



Tenant File Checklist for Annual Recertification



Last Name: _____ Apt. # _____ Effective Date: _____

From FHA:

- HUD 50059 Tenant Certification, signed and dated
- Lease Amendment, signed and dated
- Initial Notice, signed and dated
- Copy of 120 Day Recertification Letter

From HRDE Webpage:

- Certification Worksheet
- Recertification Questionnaire, signed and dated
- EIV Self-Certification Acknowledgement
- HUD 9887/9887A
- HUD 92006 – Supplement to the Application, signed and dated
- Returned Verifications of income, assets & medical expenses, or Lack of Income/Notarized w/Questionnaire
- HUD Is Fraud Worth It?, signed and dated
- Under \$50K Asset Certification/Assets Disposed Of, signed and dated
- Utility Release, signed and dated
- Annual Apartment Inspection, completed by Manager and Tenant, signed and dated
- Citizenship/Immigration Status (if applicable)

From EIV:

- EIV Income Verification
- Failed EIV Pre-Screening Report
- Failed EIV Verification Report (SSA Identity Test)
- EIV Income Discrepancy Report
- National Sex Offender Registry (www.nsopr.org)
- Updated Shot Record for Pet or Assistive Animal (if applicable)

I certify that my household has received a copy of the following HUD information titled:

- Resident Rights and Responsibilities
- Income fact sheet for HUD assisted residents
- Is Fraud Worth It
- Renters Insurance and VAWA Fact Sheet
- EIV and You

Tenant Signature: _____ Apt.# _____ Date: _____



RECERTIFICATION 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 Recertification Questionnaire, Signed and Dated Good/ _____
- Copy of Income Verifications Good/ _____
- Copy of Asset Verifications Good/ _____
- Copy of Medical Expense Verifications Good/ _____
- Certification Worksheet Good/ _____
- Copy of EIV Good/ _____

- Submit all Tax Credit Re-Certification Paperwork, Completed and Ready to be Proofed, three (3) working days prior to the 17th of each month.
- Submit all HUD Re-Certification Paperwork, Completed and Ready to be Proofed

Submitted by Manager:

Proofed By:

Date:

Date:

Notes:

RECERTIFICATION QUESTIONNAIRE

Property: _____ **Full Name:** _____ **Unit #:** _____

Single Married Divorced Widowed

Part I. Household Composition

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	
					Yes	No	FT	PT
1				HoH	Yes	No	FT	PT
2					Yes	No	FT	PT
3					Yes	No	FT	PT
4					Yes	No	FT	PT
5					Yes	No	FT	PT

Yes	No		HH Mbr#
		Do you expect any additions to the household within the next 12 months? If yes, please explain:	
		Are any household members temporarily absent?	
		Have you listed any household members who will be permanently absent from the unit?	
		Is any member of your household subject to the lifetime registration requirement under a state sex offender registration program?	

Part II. Household Income

Yes	No	Does your household have income from the sources listed below?	Monthly Gross Income	HH Mbr#
		Social Security Retirement Benefits	\$	
		Supplemental Security Income (SSI)	\$	
		Social Security Disability Income (SSDI)	\$	
		Black Lung Benefits	\$	
		Death Benefits	\$	
		Veterans Benefits	\$	
		Military Pay	\$	
		Unemployment Compensation	\$	
		Long-Term Medical Care Insurance Payments	\$	
		Locality:		
		Educational Funds Grant Scholarship	\$	
		Retirement Funds (Railroad, etc)	\$	
		Pension – Locality:	\$	
		Annuities – Locality:	\$	
		Worker’s Compensation	\$	
		Alimony/Spousal Support Payments (Attach Divorce Decree)	\$	

Yes	No	Does your household have income from the sources listed below?	Monthly Gross Income	HH Mbr#
		Child Support State: County:	\$	
		Temporary Assistance for Needy Families (TANF)	\$	
		Employment (wages, salaries, tips, commission, bonuses) Locality:	\$	
		Self-Employment (If yes, attach previous year income tax return)	\$	
		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)	\$	
		Inheritance - When?	\$	
		Lottery Winnings - When?	\$	
		Insurance Settlement - When?	\$	
		Has the employment status of any household member changed? Description:	\$	
		Receive income under Title V of the Older Americans Act? If yes, select all that apply: RSVP Green Thumb Senior Aides Older American Community Service Foster Grandparents	\$	
		Other income not listed above? Description:	\$	

Part III. Household Asset Information				
Yes	No	Do you or your household have any of the following? Note: If multiple accounts, please indicate localities	Cash Value	HH Mbr#
		Checking Account(s). 1) 2)	\$ \$	
		Savings Account(s). 1) 2)	\$ \$	
		Holiday Fund. 1) 2)	\$ \$	
		Money Market Funds. 1) 2)	\$ \$	
		Trusts. Is the trust irrevocable? Yes No 1) 2)	\$ \$	
		Individual Retirement Account. (IRA) 1) 2)	\$ \$	
		Keogh Account 1) 2)	\$ \$	
		Capital Retirement Account 1) 2)	\$ \$	

Yes	No	Do you or your household members have any of the following? Note: If multiple accounts, please indicate localities.	Cash Value	HH Mbr #
		Stocks. 1) 2)	\$ \$	
		Bonds. 1) 2)	\$ \$	
		Annuity. 1) 2)	\$ \$	
		Certificate of Deposit (CD/TIS). 1) 2)	\$ \$	
		Rental Property or other Capital Investment – Monthly Income \$ 1) 2)	\$ \$	
		Personal Property held as an Investment 1) 2)	\$ \$	
		Life Insurance 1) 2)	\$ \$	
		Cash on Hand (CoH) – Cash Value \$ 1) 2)	\$ \$	
		Safety Deposit Box – Contents of the box? 1) 2)	\$ \$	
		Treasury Bills – Cash Value \$ 1) 2)	\$ \$	
		Mortgage 1) 2)	\$ \$	
		Other Retirement Funds 1) 2)	\$ \$	
		Other Accounts NOT Listed Above 1) 2)	\$ \$	
		Real Property Suitable for Occupancy? Current Status/Intentions: Keeping Selling Renting Foreclosure Jointly Owned 1) 2)	\$ \$	

Yes	No	Do you or your household members have any of the following? Note: If multiple accounts, please indicate localities.	Cash Value	HH Mbr #
		Have you or a member of your household disposed of any asset for less than Fair Market Value in the past 2 years? If yes, please complete the Divestiture of Asset Form.		
		Are any assets held jointly with other persons? If yes, clarify:	\$	
		Are there any minor children in the household who have any assets? Savings CD Bonds Other 1)	\$	
		Income from assets or sources other than those listed above? If yes, explain:	\$	
		Do your assets total \$100,000 or more?		

Part IV. Household Expenses				
Yes	No	Expenses	HH Mbr#	
		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, medical insurance, dental, hearing, pharmacy, etc.):		
		If employed, is childcare paid as a result of work or looking for work? Locality:		
		Does anyone in the unit pay for equipment for any family member with a disability so that another family member can work?		
		Are there childcare expenses paid in order for you to continue your education?		
		Are there any Foster Children or Foster Adults who are part of the household?		
		Are there any Live-In Care Attendants who are part of the household?		

Part V. Student Status				
Yes	No	Student(s)	HH Mbr#	
		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? If yes, answer the following questions:		
		Are any full-time student(s) a TANF or Title IV recipient?		
		Is the full-time student a person who was previously under the care and placement of a foster care program (under part B or E of Title IV of the Social Security Act)?		
		Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?		
		Are any full-time student(s) married and filing a joint income tax return?		
		Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return and whose children are not dependents on another's tax return other than a parent?		

I/we certify that I/we have been asked the above statements and they are true and complete to the best of my/our knowledge. I/we understand that it is my/our responsibility to report to management changes in income and assets whenever they occur.

Head of Household **Date**

Spouse / (Co-Head) **Date**

Resident 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.

Revised 1-2024

**Assisted Housing Complexes
Managed by Human Resource Development and Employment Inc.**

EIV Self-Certification & Consent

Tenant Name: _____ Apt: _____

Please choose one option below:

_____ I agree with the EIV data.

_____ I disagree with the EIV data.

_____ If the household has more than one member, all members over the age of 18 must provide consent for the Head of Household to review their EIV information.

Tenant Signature

Date

Tenant Signature

Date

WARNING: 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.

Revised 1-2024



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

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.)
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

Authority for 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.



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

1-2024

Tenant Signature

Date

Tenant Signature

Date

UNDER \$50,000 ASSET CERTIFICATION / Assets Disposed Of

(Effective 1/1/2024)

For households whose combined net assets are \$50,000 or less.
Complete only **ONE** form per household; include assets of children.
Do not leave blanks. Use N/A if not applicable.

Applicant/Tenant: _____ Unit #: _____

Complete by checking 1 or 2:

1.		I/we do not have any assets at this time (skip to #4 below)
2.		I/we have assets as follows: (record assets below and answer #3)

2 (continued). Assets	Cash Value	x Int. Rate	= Annual Income
Cash on hand			
Direct express debit card(s) balance(s): not linked to a bank account			
Current checking account balance			
Current savings account balance			
CD/money market			
Stocks/bonds			
Life insurance (except term life)			
Safe deposit box			
Equity in real estate			
Lump sum amounts received (i.e. lottery/inheritance/insurance)			
Cryptocurrency/Bitcoin			
Cash app (Venmo, PayPal, etc.)			
Other:			
Other:			
Other:			

- For all assets list the cash value which is the market value minus the cost of converting the asset to cash such as broker fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- List only amounts accessible to the household members. For instance, do not list a pension account balance that cannot be accessed without terminating employment.
- Do not list necessary personal property such as clothing, furniture, televisions, etc.
- Include any personal property held as an investment such as artwork, antique cars, coin collections, gems, etc.
- Answer all items. If you do not have a specific type of asset, write "N/A."

3.	The total family assets above do not exceed \$50,000 and the total annual income from the net family assets is \$ _____. This amount is included in total gross annual income.
4.	In the past 2 years I/we have sold or given away assets (such as cash, real estate, etc.) for more than \$1,000 below fair market value (FMV) If YES list asset disposed of: _____ Date of Disposal: _____ Fair market value: _____ Amount received: _____

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

(Signature of Tenant)	Date
(Signature of Tenant)	Date
(Signature of Tenant)	Date

**UTILITY RELEASE OF INFORMATION
TO HUMAN RESOURCE DEVELOPMENT AND EMPLOYMENT, INC.**

Tenant Name (Printed): _____

Tenant Name (Signed): _____

Date: _____ Apartment Number: _____

Address: _____

Account Number: _____

I hereby authorize the release to Human Resource Development and Employment, Inc., Management Agent, of all billing and usage information pertaining to my electric service at

I understand that the information obtained will be used to determine the appropriate utility allowances for the project.

I understand that the Department of Housing and Urban Development (HUD) requires annual evaluations of utility usage. I understand that this authorization is a condition of my tenancy and that my rental assistance may be terminated if I fail to provide this authorization.

I understand that this authorization will be effective for a twelve-month period from the above date.



