

# Application Information

***(Please read this information in its entirety)***

To apply for HUD public housing, you must first fill out an application. Once filled out, you will be placed on a waiting list.

Applications may be made in person at the NCHA's administrative offices on Monday thru Friday except holidays between the hours of 9:00 AM. and 3:00 P.M. Applications can also be downloaded online at [neptunecityhousingauthority.org](http://neptunecityhousingauthority.org) or mailed to interested families upon request.

Persons with disabilities who require reasonable accommodation in completing an application may call the Housing Authority to make special arrangements.

The completed application will be dated, and time stamped upon its return to the Housing Authority.

## UNIT SIZE OCCUPANCY STANDARDS

This property has units designed to serve elderly persons and persons with disabilities. The unit size standards listed below take into consideration not only family type, **but also** family size and what unit sizes are available in the property. It is possible that a family might be eligible for subsidy under HUD's requirements but would not be eligible under the unit size requirements of this property. If the appropriate unit size is part of the configuration of the property but is not available at the time of application, the applicant will be put on a waiting list.

## TWO PERSONS PER ONE-BEDROOM POLICY

The property has adopted a bedroom size standard of **two persons per 1 bedroom**. This standard serves to prevent the over-utilization or under-utilization of units that could result in an inefficient use of housing assistance. This standard also ensures that residents are treated fairly and consistently in order to receive adequate housing space. The property will not make social judgments on a family's sleeping arrangement. Management has adopted the following occupancy standards:

<u>Bedroom</u>	<u>Minimum</u>	<u>Maximum</u>
0	1	1
1	1	2

## ASSIGNING A SMALLER UNIT THAN REQUIRED

Management will consider assigning a family to a smaller unit size than the standards listed above if the family requests the smaller unit, is eligible for the smaller unit based on the number of family members, and occupancy of the smaller unit will not cause serious overcrowding or will not conflict with the local codes.

## Application Process

The application process will involve two phases. The *first phase* is the initial application for housing assistance or the pre-application. The pre-application requires the family to provide limited basic information establishing any preferences to which they may be entitled. The first phase results in the family's placement on the waiting list.

Upon receipt of the family's pre-application, the second phase, NCHA will make a preliminary determination of eligibility. Within 6-8 weeks from the date of receipt of your application, you will be mailed an "Application Receipt Letter" from the Neptune City Housing Authority Senior Apartments. If NCHA determines the family to be ineligible, the notice will state the reasons therefore and will offer the family the



opportunity of an informal review of the determination.

Our Rental Office will contact you for screening when you are on the top of the waitlist. All applicants must successfully complete the screening process in order to be placed in a public housing unit.

If you wish to speak to an NCHA Rental representative, please call (732)988-2450 between 9am-12pm Monday-Friday



**For Office Use Only**

Applicants **DO NOT** write in this section

**Eligibility Determination**

Date/Time \_\_\_\_\_ Efficiency: \_\_\_\_\_ Initial Eligibility: ☐ Yes ☐ No  
Received by \_\_\_\_\_ 1-Bdrm: \_\_\_\_\_ (2 or more persons only)  
Waiting List Placement: \_\_\_\_\_ Preference(s) claimed: \_\_\_\_\_  
List any reasonable accommodation/assistance requested by applicant: \_\_\_\_\_  
Interview Date: \_\_\_\_\_ Final Eligibility: Yes ☐ No ☐

**APPLICATION FOR ADMISSION**

**Neptune City Housing Authority Senior Apartments**  
**Rental Assistance Program**

**Limited English Proficiency:**

Do you require Oral and/or written information in any language other than English? *If yes,* ☐ Yes ☐ No  
contact the NCHA Office for assistance. *If not,* please continue.

**I. INSTRUCTIONS FOR COMPLETING FORM:** Please do not leave any section of the application blank or your application will not be placed on our waiting list

**Complete this application in Ink and in your own handwriting.** Use the legal name for each person who will reside in the rental unit exactly as it appears on his/her Social Security card. Applicant(s) must sign certifying the information pertaining to them is correct and true. Any required information not received by the property management within the period given after the date of this application will result in denial of the application.

