

Application Information

(Please read carefully our Policy and Procedures prior to filling out this application)

To apply for HUD public housing, you must first fill out an application to 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 A.M. and 3:00 P.M. Applications can also be downloaded online at www.neptunecitynj.gov 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. A Telecommunication Device (TDD) is available for the deaf.

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

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 their 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.

Eligibility Criteria

Elderly Preference:

- The Head of Household, spouse or co-head must be 62 years of age or older.
- Two or more persons are at least 62 years of age living together

NCHA will select applicants from the waiting List by date of application and preference, except when a situation is a federally or locally declared disaster or civil disturbance, in which case the Executive Director has the discretion to waive date and time of application in selection. Any determination by the Executive Director to waive the date and time of application must be in writing stating the maximum number of applications that will be processed under these provisions or any portion on the time for the waiver, with such a waiver being approved for form and legal sufficiency by NCHA General Counsel.

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	
			1	2
Monmouth/ Ocean, NJ HUD Metro FMR Area	\$130,600	Very Low (50%) Income Limits	\$45,750	\$52,250
		Extremely Low income Limits(\$)*	\$27,450	\$31,400
		Low (80%) Income Limits (4)	\$68,500	\$81,250

Citizenship/Eligibility Status

To be eligible each member of the family must be a citizen, national or a noncitizen who has eligible immigration status under one of the categories set forth in Section 214 of the Housing and Community Development Act of 1980 (see 42 U.S.C. 1436a(a)).

Social Security Number Documentation

To be eligible, all family members must provide a Social Security number or certify that they do not have one.
Signing Consent Forms

In order to be eligible, each member of the family who is at least 18 years of age, and each family head and spouse regardless of age, shall sign one or more consent forms.

The consent form must contain, at a minimum, the following:

- A provision authorizing HUD or NCRA to obtain from State Wage Information Collection Agencies (SWICAs/EIV) any information or materials necessary to complete or verify the application for participation or for eligibility for continued occupancy; and
- A provision authorizing HUD or NCRA to verify with previous or current employees income information pertinent to the family's eligibility for admission to public housing and/or the level of assistance.
- A provision authorizing HUD to request income information from the IRS and the SSA for the sole purpose of verifying income information pertinent to the family's eligibility or level of benefits; and
- A statement that the authorization to release the information requested by the consent form expires 15 months after the date the consent form is signed.

Suitability

Applicant families will be evaluated to determine whether, based on their recent behavior, such behavior could reasonably be expected to result in noncompliance with the public housing lease. NCHA will look at past conduct as an indicator of future conduct. Emphasis will be placed on whether a family's admission could reasonably be expected to have a detrimental effect on the development environment, other tenants, Housing Authority employees, or other people residing in the immediate vicinity of the property. Otherwise eligible families will be denied admission if they fail to meet the suitability criteria.

- NCI-IA will consider objective and reasonable aspects of the family's background, including the following:
- History of meeting financial obligations, especially rent;
- Ability to maintain (or with assistance would have the ability to maintain) their housing in a decent and safe condition based on living or housekeeping habits and whether such habits could adversely affect the health, safety, or welfare of other tenants;
- History of criminal activity by any household member involving crimes of physical violence against persons or property; and all other criminal activity including drug-related criminal activity that would adversely affect the health, safety or well being of other tenants or staff or cause damage to the property;
- History of disturbing neighbors or destruction of property;
- Having committed fraud in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived therefrom; and
- History of abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment by others.

Neptune City Housing Authority will ask applicants to provide information demonstrating their ability to comply with the essential elements of the lease and will verify the information provided. Such verification may include but may not be limited to the following:

credit check of the head, spouse and co-head;
rental history check of all adult family members;

A criminal background check on all adult household members, including live-in aides. This check will be made through State or Local law enforcement or court records in those cases where the household member has lived in the local jurisdiction for the last three years. Where the individual has lived outside the local area, the Housing Authority may contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC);

- • Home visit. The home visit provides the opportunity for the family to demonstrate their ability to maintain their home in a safe and sanitary manner. This inspection considers cleanliness and care of rooms, appliances, and appurtenances. The inspection may also consider any evidence of criminal activity; and
- A check of the State's lifetime sex offender registration program for each adult household member, including live-in aides. No individual registered with this program will be admitted to public housing.



