origin, handicap or familial status; however, management does have the right to reject applicants for occupancy on the basis of guidelines set forth by the Department of Housing and Urban Development, and the Tenant Selection Plan. If an applicant is rejected for occupancy, he/she will be notified by Management in writing of this decision and the factors leading to this determination. (Rejection criteria attached).

**APPLICANT CERTIFICATION**

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law and could result in this application being rejected.

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY

Date Received \_\_\_\_\_ Time Received \_\_\_\_\_  
Date Reviewed \_\_\_\_\_ Management \_\_\_\_\_

# Checklist for Income, Assets, and Allowances

This checklist must be completed at initial certification and at each annual and interim recertification. Each adult member of the household (age 18 or older) must complete and sign a separate form. Failure to comply could result in denial or termination of assistance.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

**Yes** **No**

Answer Yes or No to Each Item: If there is not enough room to list all items, use additional page.

## NON-ASSET INCOME

- I have a child under the age of 18 with non-employment income. Name(s): \_\_\_\_\_
- I am employed. List all of the companies you work for: \_\_\_\_\_
- I receive tips, bonuses or commissions.
- I am currently working overtime, or expect to work overtime in the next 12 months.
- I am self-employed. Type of business: \_\_\_\_\_
- I am a member of an Indian Tribe receiving gaming payments.
- I own a small business. Name of business: \_\_\_\_\_
- I am currently a student, but expect to be employed during the summer months.
- I receive income from military employment.
- I receive unemployment or Worker's Compensation benefits.
- I receive Social Security/SSI.
- I receive welfare and/or quarterly payments from the Family Independence Agency for the State-paid portion of SSI.
- I receive Veteran's Administration benefits or benefits from the GI Bill.
- I receive disability or death benefits other than Social Security.
- I receive alimony. Name of ex-spouse \_\_\_\_\_
- I receive child support. How many providers? \_\_\_\_\_ Is it paid directly to Social Services? \_\_\_\_\_
- I've been awarded a judgment for child support, have not been receiving payments, but anticipate making a claim.
- I receive adoption assistance payments.
- I receive regular cash contributions or gifts (including utility, phone, cable, or rent paid on my behalf).
- I receive income from annuities, an inheritance, or a nonrevocable trust fund. List: \_\_\_\_\_
- I receive regular payments from insurance policies. List all policies: \_\_\_\_\_
- I receive income from retirement funds. List all companies: \_\_\_\_\_
- I receive income from one or more pensions. List all pensions: \_\_\_\_\_
- I receive periodic payments from lottery winnings.
- I currently have a benefit reduced to adjust for a prior overpayment.
- I received a cash settlement or a lump sum receipt in the last 12 months, or expect to in the next 12 months.
- I have received a delayed periodic receipt. List agency: \_\_\_\_\_
- I have income from other sources not listed above. Explain: \_\_\_\_\_

## ASSETS

- I have cash held in my home or in a safety deposit box.
- I have assets held in another state. Type: \_\_\_\_\_ List state(s): \_\_\_\_\_
- I have assets held in a foreign country. Type: \_\_\_\_\_ List country(ies): \_\_\_\_\_
- I own real estate. How many properties? \_\_\_\_\_ Name location(s): \_\_\_\_\_
- I have equity in rental property or other capital investments. Name: \_\_\_\_\_