**Please Provide NCHA with your desired date of move in, if immediate, please note:**

Month/Year: \_\_\_\_\_ / \_\_\_\_\_  
Immediate: \_\_\_\_\_

**II. APPLICANT (s)**

Applicant Name (Head of Household): \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Social Security # (Head): \_\_\_\_\_ SSN (Co-Applicant): \_\_\_\_\_

Current Physical Street Address: \_\_\_\_\_

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

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

Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

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

Veteran Eligible: ☐ Yes ☐ No

Disability? ☐ Yes ☐ No

Requires Assistance:/Modified Unit: ☐ Yes ☐ No



## **Census Information**

### **Race:**

**What is your race or ethnicity?**

Are you Hispanic/Latino? ☐ Yes ☐ No

- ☐ White  
☐ Hispanic, Latino, or Spanish  
☐ Black or African American  
☐ Asian or Asian Indian  
☐ American Indian or Alaska Native  
☐ Middle Eastern or North African  
☐ Native Hawaiian or Other Pacific Islander  
☐ Other race or ethnicity (Please Specify) \_\_\_\_\_

### **Current Housing (Please Circle)**

Are you seeking housing due to a Presidentially Declared Disaster? Have you been displaced by government action?

☐ Yes ☐ No

### **Social Security**

Is any household member's legal name different from the name on his/her Social Security card? ☐ Yes ☐ No

If yes, who? \_\_\_\_\_

Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one currently being used? ☐ Yes ☐ No

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

## **III. COMMUNICATIONS**

Place a check mark in the appropriate boxes in each section below to identify any language or disability needs in communication.

- ☐ Mark this box if you read or speak English.
- ☐ Mark this box if your preferred language is other than English
- ☐ Mark this box if you need help with a disability to communicate
- ☐ I require any alternative means of communication such as
- ☐ Large Print
  - ☐ Presented Orally
  - ☐ In Braille
  - ☐ Another format \_\_\_\_\_

## **IV. INCOME INFORMATION:**

Type of Income	Monthly Amount	Yearly Income:
Social Security, SSI	\$	\$
Pension, Trust, etc.	\$	\$



### Income Eligibility

We follow the HUD Low Income Chart for Monmouth-Ocean County, see below

### FY 2024 Income Limits Summary

FY 2024 Income Limit Area	Median Family Income	FY 2024 Income Limit Category	Persons in Family	
Monmouth/ Ocean, NJ HUD Metro FMR Area	\$130,600	Very Low (50%) Income Limits	1 \$45,750	2 \$52,250
		Extremely Low 30% Income Limits (\$) *	\$27,450	\$31,400
		Low (80%) Income Limits (4)	\$68,500	\$78,250

**Previous Year's Tax Return Information.** Indicate the amount of gross income shown by each family member residing in your household who submitted an individual or joint Federal Income Tax Return.

Taxpayer	Date of Return	Gross Income:
		\$
		\$

Does anyone outside the household help with bills on a regular basis? ☐ Yes ☐ No If yes, Amount: \$

If yes, list name of each person or agency that assists with bills or contributes to your household:

Name: Agency: Phone#:

Name: Agency: Phone#:

Has anyone in your household applied for any Social Services benefits that are in the process of being approved?

☐ Yes ☐ No

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

1. Has any family member been awarded Child Support? ☐ Yes ☐ No If yes, amount \$

2. Has any family member been awarded Spousal Support? ☐ Yes ☐ No If yes, amount \$

### **V. ASSETS**

1. Do you own a home? ☐ Yes ☐ No If yes, what is its present value? \$

What will you do with your home if you move into rental housing? \_\_\_\_\_

2. Has any asset been given away or sold for less than its fair market value in the **past 2 years**? ☐ Yes ☐ No

If yes, what was its market value? \$ How much did you receive? \$

**HOUSEHOLD COMPOSITION** (List all persons who will live in the rental unit. **Provide SSNs for all members**, except those who do not contend eligible immigration status.)

