

**Assisted Housing Complexes
Managed by Human Resource Development & Employment, Inc.
Application Processing Form**

Site: _____ Bedroom Size: _____ Accessible Unit Needed: Y N

Applicant Name: _____

Telephone Number: _____ Mailing Address: _____

<u>Contact via:</u>		<u>Notes:</u>	<u>Initials:</u>
1. Telephone	Date: _____ Time: _____	_____	
	Date: _____ Time: _____	_____	
	Date: _____ Time: _____	_____	
2. Office Visit	Date: _____ Time: _____	_____	
	Date: _____ Time: _____	_____	
3. Letter	Date: _____ Time: _____	_____	

Wait List Info: Pre-Application Received Date: _____ Move-In Date: _____
Rejection Letter Date: _____ Inactive Date: _____

Verification Documents Needed:

Income: _____ Social Security _____ SSI _____ Pension _____ Employment
_____ Child Support _____ TANF _____ Alimony _____ Annuity
_____ No Income _____ Other

Assets: _____ Checking _____ Savings _____ CD _____ Property
_____ Life Insurance _____ Stock/Bonds _____ Other

Medical Expenses: (Seniors/Disabled) _____ Prescriptions _____ Medicare
_____ Insurance _____ Physician _____ Other

Expenses: (Families) _____ Child Care

Required Documents Needed:

_____ Birth Certificate _____ Social Security Card _____ Photo ID _____ Landlord Verification
_____ Credit Check _____ Criminal Check _____ NSOPR _____ Existing Tenant Search
_____ 811-Disability Verification

- HUD Tenant File (Copy)
- LIHTC Tenant File (Original)



**APPLICATION/CERTIFICATION
(For New Applicants)**

Property: _____ Full Name: _____ Unit #: _____

Phone Number: _____

The information on this form is needed in order to certify your household. Please complete the entire form and do not leave any blanks.

- Single
- Married
- Divorced
- Widowed

PART I. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List ALL individuals who are living or plan to live with you in your apartment:

HH Mbr	Full Name	Sex	Age	Relationship to Head of Household (HoH)	Student	If Student: Full Time (FT) or Part Time (PT) Student
1				HoH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
4					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
5					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect any additions to the household within the next 12 months? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Are any household members temporarily absent? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Have you listed any household members who will be permanently absent from the unit? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of your household subject to the lifetime registration requirement under a state sex offender registration program?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any household member used a name other than the one you are using now? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any household member used a social security number other than the one you are using now? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone live with you now who is not listed above? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone plan to live with you who is not listed above? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Could your household benefit from a handicapped accessible unit? If yes, identify any special housing needs your household has:
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of your household ever been convicted of a criminal offense? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of your household ever been convicted for the manufacture of methamphetamines on the premises of a federally assisted unit? If yes, please explain:

Yes No		PART I. HOUSEHOLD COMPOSITION AND CHARACTERISTICS (continued)	
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any member of your household currently have any criminal charges pending which have not been resolved? If yes, please explain: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any household member been evicted from any type of housing? If yes, please explain: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any household member owe money to a landlord for damages or non-payment of rent? If yes, please explain: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you own a vehicle? If yes, provide the following: Make: _____ Model: _____ License #: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Are all members of your household U.S. citizens?	
<input type="checkbox"/>	<input type="checkbox"/>	Have all members of your household complied with the Selective Service Act?	
<input type="checkbox"/>	<input type="checkbox"/>	Do you own any pets that will be residing at this residence? If yes, describe: _____	
<input type="checkbox"/>	<input type="checkbox"/>	If the tenant or co-tenant is under the legal age of 18, have they provided proof of emancipation?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the employment status of any household member changed? Description: _____	

PART II. HOUSEHOLD INCOME INFORMATION				
Yes	No	Does your household receive or expect to receive income from the sources listed below?	Monthly Gross Income	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Retirement Benefits	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Disability Income (SSDI)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Black Lung Benefits	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Death Benefits	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Benefits	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Military Pay	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Compensation	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Severance Pay	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Long-Term Medical Care Insurance Payments: Locality	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Educational Funds <input type="checkbox"/> Grant <input type="checkbox"/> Scholarship	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Funds (Railroad, etc.)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Pension: Locality	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Annuities: Locality	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Unearned income from family member(s) age 17 or under (examples: social security, trust fund disbursements, etc.). If yes, please explain:	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Alimony/Spousal Support Payments (Attach Divorce Decree)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Are you legally entitled to receive alimony and/or spousal support and currently making efforts to collect alimony and/or spousal support owed to you? Describe efforts to collect alimony/spousal support:	\$	