Yes No

**Answer Yes or No to Each Item. If there is not enough room to list all items, use additional page.**

- I receive rental income from real estate/farmland. Name location(s): \_\_\_\_\_
- I receive income from oil or gas rights. Name location(s): \_\_\_\_\_
- I own a land contract, mortgage or deed of trust. Name location(s): \_\_\_\_\_
- I own a mobile home. Name location(s): \_\_\_\_\_
- I own personal property for investment purposes (gems, jewelry, antique cars, coin or stamp collections).
- I own a funeral or trust account that is: Revocable \_\_\_\_\_ Nonrevocable \_\_\_\_\_
- I have savings accounts. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_
- I have checking accounts. How many? \_\_\_\_\_ List all institutions: \_\_\_\_\_
- I have time certificates/CDs/money market accounts. List: \_\_\_\_\_
- I have IRA's/401(k)/Mutual Fund accounts. List: \_\_\_\_\_
- I have stocks. List all companies: \_\_\_\_\_
- I have bonds or treasury bills. List: \_\_\_\_\_
- I have a retirement/annuity account. List: \_\_\_\_\_
- I have a life insurance policy that is a: Whole Life policy \_\_\_\_\_ Universal Life policy \_\_\_\_\_
- I have assets other than what are listed above. Describe: \_\_\_\_\_
- I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney, in case I become incompetent. These other persons do not own the assets and receive no income from the assets.
- I have joint ownership on one or more of the above assets.

**DIVESTITURE**

- I have sold, given away, or otherwise transferred an asset(s) for less than it was worth within the last two years.

**ALLOWANCES**

- I am a full-time or part-time student and am 18 or older. The school I attend is \_\_\_\_\_
- I am elderly (62 or older), handicapped or disabled.
- I pay expenses relating to a handicap or disability.
- I pay medical expenses out of my own pocket.
- I pay child care expenses out of my own pocket.
- I pay attendant care expenses out of my own pocket.
- I pay medical, childcare or attendant care expenses, for which I am reimbursed by an outside source or governmental agency.

**CERTIFICATION**

I certify under penalty of perjury that all statements made on this checklist form are true and complete. I understand that false or incomplete statements made on this form could result in denial or termination of housing assistance.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty



## STUDENT CERTIFICATION

*HUD has restrictions of students in the Section 8 housing program. Please ensure all questions are completely answered so that we may verify eligibility. If it is determined that you are "eligible", the "student eligibility process" will be completed again during your next annual recertification process. If it is determined that you are no longer an "eligible student" as defined by HUD, a 30 day termination of assistance will be provided and you will be required to pay full rent. The HUD student restriction can be researched in the HUD Handbook 4350-3, REV-1, Change 4, Chapter 3-13 through 3-33.*

- 1) Are you a part-time or full-time Student? (If NO was answered, skip 2-4 and sign and date this form)                      YES      NO**
- 2) Are you an Independent Student as defined by Title IV aid?: (Must be at least one; circle all that apply)                      YES      NO**
- a) At least 24 years of age or older by December 31 of the award year for which aid is sought
  - b) An orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older
  - c) An individual who is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence
  - d) A veteran of the Armed Forces of the United States (as defined in Section 480(c)(1) of HEA) or is currently serving on active duty in the Armed Forces for other than training purposes
  - e) A graduate or professional student
  - f) Married
  - g) Have legal dependents other than a spouse
  - h) An individual that has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) (42 U.S.C. 11431 *et seq.*), or as unaccompanied, at risk of homelessness, and self-supporting, by—
    - i) a local educational agency homeless liaison, designated pursuant to section 722(g)(1)(j)(ii) of the McKinney-Vento Homeless Assistance Act;
    - ii) the director of a program funded under the Runaway and Homeless Youth Act or a designee of the director;
    - iii) the director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act (relating to emergency shelter grants) or a designee of the director; or
    - iv) a financial aid administrator
  - i) A student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances
- 3) Have you received Section 8 assistance as of NOVEMBER 30, 2005? (If YES, answer 'a')                      YES      NO**
- a) Are you disabled? (You are not required to answer this question; however, it may qualify you as an eligible student.) YES      NO
- 4) Have you established a household separate from your parent(s) or legal guardian(s)?                      YES      NO**  
*(If YES, answer 'a-b'. If NO, we MUST verify income for your parent(s)/legal guardian(s); therefore, contact information MUST be provided. If verified income is OVER the HUD "Low" income level (for the county where your parent(s)/legal guardian(s) live), you may not qualify for the program.)*
- a) Date separate household was established \_\_\_\_\_
  - b) Are you claimed as a dependent by your parent(s) or legal guardian(s) pursuant to IRS regulations? YES      NO

**I do hereby swear and attest that all of the information above is true and correct.**

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

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



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.