**NON-DISCRIMINATION STATEMENT:** Property Management does not discriminate based on disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Joseph Capano is designated to coordinate compliance with non-- discrimination requirements. *Applicants are **not** required to disclose a disability. However, benefits for which persons with disabilities are eligible cannot be provided unless disability status is disclosed.*

**LIST BELOW ALL PERSONS AGED 62 OR OLDER WHO WILL RESIDE IN THE RENTAL UNIT:**

Use the following codes to describe each adult member's relationship to the Head of Household: **F** = Foster Adult **C**=Co-Head **L** = Live-in Aide (if required by an elderly/disabled applicant)

**Marital Status Codes:** **S** = Single **M** = Married **O** = Other

Full Name as It Appears on Social Security Card		Social Security#	Relation to Head	Gender		Marital status		Date of Birth	Age	Disabled Yes/No	List Most Recent Date	
				M	F	Decline to Disclose	Decline to Disclose				Employed	Received TANF
Last		- -	HEAD									
First	MI											
Last		- -	Spouse or Co-Head									
First	MI											
Last												
First	MI											
Last												
First	MI											
Last												
First	MI											

**If a Social Security number is not provided for any adult household member, check the reason below:**

\_\_\_\_\_ (name of household member) is an ineligible non-citizen.  
\_\_\_\_\_ (name of household member) has not been assigned a Social Security number, was receiving HUD rental assistance at another location on January 31, 2010, and was 62 or older as of January 31, 2010.

3. Check **yes** or **no** for each type of asset owned by any family member and list its value and amount of income generated by the asset.

Types of Assets	Yes or No
Real Estate	
Stocks	
Bonds	
Retirement or Pension Fund	
Insurance Settlements	
Checking Accounts	
Savings Accounts	

## VI. PREVIOUS HOUSING ASSISTANCE

1. Has any household member lived in public housing or participated in the Housing Choice Voucher Program?

☐ Yes ☐ No ☐ Do Not Know

If yes, under when: Dates: \_\_\_\_\_

2. Please list information about each Housing Agency where any family member has lived or received assistance.

Name of Housing Agency: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Lease was in name of: \_\_\_\_\_ Why did you move? \_\_\_\_\_

Were any wages disregarded in calculating your rent?

☐ ☐ Yes ☐ No Do Not Know

Name of Housing Agency: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Lease was in name of: \_\_\_\_\_ Why did you move? \_\_\_\_\_

4. Was any wage disregarded in calculating your rent?

☐ Yes ☐ No ☐ Do Not Know

## VIII. MEDICAL AND DISABILITY ASSISTANCE

List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or another outside source. **Do Not include life or burial Insurance premiums.** (Complete only if the Head of Household or Spouse is disabled or is 62 years of age or older.)

Type of Expense	Amount	Type of Expense	Amount
Medical Insurance	\$	Doctor visit(s)	\$
Prescription Expense	\$	Pharmacy	\$
Other	\$		\$



**IX. RENTAL HISTORY: MUST BE COMPLETED FOR POSSIBLE TENACY (*List 20 years of Rental History*)**

**Current Landlord:** \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_ Dates of Occupancy From: \_\_\_\_\_ To: \_\_\_\_\_

Rental Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Were you ever late paying rent? ☐ Yes ☐ No Were you evicted or asked to move? ☐ Yes ☐ No

If yes Explain: \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_

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

Email Address or Telephone Number: \_\_\_\_\_ Dates of Occupancy From: \_\_\_\_\_ To: \_\_\_\_\_

Were you ever late paying rent? ☐ Yes ☐ No Were you evicted or asked to move? ☐ Yes ☐ No

If yes Explain: \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_

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

Email Address or Telephone Number: \_\_\_\_\_ Dates of Occupancy From: \_\_\_\_\_ To: \_\_\_\_\_

