

COLONEL MCGHEE HOUSING

RENTAL APPLICATION

Name: _____
Phone: _____

For Office Use Only

Date: ____/____/____ Time: ____:____

Application No: _____

INSTRUCTIONS TO APPLICANT

- Each household member over 18 must complete a separate application
- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- After six months, your application is considered obsolete. Applicants are responsible for submitting a new application or bringing in any necessary updated information. Failure to update application every six months will result in your application being placed in an inactive status.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Acceptance Criteria, your application will be declined.
- We will process your application according to our standard procedures which are summarized in the Tenant Selection Plan, posted in the Management Office.

HOUSEHOLD INFORMATION

Full Name of Household Members as they appear on SS Card	Relationship	Sex	Age	Full-Time Student Y/N	Date of Birth	Birth-place City	Birth-place State	Social Security No. or Alien Registration No.	Drivers License	
									Number	St.
1.	Head									
2.										
3.										
4.										
5.										
6.										
7.										
8.										

- Will any of the household members live anywhere except in your apartment? _____
- Are there any other persons who will live in your apartment on a less than full-time basis? _____
- Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using? _____
- If you answered "YES" to any question above, please explain: _____

How did you find out about our community? _____



West Virginia Relay Services
Available for Hearing/Speech
Impairments (TDD)
Call 1-800-982-8771
Forwarding Number
(304) 824-3448



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RESIDENCE HISTORY

You must report ALL places you have lived for the past five (5) years. Use an additional sheet if necessary.

Present Address	Street Address:			From: <u> / / </u>	Landlord Name:		
	City:	County:	State: Zip:	To: <u> / / </u>	Landlord Phone:		
	Reason for Moving:						Street Address:
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Rent: \$	City:	State:	Zip:
Previous Address	Street Address:			From: <u> / / </u>	Landlord Name:		
	City:	County:	State: Zip:	To: <u> / / </u>	Landlord Phone:		
	Reason for Moving:						Street Address:
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Rent: \$	City:	State:	Zip:
Previous Address	Street Address:			From: <u> / / </u>	Landlord Name:		
	City:	County:	State: Zip:	To: <u> / / </u>	Landlord Phone:		
	Reason for Moving:						Street Address:
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Rent: \$	City:	State:	Zip:
Previous Address	Street Address:			From: <u> / / </u>	Landlord Name:		
	City:	County:	State: Zip:	To: <u> / / </u>	Landlord Phone:		
	Reason for Moving:						Street Address:
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Rent: \$	City:	State:	Zip:
Previous Address	Street Address:			From: <u> / / </u>	Landlord Name:		
	City:	County:	State: Zip:	To: <u> / / </u>	Landlord Phone:		
	Reason for Moving:						Street Address:
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Rent: \$	City:	State:	Zip:

You must report ALL states you have resided in since the age of 18, and the last address in each state, up to the above addresses in which you resided during the past five years. All applicants over 18 are required to report this information.

State:	From: <u> / / </u>	To: <u> / / </u>	Last Street Address in that State:	City:	County:
State:	From: <u> / / </u>	To: <u> / / </u>	Last Street Address in that State:	City:	County:
State:	From: <u> / / </u>	To: <u> / / </u>	Last Street Address in that State:	City:	County:
State:	From: <u> / / </u>	To: <u> / / </u>	Last Street Address in that State:	City:	County:
State:	From: <u> / / </u>	To: <u> / / </u>	Last Street Address in that State:	City:	County:

- | | No | Yes | If 'Yes' you must answer the following: |
|---|--------------------------|--------------------------|---|
| • Have you or any member of your household ever been evicted? | <input type="checkbox"/> | <input type="checkbox"/> | From Where? _____
When? _____ Why? _____ |
| • Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity? | <input type="checkbox"/> | <input type="checkbox"/> | From Where? _____
When? _____ |
| • Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord? | <input type="checkbox"/> | <input type="checkbox"/> | To Whom? _____
How Much? \$ _____ |
| • Have you or any member of your family ever broken a rental agreement or lease contract? | <input type="checkbox"/> | <input type="checkbox"/> | From Where? _____
When? _____ Why? _____ |
| • Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs? | <input type="checkbox"/> | <input type="checkbox"/> | Explain: _____

_____ |



ASSET INFORMATION

You must report ALL Assets below. Use an additional sheet if necessary.

CHECKING		Name of Bank:		Avg. 6 Month Balance:	Current Interest Rate:
Account No:	Address:		Bank Phone Number:		
	City:	State Zip:			
SAVINGS		Name of Bank:		Current Balance:	Current Interest Rate:
Account No:	Address:		Bank Phone Number:		
	City:	State Zip:			
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.		Name of Institution:		Current Value	Annual Income:
Type of Asset:	Address:		Institution Phone Number:		
Account No:	City:	State Zip:			
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.		Name of Institution:		Current Value	Annual Income:
Type of Asset:	Address:		Institution Phone Number:		
Account No:	City:	State Zip:			

	No	Yes	If 'Yes' you must answer the following:
• Has any household member disposed of any assets for <i>Less than Fair Market Value</i> during the past two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>	Date Disposed of: ____/____/____ Description of Asset: _____
• Has any household member sold any Real Estate in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	Date Disposed of: ____/____/____ Description of Asset: _____ Sales Price: \$ _____
• Does any household member have an interest in any Real Estate, Boat or Mobile Home?	<input type="checkbox"/>	<input type="checkbox"/>	Description of Asset: _____ Value: \$ _____ Annual Income from Asset: \$ _____

SOURCES OF INCOME

You must report income from ALL sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships etc. If anyone outside your household gives you money or pays your bills, you must report it as a source of income. Use additional sheets if necessary.

Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source: \$ _____
Address:			Phone Number:		
City:	State	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)		
Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source: \$ _____
Address:			Phone Number:		
City:	State	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)		
Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source: \$ _____
Address:			Phone Number:		
City:	State	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)		



CHILD CARE EXPENSES

If you pay for Child Care, please list name of provider(s) below.