Do You Know If You Are Committing Fraud?

**What If I Don't Know?
Is It a Crime?**

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 th Street, SW
Washington, DC 20410



NEPTUNE CITY HOUSING
AUTHORITY
NCHA

NJ Fair Chance Housing Disclosure

On June 17, 2021, Governor Murphy signed the Fair Chance in Housing Act (FCHA), which bars housing providers from asking about criminal history on housing applications in most instances. The FCHA is the first state law of its kind in the country and is intended to ensure people with past criminal histories have a fair shot at accessing safe and affordable housing.

The following Model Disclosure Statement has been drafted by the New Jersey Division on Civil Rights (DCR) to reflect housing protections set forth in the Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64, (FCHA) and the accompanying rules, N.J.A.C. 13:5. This Model Disclosure Statement can be used by housing providers as a resource in creating their own materials.

Model Disclosure Statement:

New Jersey's Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64 (FCHA), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer. With some exceptions, the FCHA makes it unlawful for a housing provider to ask an applicant if they have a criminal history on their initial application materials, in an interview, or in any other way before making an offer. It is also unlawful for a housing provider to publish any advertisement prohibiting applicants with criminal histories from applying for a unit.

There are two exceptions that housing providers may ask about on initial application materials:

- Whether an applicant has ever been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing; or,
- Whether the applicant is subject to a lifetime registration requirement on a state sex offender registry.

Criminal History Information that can Never be Considered:

A housing provider can never, either before or after the issuance of an offer, ask about the following types of criminal records or rely upon the following types of criminal records in rejecting an applicant (whether the information is obtained from an applicant or from a third-party vendor or other outside person/entity):

1. arrests or charges that have not resulted in a criminal conviction;
2. expunged convictions;
3. convictions erased through executive pardon;
4. vacated and otherwise legally nullified convictions;
5. juvenile adjudications of delinquency; and
6. records that have been sealed.

The law also prohibits housing providers from requiring drug or alcohol testing; from disseminating or distributing an applicant's record in any way not authorized under the FCHA; and from retaliating against anyone for exercising their rights to [file a complaint](#) under the law.

If a housing provider chooses to evaluate criminal history, it may do so only after a conditional housing offer has been made. Before considering the applicant's criminal history, it must provide a [Disclosure Statement](#) informing the applicant that the eligibility criteria for the unit includes the applicant's criminal history, and appraising the applicant of

Fair Housing Act

42 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.



their right to demonstrate mitigating factors, i.e. inaccuracies in their criminal record or evidence of rehabilitation. After a conditional offer, a housing provider can only consider the following types of criminal records (see below for further information on interpreting relevant criminal offenses)

- A conviction for murder, aggravated sexual assault, kidnapping, arson, human trafficking, sexual assault, endangering the welfare of a child in violation of N.J.S.2C:24-4(b)(3);
A conviction for any crime that requires lifetime state sex offender registration;
Any conviction for a 1st degree indictable offense, or release from prison for that offense, within the past 6 years;
Any conviction for a 2nd or 3rd degree indictable offense, or release from prison for that offense, within the past 4 years; and
- Any conviction for a 4th degree indictable offense, or release from prison for that offense, within the past 1 year.

Withdrawal Process:

If a housing provider finds such an offense(s) in an applicant's record, the housing provider may withdraw the conditional offer only if withdrawal is necessary to fulfill a substantial, legitimate, and non-discriminatory interest. In so doing, the housing provider must perform an individualized assessment based on the following factors:

- Nature and severity of the offense(s);
- Applicant's age at the time of the offense(s);
- How recently the offense(s) occurred;
- Any information the applicant provided in their favor since the offense(s);
- If the offense(s) happened again in the future, whether that would impact the safety of other tenants or property; and
- Whether the offense(s) happened on, or was connected to, property that the applicant rented or leased.