PART II. HOUSEHOLD INCOME INFORMATION (continued)

Yes	No	Does your household have income from the sources listed below?	Monthly Gross Income	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Child Support State: _____ County: _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Are you legally entitled to receive child support payments and currently making efforts to collect child support owed to you? Describe efforts to collect child support:	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Employment (full-time, part-time, seasonally) (wages, salaries, tips, commission, bonuses) Locality: _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Expect a leave of absence from work due to lay-off medical, maternity, or military leave? If yes, date:		
<input type="checkbox"/>	<input type="checkbox"/>	Self Employment (If yes, attach previous year income tax return)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Work for someone who pays you cash?	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you (excluded food stamps, groceries and/or day care costs when the day care center is paid directly by the gift-giver)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Ownership of a business?	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Inheritance When? _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Lottery Winnings When? _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Insurance Settlement When? _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Receive income under Title V of the Older Americans Act? If yes, select all that apply and verify: <input type="checkbox"/> RSVP <input type="checkbox"/> Green Thumb <input type="checkbox"/> Senior Aides <input type="checkbox"/> Older American Community Service <input type="checkbox"/> Foster Grandparents		
<input type="checkbox"/>	<input type="checkbox"/>	Receive or expect to receive income from a training or work study program?	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Long-term medical care insurance payments? Provider:	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Periodic Trust Payments Locality: _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Real Estate or Personal Property	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Has your income changed from the previous year? If yes, please explain: _____		
<input type="checkbox"/>	<input type="checkbox"/>	Other income not listed above? Description: _____	\$	

PART III. HOUSEHOLD ASSET INFORMATION

Yes	No	Do you or your household members have any of the following? Note: If multiple accounts, please indicate localities.	Cash Value	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Checking Account(s). If yes, list locality. 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Savings Account(s). If yes, list locality. 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Money Market Funds. If yes, list locality. 1) _____ 2) _____	\$ _____ \$ _____	_____ _____

PART III. HOUSEHOLD ASSET INFORMATION (continued)

Yes No	Do you or your household members have any of the following? Note: If multiple accounts, please indicate localities.	Cash Value	HH Mbr #
<input type="checkbox"/> <input type="checkbox"/>	Trusts. If yes, list locality. Is the trust nonrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Individual Retirement Account (IRA) 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Keogh Account 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Capital Retirement Account-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Stocks 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Bonds 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Annuity-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Certificate of Deposit (CD/TIS)-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Personal Property held as an Investment 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Life Insurance-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Cash on-hand (COH)-Cash Value \$	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Safety Deposit Box – Contents of the Box? 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Treasury Bills-Cash Value \$ 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Real Property suitable for Occupancy? Current Status/Intentions: <input type="checkbox"/> Keeping <input type="checkbox"/> Selling <input type="checkbox"/> Renting <input type="checkbox"/> Foreclosure <input type="checkbox"/> Jointly Owned 1) _____ 2) _____ Address _____ Address _____		_____ _____ _____ _____
<input type="checkbox"/> <input type="checkbox"/>	Mortgage-Locality: 1) _____ 2) _____		
<input type="checkbox"/> <input type="checkbox"/>	Holiday Fund-Locality: 1) _____	\$ _____	_____

PART III. HOUSEHOLD ASSET INFORMATION (continued)

Yes	No	Do you or your household members have any of the following? Note: If multiple accounts, please indicate localities.	Cash Value	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Other Retirement Funds 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Disposed of any asset for less than Fair Market Value in the past 2 years? If yes, please complete the Divestiture of Asset Form.		
<input type="checkbox"/>	<input type="checkbox"/>	Asset(s) owned jointly with a person who is NOT a member of the household? If yes, describe: _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Assets not listed above (excluding personal property i.e., car, boat, jewelry, coins, etc.)? If yes, please list: _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other Accounts not listed above 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do your assets total \$100,000 or more?		