Name of Provider:	Street Address:	Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City: State: Zip:	Amount you pay: \$ _____ per _____
Name of Provider:	Street Address:	Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City: State: Zip:	Amount you pay: \$ _____ per _____

HANDICAP CARE EXPENSES

If you pay for care of Handicapped or Disabled household member, list name of provider(s) below.

Name of Provider:	Street Address:	Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City: State: Zip:	Amount you pay: \$ _____ per _____
Name of Provider:	Street Address:	Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City: State: Zip:	Amount you pay: \$ _____ per _____

AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles owned by or registered to household members. Use additional sheets if necessary.

Make and Model Number:	License Plate Number:	State:	Insurance Agent:	Phone:
Color:	Year:	License Expiration Date:	Street Address:	Policy No:
Name on Registration:	VIN #	City:	State: Zip:	Expiration Date:
Make and Model Number:	License Plate Number:	State:	Insurance Agent:	Phone:
Color:	Year:	License Expiration Date:	Street Address:	Policy No:
Name on Registration:	VIN #	City:	State: Zip:	Expiration Date:

RENTERS INSURANCE

We recommend that you carry Renters Insurance. *Your personal belongings are not covered by our insurance.* If you have coverage, please provide information below.

Insurance Agent:	Phone:
Street Address:	Policy No:
City: State: Zip:	Expiration Date:

PERSONAL REFERENCES

List three (3) references (Not related to you).

Name:	Address:
Phone No:	City: State: Zip:
Name:	Address:
Phone No:	City: State: Zip:
Name:	Address:
Phone No:	City: State: Zip:



EMERGENCY CONTACT

Provide the name of the person and an alternate; we should contact in case of an emergency.

Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:
Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:

ELDERLY/HANDICAPPED/DISABLED STATUS

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program and/or to give special considerations with regard to allowances in determining rent. Please check any box that applies to you:

Head of Household and/or Spouse is: ☐ 62 years of age or older ☐ Handicapped ☐ Disabled

If you checked one of the boxes above, complete this section. List payments made on outstanding medical bills; medical insurance premiums; medical, eye glass and dental costs that are NOT covered by insurance. Use a separate sheet if necessary.

Name of Provider:		Street Address:		Description of Expense:
Phone:	Policy No:	City:	State: Zip:	Amount you pay: \$ _____ per _____
Name of Provider:		Street Address:		Description of Expense:
Phone:	Policy No:	City:	State: Zip:	Amount you pay: \$ _____ per _____
Name of Provider:		Street Address:		Description of Expense:
Phone:	Policy No:	City:	State: Zip:	Amount you pay: \$ _____ per _____
Name of Provider:		Street Address:		Description of Expense:
Phone:	Policy No:	City:	State: Zip:	Amount you pay: \$ _____ per _____

CRIMINAL HISTORY

This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. You must answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected, OR, if move-in has occurred, you may be evicted.

	No	Yes	If 'Yes' you must answer the following:
• Have you or any member of your household ever been convicted of drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been convicted of violent criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household a current, illegal user of or addicted to a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ Details: _____
• Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____
• Have you or any member of your household ever been on parole or are now on parole?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household currently or in the past used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household subject to registration under a State sex offender registration program?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ State? _____ Details: _____

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APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

(Initial)

I have read and understand the information in this application, in particular the Instructions to Applicant, and agree to comply with all information and instructions.

(Initial)

I have read and understand the Tenant Selection Plan, that is posted in the Management Office and summarizes the procedures for processing applications.

(Initial)

I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.

(Initial)

I understand that **ALL CHANGES in the income** of any member of the household, as well as any **changes in the household members** must be reported to Management in writing immediately.

(Initial)

If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.

(Initial)

If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.

(Initial)

I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.

(Initial)

I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in and/or for the purposes of securing a lower rent in a subsidized housing development.

APPLICANTS SIGNATURE

DATE

AGENTS SIGNATURE

DATE

Are you currently receiving Section 8: _____

It is the policy of this agency to provide housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or handicap.



FACT SHEET

For HUD ASSISTED RESIDENTS

Project-Based Section 8

“HOW YOUR RENT IS DETERMINED”

Office of Housing

September 2010

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 are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- 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

Project-Based Section 8 Rent Formula:

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.

OR

- \$25.00 Minimum 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, any financial assistance, 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
- 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
- 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

Legislation:

- Quality Housing and Work Responsibility Act of 1998, Public Law 105-276, 112 Stat. 2518 which amended the United States Housing Act of 1937, 42 USC 2437, et seq.

Regulations:

- General HUD Program Requirements; 24 CFR Part 5

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>

Resident 1 Signature: _____ Date: ____/____/____

Resident 2 Signature: _____ Date: ____/____/____



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

Colonel McGhee Housing Pet Policy

The following rules are to be adhered to regarding tenant ownership of pets:

1. Security deposit of \$300 is required. These deposits may be paid in the manner of \$50 down and then \$10 per month until the full amount is paid. These deposits will be handled the same as the tenant deposit and will be reimbursed upon leaving if NO DAMAGE is done by the pet. Any damages above and beyond the \$300 deposit will be a cost to its owner.
2. Pets cannot weight over 25 pounds and will include caged birds, fish, cats, or dogs. Any tenant may have only one cat or dog.
3. Must be house pets and be house broken.
4. Must have appropriate vaccination (dogs or cats) and licensed with the county.
5. Must have cats or dogs on leashes when taken outside of the unit.
6. Owner must take care of deposited waste matter by using a scooper and depositing into a garbage bag and transporting to the garbage pick-up area, putting into containers situated inside the bin.
7. Pets are to be walked away from the porches of the buildings.
8. Control of pets must be maintained so that barking, etc., will not disturb the neighbors. If as many as four (4) complaints are made to the Managing Agent and the problem cannot be solved by that group, it will be presented to the Board of Directors of the Agency (Management Agency) for resolution.
9. No pet sitting of non-resident pets is allowed at any time.
10. Feeding of strays will result in either you taking them in your apartment and paying a security deposit or vacating your apartment.

Chairman

Southwestern Community Action Council, Inc.

Owner



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

This Package contains the following documents:

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

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

Verification of Information Provided by Applicants and Tenants of Assisted Housing**What Verification Involves**

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

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

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.
Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.
Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

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

Section 236

HOPE 2 Home Ownership of Multifamily Units

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

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

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):

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.):

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.

Original is retained on file at the project site

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

form HUD-9887 (02/2007)

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 544.

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 Certification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any employer 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.

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

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.

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

Applicant Name:											
Mailing Address:											
Telephone No:	Cell Phone No:										
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason for Contact: (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process										
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms										
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules										
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

Signature of Applicant

Date

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

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

Col. McGhee's Housing for the Elderly – Tenant Selection Plan



"This institution is an equal opportunity provider"



The Purpose of the Tenant Selection Plan

The Tenant Selection Plan is to help ensure that residents are selected for occupancy in accordance with HUD/RD requirements. Below is an alphabetized index of topics that are established management policies and procedures that comply with the HUD/Rural Housing requirements.

Program & Project Eligibility

Program eligibility determines whether applicants are eligible to receive assistance. Applicants and residents must meet the following requirements to be eligible for occupancy and housing assistance.

- The family's annual income must not exceed program income limits.
- Proof of Social Security numbers for all household members must be provided within 90 days of the date of your application.
- The unit for which the family is applying must be the family's only residence.
- An applicant must agree to pay the rent required by the program under which the applicant will receive assistance.
- Only U.S. citizens or eligible non-citizens may receive assistance under Section 8, Section 236, Rent Supplement, Rental Assistance payment and Section 202/811 programs.
- Applicants must meet the requirements under the Student Rules, if applicable.
- All information reported by the family is subject to verification.
- Various subsidy or insurance programs may impose additional occupancy restrictions.
- Students who are the head or co-head of a household are eligible for assistance if they meet the U.S. Department of Education's definition of an independent student.

Project Eligibility

Project eligibility establishes whether applicants are eligible to reside in a specific property to which they have applied. The property you have applied at is described below:

Type of Subsidy

USDA RD

Household/Resident Type

Individual programs often serve more than one resident population. However, individual properties may not. The property you have applied at is Elderly /Disabled

Income Limits

HUD/RD requires that properties incorporate the most recently published income limits when determining eligibility. Income limits are updated annually, usually around February. For this property, qualified applicant households must meet the following income limit requirements.

	1 persons	2 Persons	3 Persons	4 persons
Very Low	18700	21400	24500	26700
Extremely Low	12060	16240	20420	24600

Occupancy Standards

Occupancy standards serve to prevent the over or underutilization of units that can result in an inefficient use of housing assistance. Occupancy standards also ensure that residents are treated fairly and consistently and receive adequate housing space.

It is the policy of Lincoln County Opportunity Co. in HUD/RD assisted housing that at move in, no more than two people may share a bedroom.

Number of Bedrooms	Min. # Household Members	Max. # of Household Members
1	1	2

Applicants that qualify for more than one unit size are given the opportunity to choose the unit size they prefer when added to the waiting list.

Section 504 Rehabilitation Act & Reasonable Accommodations

Section 504 of the Rehabilitation Act of 1973

The Act prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance. Although Section 504 often overlaps with the disability discrimination prohibitions of the Fair Housing Act, it differs in that it also imposes broader affirmative obligations on owner/agents to make their programs as a whole, accessible to persons with disabilities.

These obligations include the following:

- Making and paying for reasonable structural modifications to units and/or common areas that are needed by applicants and residents with disabilities, unless these modifications would change the fundamental nature of the project or result in undue financial and administrative burdens;
- Operating housing that is not segregated based upon disability or type of disability, unless authorized by federal statute or executive order;
- Providing auxiliary aids and services necessary for effective communication with persons with disabilities;
- Performing a self-evaluation of the program and policies to ensure that they do not discriminate based on disability.
- Developing a transition plan to ensure that structural changes are properly implemented to meet program accessibility requirements; and
- Operating programs in the most integrated setting appropriate to the needs of qualified individuals with disabilities.

To ensure equal treatment of all disabled applicants or residents that may wish to make a reasonable accommodation or modification of the existing premises or policy, all such requests are to be initially referred to the property manager. The property managers will then meet with the applicant or resident and discuss the proposed accommodation/modification and explain what information is required on the written request for permission.

Once the applicant or resident's written request for permission to make an accommodation or modification is submitted to the property manager, it will be forwarded to the 504 Coordinator for discussion about what items will be required for a final approval ~~agreement between the~~ applicant/resident and the landlord.

Lincoln County Opportunity Co. has designated one person for the property to coordinate efforts to comply with Section 504 requirements. This person is referred to as the Section 504 Coordinator: Bill Carpenter

Fair Housing and Civil Rights Act

Title VI of the Civil Rights Act of 1964 and the Fair Housing Act of 1988, makes it unlawful to refuse to rent or sell or refuse to negotiate for the rental or sale of or otherwise make available or deny a dwelling to any person because of race, color, age, religion, sex, national origin, familial status or handicap. Management is pledged to the letter of said policy for the achievement of equal housing for all. Management will make reasonable accommodations for individuals with handicaps/disabilities during the application process as needed. Such accommodations may include changes in the method of completing the application and/or other services.

Privacy Policy

It is the policy of management to guard the privacy of individuals as per the Federal Privacy Act of 1974, and to ensure the protection of such individual's records maintained by management.

Language Access Plan for LEP

Our Language Access Plan will be executed by identifying our Limited English proficient (LEP) populations in all owned and managed portfolios operated by Lincoln County Opportunity Co. Our goals are to identify our L.E.P by language needs, develop affirmative fair housing marketing plans accordingly, provide L.E.P sensitivity training to staff when assisting L.E.P customers, provide oral or written interpreter/translation services, and monitor and update our Language Access Plan to ensure continued compliance and equal delivery of services to all L.E.P populations in our service areas.