The housing provider must also provide a Notice of Withdrawal form indicating the specific reasons for the withdrawal, and notifying the applicant of their right to appeal the denial of their application. The applicant can then request a copy of all the information the housing provider relied upon in making the withdrawal within 30 days of receiving the Notice, and the housing provider must provide the information free of charge within 10 days after receipt of a timely request.

Appealing a Withdrawal:

The housing applicant may then use that information to appeal to the housing provider, claiming that the housing provider violated the FCHA, and provide additional information in support of a violation. A housing provider must consider and provide a determination based on that new information within 30 days.

NCHA may withdraw a conditional offer based on your criminal record only if NCHA determines, by a preponderance of the evidence, that the withdrawal is necessary to fulfill a substantial, legitimate, and nondiscriminatory interest.

If NCHA utilizes any vendor or outside person/entity to conduct a criminal record check on their behalf, NCHA will take reasonable steps to ensure that the vendor or outside person/entity conducts the criminal record check consistent with the requirements of the FCHA and rules. Specifically, if Neptune City Housing Authority receives a criminal history inquiry conducted by a vendor or outside person or entity that is conducted in violation of the FCHA in that it reveals a

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record that is not permitted to be considered under the FCHA, NCHA must show that it did not rely on that information in making a determination about your tenancy.

If you are subjected to the withdrawal of a conditional offer of housing due to criminal history, you have the right to request and receive the materials relied upon by Neptune City Housing Authority in making this determination.

You have the right to dispute, within ten (10) days of receiving this statement, the relevance and accuracy of any criminal record, and to offer evidence of any mitigating facts or circumstances, including but not limited to your rehabilitation and good conduct since the criminal offense. You may also provide evidence demonstrating inaccuracies within aspects of your criminal record which may be considered under the FCHA, or evidence of rehabilitation or other mitigating factors to NCHA at any time, including after the ten days.

Any action taken by NCHA in violation of the process laid out in this statement may constitute a violation of the FCHA. If you believe that any owner, agent, employee, or designee of NCHA has violated any of the above requirements, you may contact the New Jersey Division on Civil Rights at www.NTCivilRights.gov (1-866-405-3050). A complaint must be filed with DCR within 180 days of the alleged discriminatory conduct. You cannot be subjected to retaliation for filing a complaint or for attempting to exercise your rights under the FCHA.

Or you may reach out our contract administrator:

Ms. Laura Hallam
Contract Administrator | Asset Management Division
NJ Housing and Mortgage Finance Agency
637 S Clinton Avenue | Trenton, NJ 08611
609.278.7569
LHallam@njhmfa.gov

Prospective Tenant Signature

Date

Housing Provider Signature

Date

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NJ Reentry Program

New Jersey Reentry Corporation (NJRC) is a non-profit organization that provides critically needed services to persons returning from state prison, county jail, addiction treatment centers, and veterans of the theater of combat.

NJRC provides comprehensive, wraparound services: (1) addiction and behavioral health treatment, (2) sober transitional housing, (3) Medicaid registration and linkage to healthcare, (4) Motor Vehicle Commission identification, (5) legal services, (6) mentoring through faith-based and professional associations, and (7) training and employment. NJRC provides for an effective integrated service delivery model, which is driven by licensed social workers, a biopsychosocial evaluation, and ongoing case management services through our case management system.