PART IV. HOUSEHOLD EXPENSES

Yes	No	Expense(s)	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of an elderly or disabled household? If yes, please list all current out-of-pocket medical expenses for your household (Medicare, dental, hearing, pharmacy, etc.): _____ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other kind of medical insurance? If yes, provide name and address of carrier, policy number, and premium amount: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in the unit pay for equipment for any family member with a disability so that another family member can work?	
<input type="checkbox"/>	<input type="checkbox"/>	If employed, is childcare paid as a result of work or looking for work? Locality _____	
<input type="checkbox"/>	<input type="checkbox"/>	Are there childcare expenses paid in order for you to continue your education?	
<input type="checkbox"/>	<input type="checkbox"/>	Are there any Foster Children or Foster Adults who are part of the household?	
<input type="checkbox"/>	<input type="checkbox"/>	Are there any Live-In Care Attendants who are part of the household?	

PART V. STUDENT STATUS

Yes	No	Student(s)
<input type="checkbox"/>	<input type="checkbox"/>	Will all of the persons in the household be, or have been, full-time students during five calendar months of this year; or, plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been a full-time student during the past 12 months? If yes, give the names and dates:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member attended school in this calendar year? If yes, give the names and month/dates(mo/yyyy):

PART V. STUDENT STATUS (continued)

If you answered yes to any of the previous questions, are you:

<input type="checkbox"/>	Married and filing a joint tax return?
<input type="checkbox"/>	Enrolled in a job-training program receiving assistance under the Workforce Investment Act?
<input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act (TANF)?
<input type="checkbox"/>	Single parent with child(ren), and the parent is not a dependent of another individual, and the child(ren) are not dependents of another individual other <i>than their parents</i> ?
<input type="checkbox"/>	A person previously under the care and placement of a state agency (foster care)?

PERSONAL

Please provide the name, address, and phone number of two personal references.

1. _____ 2. _____

Please provide the name, address and phone number of your Primary Physician and Social Worker.

1. _____ 2. _____

Nearest relative NOT living with you: Name: _____
Address: _____
Relationship: _____
Phone Number: _____

Person to be contacted if you become incapacitated:

Name _____
Address: _____
Relationship: _____ Phone Number: _____

Please list all states where you, and all members of the household, have resided: _____

PREVIOUS RENTAL HISTORY

Have you lived or are you now living in a federally subsidized housing unit? _____ Yes _____ No

Name of Complex: _____

Name and address of your Present Landlord: _____

Telephone No: _____ How long have you lived there? _____

Reason for leaving? _____

Name and address of your Former Landlord: _____

Telephone No: _____ How long did you live there? _____

Reason for leaving? _____

EMPLOYMENT HISTORY

Name and Address of Head's Present Employer: _____

_____ Telephone No: _____

Supervisor's Name: _____ How long have you been employed there? _____

Name and Address of Spouse's or Co-Head's Present Employer: _____

_____ Telephone No: _____

Supervisor's Name: _____ How long have you been employed there? _____

How did you learn about this housing complex?

_____ Newspaper Advertisement _____ Radio Advertisement _____ Other - Please Identify _____
_____ From a Present Tenant _____ From a Social Service Agency _____ Flyer

APPLICANT CERTIFICATION

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize Management to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that making false statements or providing false information is punishable under Federal law. I/we understand that making false statements or providing false information can result in rejection of my/our application or termination of my/our lease at the time the false information or statements are discovered.

It is your responsibility to verify that all information on any form you sign is correct. If any information is not correct, it should be brought to the attention of Management. If Management does not correct the information, do not sign the incorrect paperwork and immediately contact: Claudette Karr, Management Agent, 1369 Stewartstown Road, Morgantown, WV 26505, or (304) 296-8223 ext. 1021 (TDD Relay 1-800-982-8771).