Student Rule

Owners/agents must determine a student's eligibility for Rental assistance at move-in, annual recertification, initial certification (when an in-place tenant begins receiving Rental Assistance) and at the time of an interim recertification if the family reports composition change is due to a household member enrolling into an institute of higher education.

Eligibility of Students Enrolled in an Institute of Higher Education Applying for Assistance under the any Federally Assisted Housing Program:

A student enrolled in an Institute of Higher Education as defined by the Higher Education Act of 1965-Amended 1998 will be deemed eligible for assistance if the student meets all other eligibility requirements, passes screening criteria and is:

- Living with parents/guardian or
- 24 or older or
- A veteran of the United States armed services or
- Married or
- Has a dependent child or
- Can prove independence of parents including
 - ✓ The parents did not claim the student on the most recent tax return and
 - ✓ The student has lived independent of the parents for at least one year or meets the Department of Education's definition of an independent student
 - ✓ Can legally sign a lease
- Is disabled and was receiving assistance as of November 30, 2005 or
- Has parents who are income eligible for the Section 8 program

Any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965 from private sources or an institution of higher education (as defined under the Higher Education Act of 1965) shall be considered income to that individual. There are two exceptions to this income calculation requirement. No financial assistance that an individual receives under the Higher Education Act of 1965 from private sources or an institution of higher education (as defined under the Higher Education Act of 1965) shall be considered income if the student is:

- Living with his/her parents/guardian or
- A person 24 or older with dependent children

Violence Against Womens Act (VAWA)

Under the Violence Against Women Act (VAWA), the Department of Justice Reauthorization Act of 2005, Public Law 109-162, offers the following protections against eviction or denial of housing based on domestic violence, dating violence or stalking.

- An applicant's status as a victim of domestic violence, dating violence or stalking is not a basis for denial of rental assistance or for the denial of admission, if the applicant otherwise qualifies for assistance or admission.
- The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
- The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
- The Landlord may request in writing that the victim or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Citizenship and Immigration Status

By law, only U.S. citizens and eligible non-citizens may benefit from federal rental assistance. Compliance with these rules ensures that only eligible families receive subsidy. These requirements apply to families making application to the property, families on the waiting list, and tenants. This paragraph describes the procedures we must use to determine applicant eligibility based on citizenship/immigration status.

- Assistance in subsidized housing is restricted to the following:
 - U.S. citizens or nationals; and non-citizens who have eligible immigration status.

All applicants for assistance must and will be given notice of the requirement to submit evidence of citizenship or eligible immigration status at the time of application.

All family members, regardless of age, must declare their citizenship or immigration status.

Non-citizens (except those age 62 and older) must sign a Verification Consent Form and submit documentation of their status or sign a declaration that they do not claim to have eligible status. Non-citizens age 62 and older must sign a declaration of eligible immigration status and provide

a proof of age document. U.S. citizens must sign a declaration of citizenship. A mixed family with one or more ineligible family members may receive prorated assistance, continued assistance, or a temporary deferral of termination of assistance.

Applicants who hold a non-citizen student visa are ineligible for assistance, as are any non-citizen family members living with the student. Non-citizen students and their non-citizen families may not receive assistance. Non-citizen students are not eligible for continuation of assistance, prorated assistance, or temporary deferral of termination of assistance.

A non-citizen student is defined as an individual who is as follows:

1. A resident of another Country to which the individual intends to return;
2. A bona fide student pursuing a course of study in the United States; and
3. A person admitted to the United States solely for the purpose of pursuing a course of study as indicated on an F-1 or M-1 student visa.

This prohibition applies to the non-citizen student's non-citizen spouse and children. However, spouses and children who are citizens may receive assistance. For example, a family that includes a non-citizen student married to a U.S. citizen is a mixed family.

Administrative Restrictions on Assistance to Non-Citizens

Management is responsible for administering the restriction on assistance to non-citizens in accordance with regulations. When administering the restriction, we must treat all applicants equally, applying the same non-citizen rule procedures without regard to race, color, national origin, sex, religion, disability, or familial status, and must comply with the nondiscrimination requirements described in Chapter 2 of HUD 4350.3.

Reviewing a Family's Citizenship/Immigration Status

We generally consider citizenship/immigration status once for each family, but will do so more frequently if immigration status or family composition is likely to change (e.g., when a family member applies for a change in immigration status)

We determine the applicant's citizenship or immigration status during the initial eligibility determination, prior to move-in.

As part of the annual or interim recertification process, we must determine the citizenship/immigration status of tenants from whom we have not previously collected the proper documentation or whose documentation suggested that their status was likely to change.

If the status of a family member in a mixed family changes from ineligible to eligible, the family may request an interim recertification.

The required evidence of citizenship/immigration status for any new family member must be submitted at the first interim or regular recertification after the person moves to the unit.

Although the extension period may not exceed 30 days, we may establish a shorter extension period based on the circumstances of the individual case.

We must inform the applicant in writing if an extension request is granted or denied. If the request is granted, we must include the new deadline for submitting the documentation. If the request is denied, we must state the reasons for the denial in the written response. When granting or rejecting extensions, we must treat applicants consistently.

We must deny assistance to an applicant upon the occurrence of any of the following:

1. The applicant fails to submit evidence of citizenship (i.e., the declaration) and eligible immigration status by the date specified.

2. The applicant submits evidence of citizenship and eligible immigration status on a timely basis, but DHS primary and secondary documentation does not verify eligible immigration status of a family member; and
3. The family does not pursue a DHS appeal or informal hearing rights;
4. The family pursues a DHS appeal and informal hearing, but the final decision is against the family member.

Social Security Number Disclosure

ALL household members, and any new household members added to a lease must provide

- The complete and accurate SSN assigned to each member of the applicant's household and
- Documentation necessary to prove that the Social Security Number is accurate (verification)

Waived from Disclosure: For eligibility purposes, the requirement to disclose a Social Security Number is waived if no Social Security Number has been assigned and:

- **62 or older as of January 3, 2010** – household member is 62 or over as of January 31, 2010 and eligibility determination started **before** January 31, 2010
- **Ineligible non-citizen**- if household member is an ineligible non citizen, this household member does not qualify for assistance therefore household assistance will be prorated.

90 Days to Disclose: If a household member is under the age of six, *and does not have a Social Security Number*, the applicant household will have 90 days to provide the Social Security Number and adequate documentation that the Social Security Number is accurate. Under certain circumstances, the owner/agent may provide an additional 90 days to allow the resident to obtain Social Security Number information in accordance with HUD requirements.

Denial for Non-Disclosure: The owner/agent must deny and/or terminate HUD assistance, in accordance with the provisions governing the program, if the assistance applicant does not meet the applicable SSN disclosure, documentation, and verification requirements.

SSN Fraud: If the applicant/resident deliberately provides an inaccurate Social Security Number, the owner/agent and/or HUD/RD may pursue additional penalties due to attempted fraud.

Single Residence Criteria

Assisted tenants must have only one residence and receive assistance only in that unit. A household is eligible for assistance only if the unit will be the household's only residence. This rule is meant to ensure that the government pays assistance for only one unit for a household and provides assistance to as many eligible households as possible with available funding.

Application Procedures

Applications are taken Monday - Friday from 8:00 to 4:00. Other times are available by appointment. All applications are to be completed in the office to ensure accuracy of information, and that all forms are signed and dated by all adult members of the household. Owners may also send out and receive applications by mail to accommodate persons with disabilities, who, as a result of their disabilities, cannot complete the application in the office. Applications are taken on a first-come, first-serve basis and placed on our waiting list based on the date and time of application.

Waiting List Opening and Closing

The Waiting List for this property will remain open at all times to give all applicants the opportunity for housing.

Waiting List Selecting Applicants

Applications are processed in advance of available units to allow applicants to prepare for moving. You will be notified when your name has reached the top 5 of the waiting list to further process your application. We will notify you first by phone. If we are unable to contact you by phone, we will mail you a letter notifying you that you must contact the management office within ten (10) days to begin processing of your application. *If you do not respond within the 10 days, your application will be removed from the Waiting List.* Applicants are housed based on their date and time of application.

Please note that it is our policy to conduct in-house transfers prior to housing applicants from our waiting list. If no transfers, we will house by Very Low Income and Low Income Refer to the Unit Transfer section of the Tenant Selection Plan.

Waiting List Updating and Removal

Updating Wait list

The waiting list will be updated on an annual basis. Each applicant will be mailed a letter asking that they contact the property within twenty on (21) days to verify their continued interest. Applicants that do not respond within the specified time frame, or who respond that they are no longer interested will be removed from the waiting list. If the letter is unable to be delivered by the United States Postal Service, the application will be deemed ineligible and removed from the waiting list.

Applicants on the waiting list must contact the property, in writing, if any information on the application changes (i.e. address, phone number, number of household members, number of future household members, income). If the household composition changes, a decision will be made as to whether the household needs the same or different unit size. If a determination is made that the household qualifies for more than one unit size the applicant will be given the opportunity to choose which unit size they prefer.

If as a result of the household composition change, it is determined that the household will be on the waiting list for a different size unit than originally indicated, the household will be added to the bottom of the waiting list for the new unit size.

Removal of applicants from Wait List

The property manager must document removal of any names from the waiting list with the date and time of the removal.

The property manager will remove an applicant's name from the waiting list when:

- Applicant requests that the household be removed
- Applicant fails to keep application information up to date based on the requirements described in this plan
- Applicant was advised, in writing, of the requirement to tell the property manager of his/her continued interest in housing by a particular time and failed to do so.
- Letters sent to the head of household are unable to be delivered by the U.S. Postal Service.

If an applicant is removed from the list, and subsequently the property manager determines that an error was made in removing the applicant, the applicant will be reinstated at the original place on the waiting list.

If an applicant is removed from the waiting list and later, the applicant household feels that they are now qualified for assistance/tenancy, the applicant household must submit a new application. The application will be placed on the waiting list as of the date and time it has been filled out at the property office.

Waiting List Preferences

Our policy is to give preference on the wait list to existing tenants waiting on transfers, applicants displaced by government actions, or applicants displaced by disaster.

Existing Tenant Transfers

Existing residents who have submitted a request for a unit transfer are given preference on the waiting list. Refer to the Unit Transfer section of the Tenant Selection Plan.

Displacement by Government Action

Verification from a unit or agency of government that an applicant has been or will be displaced by activity carried on by an agency of the United State or by any State or local government body or agency in connection with code enforcement or a public improvement or development program is required at the time of application.

Displacement by Disaster

Verification from a unit or agency of government that an applicant has been or will be displaced as a result of a presidentially declared disaster that results in the uninhabitable of an applicant's unit is required at the time of application.

Screening Applicants and Criteria

All applicants for housing will be screened according to the criteria set forth in the Admission Standards. These criteria are:

1. Past performance in meeting financial obligations, especially rent;
2. Bad record of residency such as destruction of property, disturbance to neighbors, poor housekeeping habits;
3. Involvement in criminal activities, including but not limited to felonies, in the past 60 months;
4. Record of evictions or terminations from housing programs & private landlords;
4. Applicants ability and willingness to comply with the lease;
5. An applicant's misrepresentation of any information related to eligibility, income, household composition, previous landlords etc.; and
6. Applicants must be of legal age to enter a lease.

Screening Criminal History

Criminal history reports will be investigated for each applicant household member 18 years of age or older. Screening for criminal offenses will be subject to denial, if they are related to SEXUAL OFFENSES, DRUGS and VIOLENCE. HUD has established standards that prohibit admission of:

- **Evicted for Drugs:** Any household containing a member(s) who was evicted in the last three years from federally assisted housing for drug-related criminal activity.

- **Use of Illegal Drugs:** A household in which any member is currently engaged in illegal use of drugs or for which the owner/agent has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents.
- **Sexual Offender:** Any household member who is subject to any state sexual offender registration requirement will be denied admission.
- **Violence & Violent Crime:** You or any member of your household that have a history of violence against other persons. Or if at any time, you or any member of your household has been convicted of a crime using a weapon against another individual.
- **Alcoholism Behavior:** Any household member's behavior, from alcoholism abuse that may have led to violent or offensive behavior and/or crime that will interfere with the health, safety, and right to peaceful enjoyment by other residents. The screening standards must be based on alcoholism behavior, not a medically diagnosed condition of alcoholism or alcohol abuse.
- **Felony Conviction:** If in the last seven years, you or any member of your household have a felony conviction for any type of crime that is less than 7 years old will be subject to denial.
- **Misdemeanor Conviction:** if you or any member of your household has a misdemeanor conviction or are a habitual offender with misdemeanor convictions that relate to sexual offenses, drugs or violence, you will be subject to denial. *Example but not limited to: public intoxication, disorderly conduct, menacing, soliciting prostitution, vandalism.*
- **Criminal Offense against Employees & Property:** If at any time, you have committed other criminal activity that would threaten the health, safety of the owner, or any employee, contractor, subcontractor or agent of the owner who is involved in housing operations or the vandalism and destruction of property.

Sexual Offender Zero Tolerance Policy

In accordance with HUD/RD regulations a zero tolerance policy is in effect to prevent lifetime sex offenders from receiving federal housing assistance. Current regulatory requirements include the screening of new applicants and existing tenants for any sexual offenses and lifetime registration of any state sex offender list.

- **Property Management:** We will conduct criminal background screening, credit/criminal background screening system that retrieves data. We will confirm any sexual offense violations and enforce our policy. Termination of tenancy will be aggressively pursued to ensure the highest level of public safety in federally assisted housing.
- **Current Tenants:** At annual recertification's all current tenants will be required to self certify if they or any of their household members is subject to a lifetime state sex offender registration program in any state. Tenants will be informed at recertification that screenings of sexual offender registration lists will be conducted according to HUD regulations.
- **Applicants:** applicants will self certify on their application if they or any of their household members is subject to a lifetime state sex offender registration program in any state. Any applicant and their household members who is a registered sex offender will be denied housing and their application rejected.

Screening Credit History

A credit report will be made for head of household/co-head. The purpose of reviewing an applicant's credit history is to determine how well applicants meet their financial obligations. The applicant's entire credit history is reviewed. Please note that lack of a credit history is not considered poor credit. The following areas will be screened according to criteria:

- **Credit Screening:**
Credit screening may be completed by an outside company. Rental delinquencies, utility delinquencies, bankruptcy, etc. will be taken into consideration. If an applicant is demonstrates a poor credit history, the application will be rejected.
- **Rental History:**
All applicants must provide current and previous landlord information. This information will be used to verify applicant's ability to pay rent and adhere to a lease. If an applicant has a unfavorable landlord reference or has a public record of eviction for nonpayment of rent or failure to adhere to a lease, they will be subject to denial. If any member of the applicant household has been evicted from any property owned or managed by Lincoln County Opportunity Co., Management, that applicant household will be rejected.
- **Reasonable Accommodations to Screening**
Owners may consider extenuating circumstances in evaluating information obtained during the screening process to assist in determining the acceptability of an applicant for tenancy. If the applicant is a person with disabilities, the owner must consider extenuating circumstances where this would be required as a matter of reasonable accommodation.
- **Failed to pass screening:**
Any applicants who did not pass our screening criteria may appeal the rejection notice. Applicants are advised to follow the instructions on their rejection letter to call the Property Manager to request reconsideration. All reconsiderations will be sent to the District Manager for a determination upon review of information given by the applicant and any third party verifications obtained.

Verification of Eligibility

Information needed to determine applicant eligibility shall be obtained, verified, and the determination of applicant eligibility performed, in accordance with HUD/RD and property eligibility requirements.

Preliminary Eligibility

The property manager will make a preliminary eligibility determination when placing a household on the waiting list or initiating final eligibility tasks. Once the applicant comes to the top of the waiting list, the application will be reviewed to ensure that there are no obvious factors that would make the applicant ineligible. If information on the application indicates that the applicant household does not meet the eligibility and/or screening requirements, the household will be rejected.

Final Eligibility

If there is no information on the application that would deem the applicant household ineligible, then a criminal background check will be performed. Criminal background must be checked to reveal any previous criminal activity that would deem the household ineligible.

If the application review and the criminal background do not reveal information that would deem the applicant household ineligible, a credit check will be performed to see if the household meets the property credit screening criteria. If the applicant does not meet the credit screening criteria, the household will be rejected.

If the applicant household successfully passes the criminal and credit checks, verification of the following will commence: Verification of assets, income and expenses.

Verification Methods

The property manager shall obtain verifications in compliance with requirements set forth in the HUD Handbook 4350.3 and RD Handbook 2-3560. After the preliminary eligibility determination, no decision to accept or reject an application shall be made until information provided on the application form and during subsequent interviews has been collected and any necessary follow-up interviews have been performed.

All information relative to the following items must be verified as described in these procedures. The following information will be verified on all applicants

- Eligibility for admission
- Allowances
- Compliance with Resident Screening Criteria
- Special program requirements
- The need for an accessible unit

Verifications will be attempted in the following order:

- Third-party written
- Third-party oral with a record kept in the file
- Copies of third party documents provided by the household (i.e. Social Security or agency printout, award letter, pay stubs, bank statements, pharmacy printouts, payment book stubs for medical insurance premiums, etc.)
- In the absence of any of the above, affidavits from the household

Each file will be documented, when appropriate, to show that the property staff attempted to obtain third-party written documentation before relying on some less acceptable form of information.

Sources of Information:

Sources of information to be checked may include, but are not limited to

- The applicant by means of interviews
- Present and former housing providers/landlords
- Credit checks and management record services, etc.

Forms of Verification

Documentations required as part of the verification process, may include, but are not limited to:

- Checklists completed as part of the interview process and signed by the applicant
- Verification forms completed and signed by third parties
- Reports of interviews, etc.

At a minimum, such reports will indicate the date and time of the conversation, source of the information, name and job title of the individual contacted, and a written summary of the information received.

Management staff will be the final judge of the credibility of any verification submitted by an applicant. If the staff considers documentation to be doubtful, it will be reviewed by management staff who will make a ruling about its acceptability. Management staff will continue to pursue credible documentation until it is obtained or the applicant is rejected for failing to produce it.

Period for Verification

Only verified information that is less than 90 days old may be used for verification or recertification. Verified information not subject to change (such as a person's date of birth) need not be re-verified.

Verifying the need for an Accessible Unit

When an applicant requests an accessible unit, the property manager will conduct inquiries to:

- Verify that the applicant is qualified for the unit, which is only available to persons with a disability or to persons with a particular type of disability. For example, an applicant with a physical disability who uses a wheelchair may not be eligible for a unit that is specifically designed and intended for a person with a visual disability.

Verify that the applicant needs the features of the unit as an accommodation to his or her disability.

Verification Consent and Refusal to Sign

All adult members of a household must sign consent forms and, as necessary, verification documents, so that the property manager can verify sources of household income and household size. The property manager must consider a household ineligible if the adult members refuse to sign applicable consent and verification forms.

Each household member age 18 and older and each household head, spouse or co-head regardless of age must sign the following forms:

- Applicant's/Resident's Consent to the Release of Information.
- Verification by Owners of Information Supplied by Individuals who apply for Housing.

All adults must sign the forms regardless of whether they report income. All adult members of an applicant or resident household must sign individual verification forms, authorizing the property manager to verify household income and other applicable eligibility factors (e.g., disability status). Consent and verification forms protect the rights and privacy of Residents and applicants by allowing them to have control over any information collected about them.

Provisions for Refusal to Sign

If the applicant or any adult member of the applicant's household, does not sign and submit the consent forms as required in 24 CFR 5.230, the property manager must deny assistance and admission to the applicant.

Rejection and Reconsideration Procedures

Rejecting Ineligible or Unqualified Applicants

The property complies with applicant rejection requirements set forth in the HUD Handbook 4350.3 and RD HB 2-3560. Management reserves the right to reject applicants for admission if it is determined that the applicant or any member of the household falls within any one or more of the following categories:

- Failure to meet the HUD/RD indicated eligibility requirements for the assistance program.
- Refusal to sign appropriate verification documents
- Misrepresentation: Willful or serious misrepresentation in the application procedure for the unit or certification process for any government assisted dwelling unit.
- Failure to respond to management inquiries for additional information during the application process.
- Failure to meet the minimum credit score.
- Criminal history.
- Unsatisfactory landlord reference, if applicable

The property manager will promptly notify the applicant, in writing, of the denial of admission or assistance. The result of the eligibility determination will be sent to the head of household, as indicated on the application, via Certified Mail.

Rejection Notice will include:

- The specifically stated reason(s) for the rejection, and
- The applicant's right to respond to the property manager in writing (or in an equally effective format) or request a meeting within fourteen (14) days to dispute the rejection.
- That persons with disabilities have the right to request reasonable accommodations to participate in an informal hearing.
- The 800 number to contact The Credit Reporting Agency to obtain a free copy of their credit report.

After an initial rejection, applicants have the right to request an appeal. Management will follow the grievance process in compliance with the requirements set for in the HUD handbook 4350.3 and RD HB 2-3560.

The process of requesting an appeal is known as a Request For Reconsideration. Applicants must first make a request in writing, provide an explanation for reconsideration and submit request to the site manager. Applicants are strongly advised to call the 800 number listed on the initial rejection notice to obtain a free copy of their credit report, before a reconsideration interview is conducted.

The Executive Director who was not involved in the initial decision to deny admission or assistance will conduct a telephone interview with the applicant to discuss the applicant's rejection and letter of request for reconsideration.

During the reconsideration interview, applicants will be asked to explain derogatory accounts, public records, civil judgments, or any criminal offenses as listed on their credit/criminal reports. Applicants may also be asked to provide additional documentation to justify their statements and be subject to certain conditions for a final approval. The process of Reconsideration does not guarantee an approval and the owner reserves the right to uphold an initial rejection.

Reconsideration final approvals will be given within five (5) business days of the telephone interview, compliance personnel will advise the applicant in writing of the final decision on eligibility and will not disclose that decision on the phone during the interview process.

Applicants must provide a working telephone number for contact with time of availability to call. Three attempts will be made to conduct a phone interview. If applicant is not available after those attempts an "unable to contact" notice will be issued. Applicants will then be given (5) five business days to contact the Executive Director for reconsideration interview. Failure to contact after such notice will result in a decision to "uphold initial rejection" and the reconsideration will be null and void and the file closed. Rejected applicants will then have to reapply at a later date to be processed again.

Fraud

Any information provided by the applicant that verification proves to be untrue may be used to disqualify the applicant for admission on the basis of attempted fraud. Unintentional errors that do not cause preferential treatment will not be used as a basis to reject applicants.

Transfer Policy and Procedures

Unit transfers will only be approved under the following condition:

- **Reasonable Accommodation** - a household member's disability certified by a doctor. For example, a resident with a physical disability might need a transfer to an accessible

unit, or a unit on the ground floor, or a larger unit to accommodate a live-in aide. In these cases, these households will be added to the waiting list and listed with an existing resident preference and housed **first**, to other applicants on the waiting list. This "preference" is non-transferable to any other Lincoln County Opportunity Co. property and will only be enforced within the apartment community the application was intended for. If a tenant household is being moved to a different unit as a reasonable accommodation for a household member's disability, then the owner must pay for the move unless doing so would constitute an undue financial and administrative burden.

- **Unit Transfer Request & Approvals**-Tenant must place a completed application for transfer at the management office. Prior to transfer approval, tenant must meet the following criteria:
 - 30 day notice to move in writing submitted to management
 - Proof of ability to establish utility
 - Met occupancy standard requirements for larger, smaller or ADA unit
 - Met obligations of one year lease and in good standing with no account balances
 - No more than 3 lease violations in prior year, passed unit inspections with no damages
 - New Rental Application and lease is required
 - New 3560-8 Tenant Certification and first months rent properly prorated.

Unit Transfer Wait List:

Upon approval of a unit transfer, existing residents will have preference over applicants on the waiting list, unless the current number of vacancies at the property is creating an undue financial burden on the property. A unit transfer waiting list will be kept in order of date and time of request. As apartments become available, the unit transfer list will be utilized first prior to going to the regular waiting list.

Unit Transfer and Security Deposit

Security deposit is transferable to a new unit upon approval of a unit transfer.

Security Deposit

The property manager must collect a security deposit at the time of move-in/ initial lease execution. The amount of security deposit established at move-in does not change when a resident's rent changes. The property manager will comply with any applicable state and local laws governing the security deposit. The resident is expected to pay the security deposit from his/her own resources, and/or other public or private resources.

Security Deposits At Move In:

Security deposit and First Month's Rent must be paid in the form of money order or certified bank check only. After the security deposit and first month's rent are paid the resident may then begin using personal checks.

• **Security Deposit At Move Out:** Security deposit is reimbursable and is issued upon vacating a unit with proper 30 day notification. Any charge backs for rents owed, or damages to property will be applied accordingly. Security Deposit reimbursements will be dispersed within 30 days of an official move-out. The amount reimbursed will be paid by check and made out to the resident or individual designated by the resident.

Inspections

Move In Inspection:

All apartments must undergo a move-in inspection by the property manager. These inspections include not only interior but also exterior inspections. The move-in inspection is an opportunity to familiarize the resident with the property and the unit, as well as to document its current condition.

Move Out Inspection:

Upon the unit being vacated by the resident, the property manager will perform a move-out inspection to ensure there are no damages to the unit. The property manager will list the damages on the move-out inspection form and compare it with the move-in inspection form to determine if the damage is reasonable wear and tear or excessive damage. The resident will be given prior notice of the move-out inspection and be allowed to accompany the property manager if the resident chooses.

Periodic Inspection:

In addition, the property manager will conduct unit inspections to determine that appliances and equipment are in good working order. Service requests will be made for anything requiring repair. Also the unit inspection ensures that the resident is keeping the unit in a clean and sanitary condition.

HUD/RD or its authorized contractor(s) has the right to inspect the unit and the entire property. These inspections assure HUD/RD that the owners are fulfilling their obligations under the regulatory agreements and/or subsidy contract and that the resident is provided with decent, safe, and sanitary housing.

Recertifications and Chances in Family Composition

Annual Recertification Requirements

Property Managers must conduct a recertification of family income and composition at least annually for each household. Resident rent and assistance payments are then recomputed based on the information gathered. Households who fail to complete the annual recertification process will have their assistance terminated and be required to pay the full market rent for the unit.

Each resident household must do the following:

- Respond to recertification notices within the time specified in the notice.
- Meet with the property manager within the specified time frame and supply all required information.
- The head of household, spouse and co-head and all adult members of the household 18 years of age or older will be required to sign appropriate verifications.
- The head of household, spouse, co-head and all adult members of the household 18 years of age or older must sign the recertification form and a new lease or lease addendums.

Interim Recertification Requirements

To ensure that assisted residents pay rents based on their income, residents must supply information requested by the owner or RD for use in an interim recertification of family income and composition in accordance with Rural Housing requirements. All tenants must notify the owner when:

- A family member moves out of the unit;
- The family proposes to move a new member into the unit;
- An adult member of the family who was reported as unemployed on the most recent certification or recertification obtains employment; or
- The family's income cumulatively increases by \$100 or more per month.

Residents may request an interim recertification due to any changes occurring since the last recertification that may affect resident rent and assistance payments for the household. Changes a resident may report include the following:

- Decreases in income including, but not limited to, loss of employment, reduction in number of hours worked by an employed family member, and loss or reduction of welfare income;
- Increases in allowances including, but not limited to, increased medical expenses, and high child care costs; and
- Other changes affecting the calculation of a family's annual or adjusted income including, but not limited to, a family member turning 62 years old, becoming a full-time student, or becoming a person with a disability.

Residents are required to sign the recertification form and any applicable lease addendums upon notification from the property manager that the interim recertification is complete.

Management must approve change of family composition and screen any new person requesting to be added to the household. Anyone age 18 or older must complete an application **before** he/she moves into the unit. The proposed new household member will be considered an applicant and must pass the screening for criminal history. In addition, if the applicant is approved to be added to the lease, the rent payment will be re-calculated to reflect any income or allowances for the new household member.

Live In Aides Added to Lease

The policy applies to live-in aides as well. Resident selection criteria will also be applied to live-in aides, except for the criteria regarding credit performance or the ability to pay rent on time because live-in aides are not responsible for rental payments. However, live-in aides must meet other screening criteria established by management. Income and/or allowances received by live-in aides will not be considered.

Newborn

Information about newborn household members must be provided to management within 14 days of the birth of a child.

Changes to Tenant Selection Plan

Applicants will be notified in writing when the Tenant Selection Plan undergoes significant change. At that time, applicants will be:

- Given an opportunity to review the new plan
- Notified of changes to preferences
- Asked if they wish to remain on the waiting list

If an applicant household does not respond, that household will be deemed ineligible and removed from the waiting list. The current resident selection plan, in place at the time of final eligibility determination, will be used to determine eligibility.

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