With the support of Governor Christie's administration, NJRC was established in 2014 after the successful implementation of a pilot reentry model in Jersey City, Hudson County. This reentry model was initiated through a series of strategic partnerships between the Hudson County Department of Corrections (HCDOC), the New Jersey Department of Family Services (DFS), and local non-profit providers

NJRC Core values:

- We Believe in Second Chances
- Set the Stage for Employment: Clients are sent to jobs when they are ready
- Clean Body; Clean Mind, Clean Job: Clients need sobriety, health, stability, and good jobs
- Seeing the Whole Client: Clients need more than just job options; they need help putting all the pieces together for a new life
- Data is Our Friend: We capture everything, so we know what works and what does not
- Clients are Individuals: We focus on what is right for each particular client
- Time is Everyone's Greatest Resource: We work efficiently to get our clients back to work quickly
- Safety is Paramount: We never put our clients or employees at risk

Today, NJRC has ten site locations throughout northern and central New Jersey. Our local office is located at:

72 Morris Avenue, 2nd Floor
Neptune City, NJ 07753
Phone: 848-217-7455
Fax: 201-604-7403

If you would like more information you may go to their website, www.reentry.org/contact/, call them at 551-256-9717 or write them at NJ Reentry Corporation, 591 Summit Avenue, 6th Floor, Jersey City, NJ 07306.

Tenant Signature

Date

For Office Use Only

Applicants **DO NOT** write in this section

Eligibility Determination

Date/Time _____ Efficiency: _____ **Initial Eligibility:** **D** Yes **DN** No
 Received by _____ I-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 **D** No **O**

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,* **D** Yes **DN** 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: _____



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	Gender	Marital Status	Date of Birth	Age	Relationship to Head of Household	Decline to Disclose	SSN	Most Recent Date Received TANF
Last First MI					HEAD			
Last First MI					Spouse or Co-Head			
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 I-IUD rental assistance at another location on January 31, 2010 and was 62 or older as of January 31, 2010

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? \$ _____
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	
Check.in Accounts	
Savin°s 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 in name of: _____ Why did you move? _____

3. Were any wages disregarded in calculating your rent? Yes No Do Not Know

Name of Housing Agency: _____

From: _____ To: _____

Lease in name of: _____ Why did you move? _____

4. Was any wage disregarded in calculating your rent? Yes No Do Not Know

Yes No

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.	\$	\$

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.

<u>Taxpayer</u>	<u>Date of Return</u>	<u>Gross Income,</u>

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? \$ _____

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 in name of: _____ Why did you move? _____

3. Were any wages disregarded in calculating your rent? Yes No Do Not Know

Name of Housing Agency: _____

From: _____ To: _____

Lease in name of: _____ Why did you move? _____

4. Was any wage disregarded in calculating your rent? Yes No Do Not Know

Yes No



VITI. 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 premirns. (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 o(Rental History)

Current Landlord:

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____ Dates of Occupancy From: _____ To: _____

Rental Propelty 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: _____

Must List anyother states in which the head of household or other members have resided:

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? _____

D Yes **O** No

Name of perpetrator: _____

XII. PET INFORMATION

Do you own a pet?

D Yes **D** 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

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.

Applicant Name:	
Mailing Address!:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-1.Hail Address3 {if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input checked="" type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other:
Commitment of Housing Authority or Ocrner: 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 caTe to you.	
Confidentiality Sratemerrt: Toe 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 Co=unity 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, se;, disabili J, 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.

Signatun, of Applicant

Date

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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 institution 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 sign the following questions and sign below.

If you answered yes, please complete the following questions:

YES

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:

- i.) 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;
- ii.) 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;
- iii.) 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.

9. Are you receiving any financial assistance to pay for your education?
If yes, please list the sources of financial assistance:

WARNING 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 authorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act, 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: _____

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)**

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 PRAG
- 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
3n 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.):

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

1099-01D 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

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.

A. 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. 1544.

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.