**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-9 887:** Allows the release of information between government agencies.
3. **Form HUD-9 887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

**Consequences for Not Signing the Consent Forms**

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

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

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

**Programs Covered by this Fact Sheet**

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

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



# Notice and Consent for the Release of Information

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.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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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:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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

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

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

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

## Instructions to Owners

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

## Instructions to Applicants and Tenants

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

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

## Authority for Re quiring A pplicant's/Tenant's Cons ent 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.

## Acknowledgement of Receipts of Documents

Applicant/Resident Name \_\_\_\_\_ Unit # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

.....  
I acknowledge that I have received the following documents from JACKSON HOUSE APARMENTS:  
Name of HUD-Assisted Property

\_\_\_ HUD-9887 and 9887A (Applicant's/Tenant's Consent to the Release of Information)

\_\_\_ Fact Sheet for HUD Assisted Resident's

\_\_\_ Rights and Responsibility Brochure

\_\_\_ Tenant Selection Form

\_\_\_ I verify that I have been provided the opportunity to complete the information form HUD- 92006, Supplement to Application for Federally Assisted Housing.

\_\_\_ The EIV and You Brochure

\_\_\_ What Kentucky's Fair Housing Law Means

\_\_\_ Acknowledgement of Receipt of Documents to include the VAWA Notice/VAWA Certification

\_\_\_ Section 504 Equal Access Statement

\_\_\_ Integrated Pest Management Policy

\_\_\_ Addendum #1 to Integrated Pest Management Policy

\_\_\_ Initial Notice for Next Year's Annual Recertification

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

# VERIFICATION OF MONETARY GIFTS

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

From: Sara Tedder, Occupancy Specialist  
Jackson House Apartments  
Paducah, KY 42003

TO: \_\_\_\_\_

Jackson House Apt. \_\_\_\_\_  
Paducah, KY 42003

RETURN THIS VERIFICATION TO  
PERSON LISTED ABOVE

You have applied for housing assistance under a program of the U. S. Department and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance.

## INFORMATION BEING REQUESTED

Please check the statement applicable to your situation:

I do not regularly receive monetary gifts or non-cash contributions.

I receive the following monetary gifts or non-cash contributions.

Type \_\_\_\_\_ Value \_\_\_\_\_ Frequency \_\_\_\_\_

Release: I hereby authorize the release of the requested information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PENALTIES FOR MISUSING THIS CONSENT:

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

Jackson House Apartments does not discriminate on the basis of disabled adult status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



# VERIFICATION OF DISPOSAL OF ASSETS

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

TO: \_\_\_\_\_

Jackson House Apt. \_\_\_\_\_

Paducah, KY 42003

From: Sara Tedder, Occupancy Specialist

Jackson House Apartments

Paducah, KY 42003

RETURN THIS VERIFICATION TO  
PERSON LISTED ABOVE

You have applied for housing assistance under a program of the U. S. Department and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance.

## INFORMATION BEING REQUESTED

Please check the statement applicable to your situation:

\_\_\_\_ I certify that I have not disposed of any assets for less than fair market value during the two years preceding the effective date of the certification.

\_\_\_\_ I certify that I have disposed of the following assets for less than fair market value during the two years preceding the effective date of the certification.

Date of Disposal

Amount of Disposal

Market Value of Assets At Disposal

---

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**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR YOUR NAME AND ADDRESS AS THE SUPPLIER OF INFORMATION IS LEFT BLANK.**

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
**PENALTIES FOR MISUSING THIS CONSENT:**

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

Jackson House Apartments does not discriminate on the basis of disabled adults status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



**JACKSON HOUSE APARTMENTS**

**BEACON PROPERTIES  
1244 SOUTH 4<sup>TH</sup> STREET  
LOUISVILLE, KY 40202  
502-634-9830**

**CONSENT FOR CRIMINAL BACKGROUND/CREDIT CHECK**

**I hereby give my permission to Jackson House Apartments, 301 South 9th Street, Paducah, KY 42003, to obtain information relating to my criminal/credit history record. \*The criminal history record may include arrest and conviction data, as well as eviction filings. The credit history will show any outstanding accounts owed such as outstanding utilities and open accounts on credit report. I understand that this information will be used, in part, to determine my eligibility for tenancy at Jackson House Apartments.**

**Full Name:** \_\_\_\_\_

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

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**States Resided In:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Printed name of Applicant**

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

\*AMRENT obtains the information contained in this criminal/credit report from independent public records collection services and not from any national credit bureau.