I UNDERSTAND THAT I MUST IMMEDIATELY REPORT ANY CHANGE IN INFORMATION PROVIDED ON THIS APPLICATION. I UNDERSTAND THAT I CAN MAKE THESE UPDATES EITHER IN PERSON AT THE OFFICE OR BY TELEPHONING THE OFFICE. I UNDERSTAND THAT THERE IS A TENANT SELECTION PLAN POSTED IN THE OFFICE FOR REVIEW WHICH IS AVAILABLE TO ME UPON REQUEST.

Signature of Head

Date

Signature of Spouse or Co-Head

Date

Signature of Housing Manager

Date

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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).

HRDE, Inc./Unity Housing, Inc./Unity Housing Apartments, LP, does not discriminate on the basis of handicapped/disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

TO: Screening Reports, Inc./NSOPR/Landlord/ Existing Tenant Search

FROM: HRDE, Inc., Management Agent: (Please choose appropriate site)

FIRST NAME: MIDDLE NAME: LAST NAME:

SSN: DATE OF BIRTH:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

E-MAIL ADDRESS:

AMOUNT OF MONTHLY INCOME:

NUMBER OF BEDROOMS NEEDED:

HOW DID YOU HEAR ABOUT OUR HOUSING?

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

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TO THE APPLICANT: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE FOR CREDIT/CRIMINAL/SEX OFFENDER/EXISTING TENANT CHECKS/PREVIOUS AND CURRENT LANDLORD

I hereby authorize the above-listed housing project to do a background credit, criminal, NSOPR, landlord and Existing Tenant check on me. I understand that this information will be kept confidential and will only be used to help determine whether I meet the criteria for tenancy at the above-listed housing project. I understand that failing to pass the credit check, arrest and conviction of a crime or sexual offense may disqualify me for tenancy.

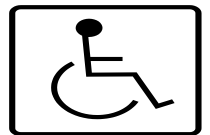
SIGNATURE OF APPLICANT

DATE

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PENALTIES FOR MISUSING THIS CONSENT:
Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

The above-listed housing project does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

Notice and Consent for the Release of Information

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.)
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant

Date

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

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



LANDLORD VERIFICATION FORM – DONE BY TELEPHONE



APPLICANT NAME _____

DATE: _____ TIME: _____

APPLICANT SOCIAL SECURITY NUMBER _____

PRESENT LANDLORD NAME, ADDRESS, & PHONE NUMBER:

SPOKE WITH _____ ON _____ TIME _____

- 1. Did applicant pay rent on time? _____
- 2. Did applicant create any disturbances? _____
- 3. Did applicant keep unit clean & in good repair? _____
- 4. Did applicant leave unit in decent condition? _____

EXPLANATION AND/OR ADDITIONAL COMMENTS:

PREVIOUS LANDLORD NAME, ADDRESS, & PHONE NO:

SPOKE WITH _____ ON _____ TIME _____

- 1. Did applicant pay rent on time? _____
- 2. Did applicant create any disturbances? _____
- 3. Did applicant keep unit clean & in good repair? _____
- 4. Did applicant leave unit in decent condition? _____

EXPLANATION AND/OR ADDITIONAL COMMENTS:

(Manager Signature)

(Date)



MOVE-IN PROOFING CHECKLIST

Tenant Name: _____

Project: _____

Unit #: _____

Proofer must either circle good or make a comment in reference to an issue with the following items:

LIHTC Only - Copy of Tenant Income Certification (TIC),	Good/ _____
Copy of 50059	Good/ _____
Copy of Detailed Report	Good/ _____
Copy of Application, Signed and Dated	Good/ _____
Copy of Income Verifications	Good/ _____
Copy of Asset Verifications	Good/ _____
Copy of Medical Expense Verifications	Good/ _____
Copy of Birth Certificate (Does it match the 50059?)	Good/ _____
Copy of Social Security Card (Does it match the 50059?)	Good/ _____
Certification Worksheet	Good/ _____

- Submit all new move-in paperwork for proofing 24 hours prior to actual move-in.
- All documents must be current (within 120 days).

NOTE:

- **All original documents and corrections will be maintained in the Tax Credit file at the Housing Site.**
- **All documents must be completed in blue ink, with no whiteout or highlighted areas.**
- **All corrections must be crossed out, inserting corrected information, and initialed/dated by Tenant and Manager.**

Submitted by Manager:

Proofed By:

Date:

Date:

Notes: