



**LUTHERAN
SENIOR
SERVICES**

LUTHERAN SENIOR SERVICES
AFFORDABLE HOUSING

Affordable Housing

APPLICATION FOR RESIDENCY
202/8 & 202PRAC Communities

Dear Prospective Resident:

Thank you for your interest in **Lutheran Senior Services Affordable Housing!** Enclosed is the application for all LSS Affordable Housing communities. **You must attach the following to the application in order to be added to the waiting list at the locations selected:**

	Copy of Government Issued Photo ID		Copy of Social Security Card
	One Signed Page 9 for Each Community Selected (no copies)		Supplement to the Application Form
	Citizenship Declaration Form		Student Certification Form

Return the completed application to one of the locations selected. You must call to schedule an appointment if you would like a tour.

LSS provides free aids and services to people with disabilities to communicate effectively with us. If you require these services, please contact the office.

Centennial Plaza Apartments 4115 McPherson Ave, St. Louis, MO 63108 (314) 533-0550	<input type="checkbox"/>	Dunn Road Manor 3399 Dunn Road, Florissant, MO 63033 (314) 830-2774	<input type="checkbox"/>
Halls Ferry Manor 8725 Halls Ferry Road, St. Louis, MO 63147 (314) 388-1944	<input type="checkbox"/>	Hilltop Manor 11 Hilltop Village Ctr. Dr., Eureka, MO (636) 938-3387 63025	<input type="checkbox"/>
Hylton Point I Apartments 5500 Maple Ave, St. Louis, MO 63112 (314) 361-4111	<input type="checkbox"/>	Hylton Point II Apartments 933 Belt Ave; St. Louis, MO 63112 (314) 361-1100	<input type="checkbox"/>
Rose Hill House I 225 W. Rose Hill Ave; Kirkwood, MO 63122 (314) 966-0747	<input type="checkbox"/>	Rose Hill House II 225 W. Rose Hill Ave; Kirkwood, MO 63122 (314) 966-0747	<input type="checkbox"/>
The Village at Mackenzie Place 202-I 8520 Mackenzie Rd, St. Louis, MO 63123 (314) 884-7900	<input type="checkbox"/>	The Village at Mackenzie Place 202-II 8520 Mackenzie Rd, St. Louis, MO 63123 (314) 884-7900	<input type="checkbox"/>
Westfield Manor 7245 Westfield Plaza Dr., Belleville, IL 62223 (618) 233-5506	<input type="checkbox"/>	TTY MO 1.800.735.2966 TTY IL 711 or 1.800.526.0844	



Updated March 8, 2022



(For office use only)

Date and Time Received _____

Original application on file at: _____

Application copy sent to the following: _____

By: _____ (Office Staff signature & date)

*Each applicant applying for housing, must complete a separate application.
Complete the application indicating your status as a member of the household.*

FULL NAME: _____

RELATIONSHIP TO THE HEAD OF HOUSEHOLD (HOH) _____ HOH _____ CO-HEAD _____ OTHER

DATE OF BIRTH _____ SOCIAL SECURITY # _____

If you do not have a Social Security Number, do you qualify for one of the following exceptions?

_____ Ineligible, non-citizen member—not contending eligible immigration status.

_____ Were you 62 years of age as of January 31, 2022 and receiving HUD assistance as of January 31, 2022.

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ CELL PHONE # _____

EMAIL ADDRESS: _____

PRESENT ADDRESS IS: _____ Own Home _____ Rented Home _____ Rented Apartment

MONTHLY PAYMENT: \$ _____ DATE MOVED IN: _____ DATE MOVING OUT: _____

Are you receiving HUD assistance to pay rent _____ YES _____ NO

CURRENT LANDLORD NAME AND ADDRESS; OR APARTMENT COMPLEX:

_____ TELEPHONE # _____

(CONTINUE ON NEXT PAGE)

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PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREVIOUS LANDLORD'S NAME AND ADDRESS OR APARTMENT COMPLEX:

TELEPHONE # _____

PREVIOUS ADDRESS WAS: _____ Own Home _____ Rented Home _____ Rented Apartment

MONTHLY PAYMENT: \$ _____ DATE MOVED IN: _____ DATE MOVED OUT: _____

Did you receive HUD assistance to pay rent? _____ YES _____ NO

Complete each question listed below. Applications may be denied if anything is left blank.

1. Do you, or the head of household, require the features of a mobility, vision, or hearing impaired accessible apartment? _____ NO _____ YES: If yes, is the disability permanent or temporary? If temporary, please indicate the possible length of time. _____
2. Are you a Veteran of the United States Armed Forces? _____ NO _____ YES
3. Are you a victim of a presidential declared disaster? _____ NO _____ YES
4. Are you currently homeless? _____ NO _____ YES
5. Why are you leaving your present residence? _____

6. Have you ever been asked to sign a repayment agreement? _____ NO _____ YES: If yes, give dates and details: _____
7. Have you ever lost housing assistance? _____ NO _____ YES: If yes, give dates and details: _____

8. Have you ever been evicted? _____ NO _____ YES: If yes; give dates and details: _____

9. Have you ever received any lease violation? _____ NO _____ YES: If yes; give dates and details: _____

10. Have you ever been evicted from federally assisted housing for drug-related criminal activity, or for failure to report a crime? _____ NO _____ YES: If yes, give dates and details: _____



11. Have you ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures or for any other reason? _____ NO
_____ YES: If yes, please explain: _____

12. Have you previously been convicted of any criminal offense? _____ NO _____ YES: If yes, give dates and details: _____

13. Are you or **any member of the household** subject to lifetime registration requirements under a state sex offender program? _____ NO _____ YES

14. Do you have a record of criminal activity? _____ NO _____ YES: If Yes, give dates and details: _____

15. Do you currently or have you in the past, engaged in any illegal use of drugs? _____ NO _____ YES

16. Have you been previously denied admission for criminal activity that has since ceased? _____ NO _____ YES:
If yes, give dates and details: _____

17. Are you a victim of assault, domestic violence, dating violence or stalking? _____ NO _____ YES

18. Are you aware these communities are Smoke-Free* apartments? _____ NO _____ YES

*This means smoking is prohibited in all apartments, including indoor and outdoor common areas. Some communities may have smoke-free campuses, which means smoking is prohibited everywhere on the property, including the parking lot.

19. Do you agree that you, your guests and service providers hired by you will abide by the smoking policies? _____ NO _____ YES

20. Do you understand that failure to comply with the smoking policies as described in the House Rules will result in termination of tenancy (eviction)? _____ NO _____ YES

21. Have you ever used a different name from the name given on this application? _____ NO _____ YES:
If yes, please list all names used: _____

22. Please list all states you have previously resided in below: _____

23. Do you plan to house an animal in the apartment? _____ NO _____ YES: If yes, please complete the following; Animal type: _____ Height: _____ Weight: _____

Is this animal required to live in the unit to alleviate the symptom(s) of a disability? _____

Please review the LSS Animal Policy. All animals must be approved prior to arrival on the property, or being housed in an apartment.

(CONTINUE ON NEXT PAGE)

Updated March 8, 2022



DO YOU OWN A VEHICLE? _____ YES _____ NO INSURANCE COMPANY _____

VEHICLE MAKE & MODEL _____ YEAR _____

LICENSE PLATE # _____ STATE REGISTERED _____

DRIVER'S LICENSE # _____ STATE ISSUED _____

PERSONAL REFERENCES: Please provide the names, addresses and phone numbers of at least 2 people, not related to you who have known you for at least 2 years.

1.) Name: _____ Telephone #: _____

Address: _____ City _____ State _____

Email Address: _____ Cell Phone #: _____

2.) Name: _____ Telephone #: _____

Address: _____ City _____ State _____

Email Address: _____ Cell Phone #: _____

Eligibility for residence in these apartments is based upon income and age.

Please fill in what your GROSS MONTHLY income amount is for each item listed below. Applications may be denied if these items are not completed. We are required by HUD to verify all income.

INCOME SOURCE	N / A	BENEFIT CLAIM # (SSN)	MONTHLY AMOUNT	NAME/ADDRESS OF PROVIDER
Social Security				
SSI Disability				
Do you have a Dual Entitlement?				
Pension				
VA Benefits				
Railroad Retirement				
Employment/ Salary				

Updated March 8, 2022



Please fill in what your GROSS MONTHLY income amount is for each item listed below. Applications may be denied if these items are not completed. We are required by HUD to verify all income.