**JACKSON HOUSE APARTMENTS  
PREVIOUS/ PRESENT LANDLORD VERIFICATION**

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

TO: \_\_\_\_\_

LANDLORD PHONE: \_\_\_\_\_ LANDLORD FAX: \_\_\_\_\_

APPLICANT NAME(S): \_\_\_\_\_

PRESENT/PREVIOUS ADDRESS: \_\_\_\_\_

**CONSENT TO RELEASE:** I hereby grant permission for my previous/present landlord to release information to SOCAYR Property Management Company that is listed on this form.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE OF SIGNATURE**



Landlords: Please fill in the document below by answering the following questions. Should you have any comments please utilize the comments section at the end of the document.

Dates of Applicants Tenancy: From \_\_\_\_\_ To \_\_\_\_\_

**1. RENT PAYMENT**

- a. Is (was) applicant current on rent? Yes No
- b. Has (had) s/he ever been late? Yes No  
How late? \_\_\_\_\_ How often? \_\_\_\_\_
- c. Have (had) you ever begun eviction proceedings? Yes No
- d. How much do they pay for rent each month? \_\_\_\_\_

**2. UNIT CONDITON**

- a. Does (did) the applicant keep unit clean? Yes No
- b. Has (had) the applicant damaged the unit? Yes No  
Describe:  
How expensive? \_\_\_\_\_ How often? \_\_\_\_\_
- c. Have (had) the applicant paid for the damage? Yes No
- d. Will you (did you) keep any of the security deposit? Yes No  
If yes, how much and purpose: \_\_\_\_\_

**3. GENERAL**

- a. Does (did) the applicant permit people to live in unit not on lease? Yes No
- b. Has (had) applicant or family members damage the common areas? Yes No
- c. Does (did) the applicant create any physical hazards on the property? Yes No
- d. Does (did) the applicant interfere with the rights and quiet of the other residents? Yes No
- e. Has (had) applicant provided any false information? Yes No  
If yes, please describe: \_\_\_\_\_
- f. Would you rent to this applicant again? Yes No  
If no, please explain why: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

**PREPARED BY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

# UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete this form

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

I am currently unemployed:  YES  NO

I work on a seasonal basis depending on the time of year:  YES  NO

I receive benefit income such as unemployment, disability, workers compensation:  YES  NO

**[ ] If my employment status changes between now and the move in (or recertification) date I understand that I must inform the manager before moving into this apartment**

I have been unemployed for \_\_\_\_\_ years and \_\_\_\_\_ months

My last job paid \$\_\_\_\_\_ per hour and I worked \_\_\_\_\_ hours per week

**\*\*\*Please complete either Section A, B, or C as applicable\*\*\***

## **Section A**

I [print name], \_\_\_\_\_, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

---

## **Section B**

I [print name], \_\_\_\_\_, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$\_\_\_\_\_ from anticipated employment over the next twelve months.

*(Please supply documentation to support this, such as previous tax returns and/or W-2)*

---

## **Section C**

I [print name], \_\_\_\_\_, state that I am currently unemployed but I have been hired for a new job which has not yet begun.

The company is: \_\_\_\_\_

The start date is: \_\_\_\_\_

The salary is: \_\_\_\_\_

*\*Manager will contact employer for verification of this income*

---

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant Signature: \_\_\_\_\_ Date \_\_\_\_\_



**APPLICATION FOR JACKSON HOUSE APARTMENTS**

Date Unit Is Needed: \_\_\_\_\_ (MM/DD/YYYY) Unit Size Requested: 1 Bedroom  
 Scatter Site Location requested: \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_

**HOUSEHOLD INFORMATION**

*List all household members that are applying to live in this unit with you:*

HOUSEHOLD COMPOSITION						
HH Mbr#	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y/N)	Social Security or Alien Reg. No.
1			HEAD			
2						
3						
4						
5						
6						

CURRENT ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**EMERGENCY CONTACT**

*Please provide us with someone in the area (if possible) whom we can contact in case of an emergency.*

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

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

YES NO

- Do you expect any additions to the household within the next 12 months? If yes, whom? \_\_\_\_\_
- Is there anyone living with you now who will not be living with you in this property? If yes, whom? \_\_\_\_\_
- Do you have full custody of your child(ren)? **If you do not have children, circle: n/a**

Are you or any other ADULT household member claiming zero income at move in?  Yes  No

If yes, please list household member(s): \_\_\_\_\_

Are you or any other ADULT household member divorced or separated?  Yes  No

If yes, please list household member(s) name(s): \_\_\_\_\_

**CHILD SUPPORT OR ALIMONY**

Are you entitled to child support or alimony?  Yes  No  N/A

If yes, are you receiving child support or alimony benefits?  Yes (Monthly Benefit \$ \_\_\_\_\_)  No

If no, what attempts are you making to collect entitled child support/alimony benefits? \_\_\_\_\_

Child's Name \_\_\_\_\_ Supporter's Name \_\_\_\_\_ Child's Name \_\_\_\_\_ Supporter's Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Supporter's Name \_\_\_\_\_ Child's Name \_\_\_\_\_ Supporter's Name \_\_\_\_\_



**INCOME INFORMATION**

Income is counted for all household members. Include all income anticipated for the next 12 months. Income includes payments from Veteran's Administration, unemployment insurance, pensions, settlements (insurance), lottery winnings, inheritances, real-estate income, educational grants or scholarships, other student benefits, regular gifts or payments from anyone outside of household, military income and from any other source not listed above. Please specify source below.

<b>HOUSEHOLD MEMBER WHO HAS INCOME:</b>	<b>INCOME SOURCE:</b> (EMPLOYMENT, CHILD SUPPORT, SS, SSI, K-TAP, SELF-EMPLOYED, OTHER)	<b>NAME, ADDRESS &amp; PHONE/FAX NUMBER OF INCOME SOURCE:</b>	<b>GROSS AMOUNT EARNED PER MONTH:</b>

**ASSET INFORMATION**

Include all assets held and the income earned from each asset by ALL household members – including minors. Assets to be reported are: checking, savings, CDs, money-market accounts, treasury bills, stocks, bonds, securities, trust funds, pensions, IRAs, other retirement accounts, real estate, rental property, land contracts, contract for deed, other real-estate holdings, personal property held as an investment, safe deposit box and any cash on hand over \$500.00.

<b>HOUSEHOLD MEMBER</b>	<b>TYPE OF ASSET</b>	<b>NAME OF BANK/INSTITUTION</b>	<b>AMOUNT</b>
			\$
			\$
			\$

Have you or any other household member disposed of or given away any asset(s) for less than fair market value within the past two years?  Yes  No If yes, please explain: \_\_\_\_\_

Do you or any other household members expect to have any change in your income in the next 12 months?

Yes  No If yes, please explain: \_\_\_\_\_

**RENTAL HISTORY AND HOUSING REFERENCES**

List your housing information for the past FIVE YEARS (most current first):

<u>Your Address</u>	<u>Landlord's Name, Address, and Phone</u>	<u>Beginning Date</u>	<u>Ending Date</u>



Has anyone named on this application been evicted from a rental unit of any type including an apartment, house, mobile home or trailer?  Yes  No

If yes, please explain: \_\_\_\_\_

---

***APPLICANT STATUS***

---

The following questions pertain to specific eligibility requirements of the Housing Credit Program. Please answer all of the questions YES or NO. If yes, please explain.