NEPTUNE CITY HOUSING AUTHORITY NCHA

EXECUTIVE DIRECTOR AND
SECRETARY-TREASURER
BARI J. COOK, ESQ., PDI

200-OSD...11-AVE. I.I-UE
NEPTUNE CITY, NEW JERSEY 07753
TELEPHONE-732-988-2540
FAX-732-988-1587

110 COMMISSIONERS

- ,CAN7', *Chairman*
- *M ADCOCK, *Vice Chairman*
- LESTE CLARK
- MELA GOLDBERG
- i:N""NA SUSINO
- :IN PIETRUNTI
- \RK AIK!NS, *Attorney*

ar Prospective Tenant

JD allows *NCHP*... 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 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 IR.As, 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 Assets that may be **included** as assets: (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.

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

Name: _____

Unit#: _____

Signature: _____

Fair Housing Act

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 requires that federal programs relating to housing and urban development be administered in a manner that affirmatively furthers fair housing.



NEPTUNE CITY HOUSING AUTHORITY
NCHA

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

WOOSIX.IH AVENUE
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TELEPHONE- 732-988-2540
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COMMISSIONERS

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

CERTIFICATION REGARDING DISPOSITION OF ASSETS

----- certify that I:

(Check one):

HAVE _____, AVENOT

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 officer (or any employee of HUD or the J'Nner) 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 officer 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

air -fousinaAct

2 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 also requires that all federal programs relating to housing and urban development be administered in a manner that affirmatively furthers fair housing.

Neptune Cdy Housing Authority
 Tel: (732) 988-2450 • Fax: (132) 774-1587
Applicant Screening Authorization Form
Applicant Information

Last Name		First Name		M.I.
Date of Birth 1 / /		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 1 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 if deemed 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 applied for: \$ _____

Submit above information to **NTN**

@.

COMMISSIONERS

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



EXECUTIVE DIRECTOR AND
SECRETARY-TREASURER
BARTI COOK, ESQ., PHM

2000SIXTHAVENUE
NEPTUNE CITY, NEW JERSEY 07753
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FAX-732-988-1587

PET POLICY/RULES

STANDARD PET POLICY

Residents at the Neptune City Housing Authority Senior Citizen Building located at 2000 Sixth Ave., Neptune City, shall be permitted to have one pet, subject to the terms and conditions set forth in this Policy.

The purpose of these Policies/Rules is that a common household pet means: a dog, bird, fish or turtle that is traditionally kept in the home for pleasure, rather than commercial purposes. A reptile, except for a turtle, is not considered to be a common household pet. Each apartment will be permitted to have one (1) four-legged animal and a tank for tropical fish (which tank shall not exceed 10 gallons) subject to the provisions set forth in this policy. This definition shall not include animals that are used to assist persons with disabilities- Doctor Note must be submitted

This policy shall not apply to pets that are used to assist people with disabilities as defined by Federal and State law.

No tenant shall be permitted to have a pet which weighs no more than twenty (25) pounds. No Exceptions.

Each Dog must be licensed with the Boro of Neptune City and an approved application must be made with our office before moving the pet into an apartment at the NCHA. Pet owners are required to pay a **\$200 Pet Security Deposit** which is in accordance with the Owner *and/or* the Homeowner Association rules and regulations. **Service Dogs are excluded.**

Certain Breeds of dogs are not permitted (Bully Breeds, Doberman's, German Shepard, Rottweiler, either pure or mixed) in NCHA Senior Apartment.

Each pet owner shall be liable for any damage caused by his/her pet. The pet owner will be required to reimburse NCHA for the real cost of any and all damages caused by his/her pet.

If the owner no longer has the pet, they will be reimbursed their deposit, minus any damage that may have been caused by pet, in approximately thirty (30) days

Pet License: Each pet owner shall be required to comply with all Federal, State, County and Municipal Statutes, Ordinances and regulations concerning pet licensing of a pet. **No pet for which a license is required shall be permitted at the NCHA Senior Building.**

All pet owners **must present proof of pet inoculation/shots yearly** in accordance with State, County and Municipal law prior to bringing a pet onto the premises. Proof of inoculation shall be presented in the form of a certificate signed by a licensed veterinarian or State, or Municipal authority empowered to inoculate animals (or a designated agent of such an authority) stating that the pet has received all inoculations required by applicable State, County and Municipal law. Also, Veterinarian must verify breed.