INCOME SOURCE	N / A	BENEFIT CLAIM # (SSN)	MONTHLY AMOUNT	NAME/ADDRESS OF PROVIDER
Unemployment				
Worker's Compensation				
Contributions from other persons for rent, groceries, or bills				
Are you entitled to/receiving Alimony?				
Are you entitled to/receiving child support payments?				
Retirement Funds				
Do any of the Retirement accounts have a Required Minimum Distribution (RMD)?				
Income from Insurance Policies				
Income from an Inheritance				
Income from a trust; revocable or non-revocable				
Interest				
Dividends				
Other Benefits Not Listed				

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Please fill in what your CURRENT BALANCE amount is for each asset item listed below.
We are required by HUD to verify all assets.

ASSET SOURCE	N / A	BENEFIT CLAIM # ACCOUNT #	CURRENT CASH VALUE	NAME/ADDRESS OF PROVIDER
Checking Account				
Savings Account				
Money Market Funds				
Certificates of Deposit (CD)				
IRA/401K				
Mutual Funds				
Stocks				
Bonds				
Life Insurance Policy Whole/Term?				
House/ Mobile Home Is it listed for sale?				
Rental Property				
Other Assets not Listed				

Do you have any joint ownership on any of your accounts? _____ No _____ Yes

If yes, what percentage (%) is yours? _____

Are you listed on any other accounts that are not yours? _____ No _____ Yes

Have you disposed of, or given away any assets within the last 2 years, for less than fair market value?

_____ No _____ Yes

If yes, please explain: _____



MEDICAL EXPENSES/ DEDUCTIONS: Certain medical expenses such as health insurance premiums, maintenance medications and regularly scheduled doctor visits can be used to help reduce your rent. Please complete the following for all that apply to you. *We are required by HUD to verify all expenses.*

MEDICAL EXPENSE	N / A	BENEFIT CLAIM # /ACCOUNT #	MONTHLY AMOUNT PAID	NAME/ADDRESS OF PROVIDER
Medicare				
Supplemental Health Insurance Premium				
Dental Insurance Premium				
Long Term Care Insurance				
Prescription Drug Costs				
Dr. visits/ co-pays				
Medical treatments— out of pocket expense				
Other medical expenses not listed:				

EMERGENCY CONTACTS: Please provide the names and contact information of at least 2 people, we can contact for emergency/ health/safety purposes.

1.) Name: _____ Telephone #: _____

Address: _____ City _____ State _____

Email Address: _____ Cell Phone #: _____

Relationship to Applicant: _____

2.) Name: _____ Telephone #: _____

Address: _____ City _____ State _____

Email Address: _____ Cell Phone #: _____

Relationship to Applicant: _____

HOW DID YOU HEAR ABOUT LSS AFFORDABLE HOUSING? _____



PLEASE READ ALL TERMS BELOW AND SIGN:

It is understood that the premises is to be used as a residence to be occupied by not more than 2 persons per 1 bedroom, and that occupancy is subject to possession being delivered by present occupant. Each prospective occupant is subject to approval and acceptance by Landlord in its sole discretion. I hereby authorize Landlord to obtain information it deems necessary in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary/pension details, police and vehicle records, and any other relevant information; and release Landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. Upon approval and acceptance, the applicant agrees to execute a lease before possession is given and to pay the security deposit and the first month's rent within five days after being notified of acceptance (time being of the essence); failing which the Landlord shall have no further obligation to applicant. The applicant hereby waives any claim for damages by reason of non-acceptance of this application which the Landlord or his agent may reject without stating reasons for doing so. It is further agreed that if any information herein is false, the lease made on the strength of this application may, at the opinion of the Landlord, be terminated at any time.

The Applicant understands it is their responsibility to keep Lutheran Senior Services Affordable Housing informed of any changes on this application.

Applicant's Signature: _____ Date: _____

Lutheran Senior Services Affordable Housing is owned/managed and operated by Lutheran Senior Services whose mission is "Older Adults Living Life to the Fullest®"

Lutheran Senior Services does not discriminate against any person because of race, color, religion, sex, handicap, familial status, national origin, regardless of sexual orientation or gender identity.

(For office use only) _____ Date: _____

Applicant's Name: _____ Manager's Approval: _____

Community: _____ Fax #: _____

_____ Criminal History Report, Sex Offender Check, Credit Check, Background Check

Credit Score _____ Landlord Verification _____

_____ Home Visit Date _____ Scheduled Lease Sign Date _____



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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.

STUDENT CERTIFICATION

Date: _____

Name: _____

Soc. Sec. Number: _____

Street Address: _____

City, State, Zip: _____

CERTIFICATION - TO BE COMPLETED BY the TENANT/APPLICANT

	Yes	No
Are you enrolled as a student in an institution of higher education*?	<input type="checkbox"/>	<input type="checkbox"/>

**Institutions of higher education as defined by the Higher Education Act of 1965 must be accredited and non-profit. Some post-secondary vocational institutions are included. If you are not sure if your school qualifies, please mark "yes" and we will verify the information.*

If you have answered no, please skip the following questions and sign below.

If you answered yes, the please complete the following questions:

	Yes	No
1. Are you a graduate or professional student?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you at least 24 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a veteran of the United States Military?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a dependent child?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have dependents other than a child or spouse?	<input type="checkbox"/>	<input type="checkbox"/>
7. Were you an orphan or ward of the court through the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you live with your parents? If no:		
Are your parents receiving or eligible to receive Section 8 assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Are you claimed as a dependent on your parent's tax return?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you disabled?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were you receiving housing assistance as of 12/30/2005?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you receiving any financial assistance to pay for your education?	<input type="checkbox"/>	<input type="checkbox"/>

If you or another member of your household is determined to be an ineligible student now or in the future, you may not be eligible for assistance. If we determine at any time after move-in that you are ineligible for assistance, we will notify you by providing a 30-day notice that your assistance will be terminated.

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

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____

Witness: _____

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



@ H YfUb'GYb]cf'GYfj JWg Citizenship Declaration '

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

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

penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

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

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
 - (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
 - (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
 - (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
 - (7) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**
-

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

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

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

Signature

Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this 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 if adult signed for a child: _____



**INCOME/ ASSET/ EXPENSE
QUESTIONNAIRE**

APPLICANT NAME: _____

Please mark an X by all that apply to you:

INCOME:

I receive income from:

- _____ **Social Security**
- _____ **Supplemental Security Income (SSI)**
- _____ **Pension**
- _____ **Work/Employment**
- _____ **Interest/Dividends**
- _____ **Regular Contributions from someone outside my household**
- _____ **IRA Distribution/ Required Minimum Distribution (RMD)**
- _____ **Other**

ASSETS:

I have the following Assets:

- _____ **Checking Account**
- _____ **Savings Account**
- _____ **Money Market Account**
- _____ **Certificate of Deposit**
- _____ **Stocks/Bonds**
- _____ **Individual Retirement Accounts (IRA)**
- _____ **Property/Real Estate/Holding a mortgage and receiving payments**
- _____ **Life Insurance Policy**

EXPENSES:

I pay for:

- _____ **Medicare**
- _____ **Supplemental Health Insurance Premiums**
- _____ **Medicare RX Plan Premiums**
- _____ **Prescriptions**
- _____ **Doctor Bills**
- _____ **Hospital bills for which you have a payment plan set up**
- _____ **Medical Supplies (syringes, needles, hearing aid batteries, etc.)**

If you marked any of the above, we are required to verify the amount of income, value of assets, or amount of expenses you have, to determine your rent. The Community Manager or Leasing Associate will ask you to sign the necessary forms to verify these.

I certify that the items I have marked on this form accurately indicate the items that apply to me. I understand that withholding information concerning my income and assets constitutes as fraud.

Signature of applicant

Date

Signature of co-applicant

Date





RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



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

What is EIV?

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



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

The Social Security Administration:

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

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

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

What is the information in EIV used for?

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

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

- correctly reported your income

They will also be able to determine if you:

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

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

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

Who has access to the EIV information?

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

What are my responsibilities?

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

Penalties for providing false information

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

Protect yourself, follow HUD reporting requirements

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

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

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

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



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

What if I disagree with the EIV information?

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

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

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

What if the information in EIV is not about me?

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

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

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

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



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

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

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



JULY 2009



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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

FACT SHEET

For HUD ASSISTED RESIDENTS

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

“HOW YOUR RENT IS DETERMINED”

Office of Housing

June 2007

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

Why Determining Income and Rent Correctly is Important

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

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

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

OAs' Responsibilities:

- Obtain accurate income information

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

Residents' Responsibilities:

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

Income Determinations

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

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

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

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

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

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

Income and Assets

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

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

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

Annual Income Includes:

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

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

Assets Include:

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

Assets Do Not Include:

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

or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

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

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

Federally Mandated Exclusions:

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

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

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

Deductions:

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

Reference Materials

Regulations:

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

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

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

For More Information:

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