Were you ever late paying rent? ☐ Yes ☐ No Were you evicted or asked to move? ☐ Yes ☐ No

If yes Explain: \_\_\_\_\_

**You MUST List any other states in which the head of household or other members have resided:**

\_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup>

**X. CREDIT HISTORY/PERSONAL REFERENCES**

List a business where you have made payments in the past 24 months: \_\_\_\_\_

List a credit card that you have made charges/payments on in the past 24 months: \_\_\_\_\_

List two references (to whom you are **not** related by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

**XI. MISCELLANEOUS INFORMATION**

Is any person listed on this application currently a victim of domestic violence, dating violence, sexual assault, or stalking?

If yes, who? \_\_\_\_\_ ☐ Yes ☐ No

Name of perpetrator: \_\_\_\_\_

**XII. PET INFORMATION**

Do you own a pet? ☐ Yes ☐ No

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_



### **XIII. VEHICLE INFORMATION**

List vehicle that household members will park on Agency-owned property if available. All vehicles on property must be registered and insured

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate#: \_\_\_\_\_

### **XIV. APPLICANT CERTIFICATION -**

#### **MUST SIGN AND DATE TO BE ADDED TO OUR WAITLIST**

Each family members my must certify to the accuracy of the information provided and sign this application  
I/we certify that the Information provided in this application is accurate and complete to the best of my/our knowledge and belief.

I/we understand that providing false statements or information is punishable under Federal Law and constitutes grounds for denial of my/our application, as well as termination of housing assistance and eviction after leasing a dwelling unit.

I/we understand that all information provided in this application and required supplements and during the eligibility Interview is subject to verification.

I/we further understand that any changes to Information provided in this application must be provided to the Agency within 14 days of such change for this application to remain valid.

By my/our signature(s) below, I/we do hereby swear and attest that all information in this application is true and correct.  
*(Application must be signed by all adults who will /Live in the rental unit.)*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse of Head of Household or Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Management Representative

\_\_\_\_\_  
Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

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

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

**STUDENT STATUS AFFIDAVIT**  
Each Household member who is 18 or older must sign this form

Applicant/Resident Name \_\_\_\_\_

Date \_\_\_\_\_

Are you a student who enrolled as either a part time or full time student at an institute of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential?

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

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

If you answered yes, please complete the following questions:

- |  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Are you a graduate or professional student?                                 | _____      | _____     |
| 2. Are you disabled?   | _____      | _____     |
| If yes, were you receiving Section 8 assistance as of November 30, 2005        | _____      | _____     |
| 3. Are you at least 24 years of age?   | _____      | _____     |
| 4. Are you a veteran of the United States military?                            | _____      | _____     |
| 5. Are you married?  | _____      | _____     |
| 6. Do you have a dependent child?  | _____      | _____     |
| 7. Will you be living with your parents?                                       | _____      | _____     |
| If no: Are your parents receiving or eligible to receive Section 8 assistance? | _____      | _____     |
| Are you claimed as a dependent on your parent's tax return?                    | _____      | _____     |
| 8. Are you classified as a Vulnerable Youth?                                   | _____      | _____     |

A student meets HUD's Definition of vulnerable youth when:

- a) The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
- b) The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;
- c) The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) or as unaccompanied, at risk of homelessness.

10. Are you receiving any financial assistance to pay for your education? \_\_\_\_\_

    If yes, please list the sources of financial assistance: \_\_\_\_\_

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

Signature of Applicant/Resident: \_\_\_\_\_

Date: \_\_\_\_\_







NEPTUNE CITY HOUSING  
AUTHORITY  
**NCHA**

EXECUTIVE DIRECTOR AND  
SECRETARY-TREASURER  
**BART J. COOK, ESQ., PHM**

2000 SIXTH AVENUE  
NEPTUNE CITY, NEW JERSEY 07753  
TELEPHONE - 732-988-2540  
FAX - 732-988-1587

**010 COMMISSIONERS**

VACANT, *Chairman*  
TOM ADCOCK, *Vice Chairman*  
CELESTE CLARK  
PAMELA GOLDBERG  
DONNA SUSINO  
JOHN PIETRUNTI  
MARK AIKINS, *Attorney*