Fair Housing Act

42 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.



PET RULES:

1. No pet shall be permitted outside of the apartment of the pet owner unless the pet is on a leash, or inside a container which will prevent the pet from running loose. Any pet found outside of the apartment without a leash shall be subject to a notice to cease by NCHA or we will call the appropriate animal agency to report.
2. Each Pet owner is responsible for the removal of any waste left by any pet on any portion of NCHA property, including the grounds outside. Animals are **not** allowed to either urinate or defecate in areas occupied by our residents' social areas or in front of the building.
3. Waste must be placed in the dumpster in a bag.
4. Pets are not allowed in community room during events
5. Pets owners are not allowed to sit with pet in 1st fl. Lobby Entrance area
6. Each pet owner shall be required to keep noise (barking) and Pet odors at an acceptable level and prevent any other disruptive activity that may cause a nuisance.
7. Tenants **will not** allow pets to create a disturbance by barking or otherwise creating a nuisance in accordance with *all* local and municipal regulations.
8. Infestation of a unit by fleas or other insects carried by his/her pet shall be the responsibility of the pet owner. Infestation of adjacent units or common areas attributable to a specific pet shall be the responsibility of the pet owner who shall be liable for the cost of correcting the infestation including, but not limited to, the costs associated with hiring a professional exterminator.
9. Each pet owner shall be required to provide NCHA with a written statement of the name, address and telephone number of at least one (1) substitute caretakers for the pet. The signature of each of these caretakers is required. In the event a pet owner is absent from the premises for more than six (6) consecutive hours, arrangements must be made for the pet to be placed under the care of some other person.

NCHA RULES FOR REFUSAL OF PETS

A pet is a common household pet as previously defined in paragraph one of this policy.

- If tenant repeated violates any applicable pet house rules
- If tenant brings in a pet without authorization the pet must be moved immediately, and that tenant will not be approved for pet ownership at NCHA
- The pet owner fails to follow our pet policy or does not complete registration with the Boro and does not provide management with pet license or vaccinations initially or annually will have not be able to have pet on NCHA property. All vaccinations mean, as outlined in both our local and State ordinances.
- The NCHA reasonably determines if pets can be kept on premises based on the pet owner's habit and practices. If the pet owner is unable to keep the pet with the Pet Policy compliance or within the pet rules outlined in their lease they will have to surrender pet.
- Lastly, a pet's temperament may be considered as a factor in determining the prospective pet owner's ability to comply with the pet rules and other lease obligations.

The NCHA shall notify the pet owner if it refuses to allow a pet. The notice shall include the basis for NCHA's action and shall be served on the pet owner.

Tenant Signature

Date

Management Signature

Date

Fair Housing Act

42 U.S.C. §§ 3601-19
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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/Property 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

The 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.

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

OAs' Responsibilities:

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

Residents' Responsibilities:

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

Income Determinations

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

What is Annual Income?

Gross Income - Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income - Deductions = Adjusted Income

Determining Tenant Rent

Project-Based Section 8 Rent Formula:

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

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

Income and Assets

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

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

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

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of all kinds 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 from 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 all 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 USE 2437, et seq.

Regulations:

- General HUD Program Requirements; 24 CFR Part 5

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

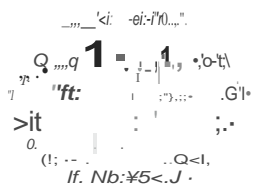
"Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

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

Signature

Date



U.S. Department of Housing and Urban Development
Office of Public and Indian Housing (PIH)



RENTALHOUSING; INITIALS; WEEKLY PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

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

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and the U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address.

Remember, you may receive rental assistance at only home!

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PI-IA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is *FRAUD* and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SS/ benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third-party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772- 1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

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

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: https://www.hud.gov/program_offices/public_indian_housing/programs/ph/eiv

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature: _____