1. Are **ALL** household members (INCLUDING MINORS) currently (or expect to be within the next 12 months) full-time students?  Yes  No  
Please list all full-time students: \_\_\_\_\_
2. Will you or any ADULT household member require a live-in care attendant to live independently?  Yes  No
3. Will you be receiving Section 8 assistance when you move in?  Yes  No

**ADDENDUM: Is the applicant or the applicant's members or family subject to a lifetime state sex offender Registration program in any state? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**List the states where the applicant and members of the applicant's household have resided:**

\_\_\_\_\_

---

***SIGNATURE CLAUSE***

---

PLEASE READ THIS CAREFULLY BEFORE SIGNING.

Upon application approval, the applicant is to pay a housing deposit of \$ \_\_\_\_\_ to **JACKSON HOUSE APARTMENTS**. These funds will be deposited and will not be refunded if the applicant decides not to accept the unit (the deposit will be forfeited to the property owner and considered compensation for loss of rental income).

I understand that **JACKSON HOUSE APARTMENTS** is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements will be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have **JACKSON HOUSE APARTMENTS** verify the information contained in this application for purposes of proving my household's eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. By signing this application, I am authorizing the management to verify or to use any credit reporting/screening agencies to verify credit or rental history or to validate the accuracy of all information recorded above. Further, my signature authorizes the management and the credit reporting / screening agencies to later exchange credit information. I understand that my occupancy is contingent on meeting **JACKSON HOUSE APARTMENTS** resident selection criteria and the Housing Credit Program requirements.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



I have been given the opportunity to ask any questions that pertain to the resident selection criteria. I/we, by signing below, certify that I/we have reviewed and understand these guidelines as they pertain to my/our application.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

Grievance Procedure: When rejecting an application, management will:

- Provide notification in writing of reasons for rejection
- Inform the applicant they have 14 days to request in writing a meeting to discuss the rejection
- Participate through a representative in an informal meeting
- Provide a written determination to the applicant within 5 days of meeting

**It is the policy of this company to provide housing on equal opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin, handicap, sexual orientation, marital status, or gender identity.**



# TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability information regarding employment, income and/or assets to **JACKSON HOUSE APARTMENTS** for purposes of verifying information on my/our home.

## INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to, personal identity; employment, income and assets; medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a qualified tenant.

## GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information includes, but are not limited to:

Past and present employers'	Welfare agencies	Veterans
Previous landlords (including Public Housing Agencies)	State Unemployment Agencies	Administration
Support and Alimony providers	Social Security Administration	Retirement systems
	Medical and child-care providers	Banks and other financial institutions

## CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original authorization is on file and will stay in effect for one year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

## SIGNATURES

_____ Applicant/Resident	_____ Print Name	_____ Date
_____ Co-applicant/Resident	_____ Print Name	_____ Date
_____ Adult Member	_____ Print Name	_____ Date
_____ Adult Member	_____ Print Name	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM," MUST BE PREPARED AND SIGNED SEPARATELY.





# ANNUAL STUDENT CERTIFICATION

Effective date \_\_\_\_\_

Move-in date \_\_\_\_\_

Under the Low-Income Housing Tax Credit Program households comprised of full-time students are not eligible for tax credits unless they meet one of the student exceptions. This document is the Annual Student Certification to confirm the student status of the resident(s) residing in the following unit:

Property Name: Jackson House

Unit Number \_\_\_\_\_

Head of Household \_\_\_\_\_

BIN # KY-18-105-01

Check A, B, or C, as applicable to the resident(s) in the unit. Note: Students include those attending kindergarten through a PhD and all other types such as barber/beauty, police academies, technical, trade and mechanical schools.

- A.  Household contains at least one occupant who is not a student and has not been or will not be a student for five months or more out of the current and/or upcoming calendar year (months do not need to be consecutive). If checked, no further information is necessary.
- B.  Household contains all students but is qualified because the following occupant(s) is/are part-time student(s). Verification of part-time student status is required for at least one resident. Part-time student(s): \_\_\_\_\_
- C.  Household contains all FULL-TIME students for five or more months out of upcoming calendar year (months need not be consecutive). If this box is checked, answer questions 1-5 below:
  - 1. Are the students married and entitled to file a joint tax return? YES NO  
(Required documentation: marriage certificate or tax return)
  - 2. Is at least one student a single parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) are not a dependent of someone else other than a parent? YES NO  
(Required documentation: divorce or child custody agreement or parent's most recent tax return)
  - 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? YES NO  
(Required documentation: verification of assistance)
  - 4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under similar federal, state, or local program? YES NO  
(Required documentation: verification of participation)
  - 5. Does the household consist of at least one student who was previously under foster care? YES NO  
(Required documentation: verification of participation)