Dear Tenant:

HUD allows NCHA tenants to **Self-Certify**. This means that a tenant can self-certify that their net family **non-necessary assets** that are valued at **\$50,000 or less** at the time of your Annual Recertification (*This may be adjusted for inflation annually*). Below are some examples of such items for your reference:

**Necessary Assets that are excluded from net family assets include:**

- Retirement accounts, such as IRAs, employer retirement plans, and retirement plans for self-employed individuals
- Educational savings accounts
- "Baby bonds" accounts
- Irrevocable trusts
- Non-necessary personal property with a combined value of \$50,000 or less, adjusted annually for inflation
- Real property that the family does not have the effective legal authority to sell

**Non-Necessary which may be included as assets are: (Examples)**

- Cash
- Personal property includes vintage baseball cards,
- Recreational boats,
- Coin collections,
- Art, and antique jewelry.
- Vehicle - However, whether a specific item is considered "necessary" will depend on the family's circumstances. For example, a car used to get to work, an expensive medical device, or a laptop used for school might be considered necessary.

I certify that I do not possess more than \$50,000.00 in assets.

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

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

*Fair Housing Act*

U.S.C. §§ 3601-19

the VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, because of race, color, religion, sex (including gender identity and sexual orientation), familial status, national origin, and disability. It also requires that all federal programs relating to housing and urban development be administered in a manner that affirmatively furthers fair housing.





# **COMMISSIONERS**

VACANT, *Chairman*  
TOM ADCOCK, *Vice Chairman*  
CELESTE CLARK  
PAMELA GOLDBERG  
DONNA SUSINO  
JOHN PIETRUNTI  
MARK AIKINS, *Attorney*



EXECUTIVE DIRECTOR AND  
SECRETARY-TREASURER  
**BART J. COOK, ESQ., PHM**

2000 SIXTH AVENUE  
NEPTUNE CITY, NEW JERSEY 07753  
TELEPHONE - 732-988-2540  
FAX - 732-988-1587

## **CERTIFICATION REGARDING DISPOSITION OF ASSETS**

I, \_\_\_\_\_ certify that I:

(Check one):

**HAVE**    ☐    **HAVE NOT**    ☐

disposed of assets for less than fair market value in the two years (24 months) proceeding to the date of this certification. *Any asset that is disposed of for less than its full value is counted, including cash gifts as well as property. Assets that are disposed of include, but are not limited to, assets that are given away or sold for less than the fair market value.*

If an asset was disposed of, please complete the following information. The asset disposed of was: \_\_\_\_\_

Date asset was disposed of: \_\_\_\_\_

The fair market value of the asset was: \$

The amount received for the asset was: \$

I certify that the information provided herein is true and complete to the best of my knowledge

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 48 (a) (6), (7) and (8).

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

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

Fair Housing Act

U.S.C. §§ 3601-19  
Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, because of race, color, religion, sex (including gender identity and sexual orientation), familial status, national origin, and disability. It also requires that all federal programs relating to housing and urban development be administered in a manner that affirmatively furthers fair housing.