ANNUAL APARTMENT INSPECTION CHECKLIST

Apt. # _____

Head of Household: _____

Entrance Door – Fire Door	N/A	Pass	Fail	Notes:
Entrance door must self-close and latch, must catch striker plate				
Door - any holes/splits/cracks found in door must be filled				
Ensure door knocker is secure				
Door frame, threshold or trim must not be damaged				
Door function must not be impeded by insulation devices or hangers				
Hallway Entrance	N/A	Pass	Fail	Notes:
Check for water marks and/or holes on ceiling and walls				
No missing or loose cove base				
Closet doors must operate properly				
Check that all lights are working and that covers are without defects				
Kitchen	N/A	Pass	Fail	Notes:
Check for water marks and/or holes on ceiling and walls				
No missing or loose cove base				
Flooring substrate exposed				
Check that all lights are working and that covers are without defects				
Check to ensure all burners on stove top work and that oven works				
Make sure grease is not accumulating in stove top drip pans				
No aluminum foil used to cover drip pans on stove top/no foil or flammable items stored in oven				
Exhaust fan works/range hood light works/cover and filters are present				
No loose or missing stove knobs/Anti-Tip device installed & engaged				
All upper and lower cabinets and not damaged and doors are secure				
GFCI's will test and reset				
Refrigerator and freezer seals are good, no damaged components				
Accessible Unit has kitchen sink drain insulated				
Sink faucet supplies hot and cold water				
Sink has no leaks and drains properly				
Sink spray attachment works properly				
Living room	N/A	Pass	Fail	Notes:
Check for water marks and/or holes on ceiling and walls				
No missing or loose cove base				
Make sure light switches have covers and work properly				
Ensure cover plates are not broken, have no voids or missing screws				
Check light bulbs are covered and working				
Check window for cracks/holes in window screen				
Check window seal is good/opens/closes/locks and is not obstructed				
Check HVAC heat/air and filter				
Ensure there are no flammable items within 3 feet of HVAC				

Bedroom(s)	N/A	Pass	Fail	Notes:
Check for water marks and/or holes on ceiling and walls				
Check for missing or loose cove base				
Check that all lights are working and that covers are without defects				
Make sure light switches have covers and work properly				
Make sure lights are secure to ceiling or wall				
Call for AID not blocked/pull cord is no higher than 4 inches from floor				
Check closet light bulbs are covered and working				
Check receptacles covers not cracked, no voids and no missing screws				
Window – make sure there is no obstructed means of egress				
Check window for cracks/holes in window screen				
Check window seal is good/opens and stays open/closes/locks and is not obstructed				
Door - Any holes/splits/cracks found in door must be filled				
Check that closet doors latch				
Bathroom	N/A	Pass	Fail	Notes:
Check towel rack				
Check toilet paper holder				
Toilet is secure at base, flushes and fills appropriately				
Check light switch and cover plate				
Check that all lights are working and that covers are without defects GFCI tests and resets and cover plates are not damaged				
Sink faucet supplies hot and cold water				
Check for leaks under sink				
Check that the sink holds water				
Check sink caulking				
Check that the bathtub holds water				
Check that diverter puts water to shower head				
Additional heater works appropriately				
Check for cracked floor tile or exposed substrate				
Check cove base				
Check for water marks and/or holes on ceiling and walls				
Door - Any holes/splits/cracks found in door must be filled				
Call for AID not blocked/pull cord is no higher than 4 inches from floor				
Accessible Unit must have bathroom sink drain insulated				
Closets	N/A	Pass	Fail	Notes:
Check cove base				
Check water marks and/or holes on ceiling and walls				
Check that light works, has covering without cracks and is secure				
Check that light has nothing within 12 inches				

<u>Breaker Box</u>	N/A	Pass	Fail	Notes:
Check to ensure that all voids are covered by blanks				
Nothing should be obstructing the door/door latches				
Check any GFCI breakers to ensure they operate and reset				
<u>Emergency Pull Cords</u>	N/A	Pass	Fail	Notes:
Must be hanging straight down within one inch of floor				
Check panel to ensure each pull cord sets off light				
<u>Other</u>	N/A	Pass	Fail	Notes:
Smoke and CO Detectors – Working and not obstructed				
Mold and/or Mildew – Check for presence				
Moisture – check for elevated level				
Sprinkler Heads/Escutheons – Check for dirt/paint/cobwebs and nothing located within 18 inches of the head				
Extermination – is there evidence of cockroaches or bedbugs				
Extermination – is there evidence of mice, rats or other pests				
Trip Hazard – on a walking surface				
Water Heater – working, no leaks, discharge piping is 2-6 inches from floor				

	<u>Other Issues:</u>

Mandatory Work Order for AR's must include:

- Prime water heater trap
- Clean refrigerator evaporator pan
- Cleaning of PTAC filters, coils, drain, trail, and sleeve
- Sprinkler heads and eschuteons
- Clean windows, lubricate all lock mechanisms and window balances
- Lubricate all door hardware and check for loose or rusted screws

Housing Manager's Signature

Tenant's Signature

Date

Date

Tenant's Signature

Date