Full-time student households that are income eligible and satisfy one of the 5 above conditions or exceptions are tax credit eligible. If all of the questions 1-5 are marked NO, or verification is missing or does not support the exception, the household is considered an ineligible student household.

Under penalties of perjury, I/we certify that the information presented in the Annual Student Certification is true and correct and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in the student status of any household member. The undersigned further understands that providing false information or making false representations constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members 18 years of age or older must execute and date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# SUPPLEMENTAL INFORMATION FORM

## For Collection of Tenant Demographics

(For reporting purposes only)

Property Name Jackson House BIN # KY-18-105-01

Household Name \_\_\_\_\_ Unit # \_\_\_\_\_ Effective Date \_\_\_\_\_

Kentucky Housing Corporation (KHC) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although KHC would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Total Annual Household Income from all Sources (Income & Assets) at Move-in: \$ \_\_\_\_\_

Effective Date of Move-in Certification: \_\_\_\_\_ (YYYY/MM/DD)

Household Size at Move-in Certification: \_\_\_\_\_

Enter both Ethnicity and Race codes for existing household members currently occupying unit (see below for codes).

TENANT DEMOGRAPHIC PROFILE							
HH Mbr #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Last 4 digits of Social Security #
1							
2							
3							
4							
5							
6							
7							

### The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” apply to this category.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – 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.
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Note:** Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.

### The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

### Disability Status:

Check “Y” if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment and other terms used, please see 24 CFR 100.201, available at [http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhr\\_100=201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100=201).
- “Handicap” does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

**Resident/Applicant:** I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials) \_\_\_\_\_  
(HH#) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_

**Instructions for Supplemental Information  
for Collection of Tenant Demographics  
(For reporting purposes only)**

Complete this form for the following if:

1. Have an existing household in the unit on or before January 1, 2011.
2. All new move-in after January 1, 2011.
3. When adding a new household member to an existing household.

Please ensure that you have on record, a Move-in Tenant Income Certification (TIC) form for each household at the property. KHC will be requesting TIC information be submitted electronically through an online system along with Supplemental Information at a later date.

Supplemental information is for current household composition (not move-in). ***The only information being requested for move-in is total annual household income from all sources, effective date of move-in certification, and household size at move-in certification.***

Supplemental form is to be completed at household's annual recertification date.

Property Name	Enter the name of the development.
Bin #	Enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609).
Household Name	Enter full name of the head of household.
Unit Number	Enter the unit number.
Effective Date	Enter the effective date the supplemental information form is being completed.
Total Annual Household Income from all Sources at Move-in	Enter the total amount of annual income at move-in, from all sources (income & assets). This information should be retrieved from Part IV, section L of the Move-in Tenant Income Certification (TIC) Form.
Effective Date of Move-in Certification	Enter the move-in date of the household. This information should be retrieved from the Move-in TIC form.
Household Size at Move-in Certification	Enter the household size at move-in certification. This information should be retrieved from the Move-in TIC form.
Race	List the race of each occupant; please see codes on supplemental form.
Ethnicity	List the ethnicity of each occupant; please see codes on supplemental form.
Disability	List disability status by either a "Y" for yes or "N" for no; please see supplemental form to see if each occupant falls under disabled or not disabled.
Social Security Number	Enter the last four digits of social security number for each occupant. If tenant does not have a Social Security Number (SSN), please enter the numerical birth month and last two digits of birth year (i.e., birthday January 1, 1975, enter "0175"). If tenant has no SSN number or date of birth, please enter 0000.
Resident/Applicant Initials	Tenants should initial if they wish not to furnish information.

*If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the supplemental form.*