## HUD-9887/A Fact Sheet

### Verification of Information Provided by Applicants and Tenants of Assisted Housing

#### What Verification Involves

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

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

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

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

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

#### Customer Protections

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

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

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

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

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

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

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

#### Consequences for Not Signing the Consent Forms

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

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

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

#### Programs Covered by this Fact Sheet

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

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

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



## Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): US DEPARTMENT OF HUD 1 NEWARK CENTER NEWARK NJ 07102-5260	O/A requesting release of information (Owner should provide the full name and address of the Owner.): NEPTUNE CITY HOUSING AUTHORITY 2000 SIXTH AVENUE NEPTUNE CITY NJ 07753	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.): NJHMFA 637 S CLINTON AVE TRENTON NJ 08650
--	--	---

**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.



# Neptune City Housing Authority

Tel: (732) 988-2450 • Fax: (732) 774-1587

## Applicant Screening Authorization Form

### Applicant Information

Last Name	First Name		M.I.	
Date of Birth / /	Social Security Number - -	E-mail Address		
Current Street Address	City	State	Zip Code	Length of Residence months
Previous Street Address	City	State	Zip Code	Length of Residence months
Current Employer	Position	Length of Employment months	Salary Per Month Per Year	

### Co-Applicant Information

Last Name	First Name		M.I.	
Date of Birth / /	Social Security Number - -	E-mail Address		
Current Street Address	City	State	Zip Code	Length of Residence months
Previous Street Address	City	State	Zip Code	Length of Residence months
Current Employer	Position	Length of Employment months	Salary Per month: _____ Year: _____	

### Applicant Signature(s)

By signing below, I/We authorize that the above information is correct and complete and hereby authorize Landlord to obtain information it deems desirable in the processing of my application, including credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises.

Applicant: X \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: X \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

NTN Access Number:

Address/Unit Applied for:

Month/ Rent Amount for unit applicant will be \$ \_\_\_\_\_

Submit above information to NTN



# Fraud Bulletin

U.S. Department of Housing and Urban Development  
Office of Inspector General

FALL, 2013

VOLUME 1 | NUMBER 2

## 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 THAT...

- 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 verified.
- 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!

## 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.

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 (raise or bonus) 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.
- 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.



## 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 especially if you pay in cash.
- Get a written explanation if you are required to pay for anything other than rent (maintenance, utility charges, or fees).

*The U.S. Department of Housing and Urban Development (HUD) Office of Inspector General (OIG) is the Department's law enforcement and auditing arm and is responsible for investigating complaints of fraud, waste and mismanagement in HUD funded programs.*

### **REPORTING FRAUD**

*Serious allegations of fraud should be reported to your local  
HUD Office of Inspector General or to the HUD OIG Hotline at:*

<http://www.hudoig.gov/report-fraud>



# **FACT SHEET**

## **For HUD ASSISTED RESIDENTS**

### **Project-Based Section 8**

## **“HOW YOUR RENT IS DETERMINED”**

**Office of Housing**

**September 2010**

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

### **Why Determining Income and Rent Correctly is Important**

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

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

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

#### **OAs' Responsibilities:**

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

#### **Residents' Responsibilities:**

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

### **Income Determinations**

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

#### **What is Annual Income?**

$$\text{Gross Income} - \text{Income Exclusions} = \text{Annual Income}$$

#### **What is Adjusted Income?**

$$\text{Annual Income} - \text{Deductions} = \text{Adjusted Income}$$

### **Determining Tenant Rent**



### **Project-Based Section 8 Rent Formula:**

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

- 30% of the family's monthly *adjusted* income
  - 10% of the family's monthly income
  - Welfare rent or welfare payment from agency to assist family in paying housing costs.
- OR
- \$25.00 Minimum Rent

## **Income and Assets**

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

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

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

### **Annual Income Includes:**

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except for lump-sum additions to

family assets, see Exclusions from Annual Income, below Welfare assistance

- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.

### **Assets Include:**

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

### **Assets Do Not Include:**

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant

or are held in an individual's name but:

- The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
- that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
  - Foreclosure
  - Bankruptcy
  - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

#### **Exclusions from Annual Income:**

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and

benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)

- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

#### **Federally Mandated Exclusions:**

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes



- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product liability litigation*
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

## **Deductions:**

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

## **Reference Materials**

### **Legislation:**

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

### **Regulations:**

- General HUD Program Requirements; 24 CFR Part 5

### **Handbook:**

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

### **Notices:**

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

### **For More Information:**

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