

PROPERTY CONTACT INFORMATION/NEED FOR SPECIAL ACCOMMODATIONS

Property Contact Information

Office Hours	Telephone Number
Property Address 1842 Western Avenue Green Bay, WI 54303	TDD Number
	Fax Number

After we receive your application, we will:

- Determine your preliminary eligibility
- Then your application will either be processed for admission or placed on our waiting list.

This does not guarantee that your household will be eligible for a unit.

Need for Special Accommodations

If you need help in completing this application, please contact us and advise us of your needs when you receive this application.

Woda Cooper Companies does not discriminate on the basis of disability status in the admission, access to, treatment, or employment in its federally-assisted programs and activities.

We designate the person named below to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988.)

NAME: _____		
ADDRESS: _____		

EMAIL: _____		
PHONE: _____	TTY: _____	FAX: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, or handicap.

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Date & Time Received:	<i>(Record with a date & time stamp OR write in and initial the date and time the application was received)</i>	
Property Name:		
Unit Number:		Effective Date:

TO BE COMPLETED BY APPLICANT

Head of Household Name:	
State Issued ID # (Head of Household):	State:
Home phone:	Cell phone:
Email:	
Preferred Number of Bedrooms:	

Taylor Crossing



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FOR APPLICANT USE ONLY

Please answer all applicable questions. Each household member age 18 years or older and under 18 if head, spouse, or co-head must sign and date the application.

NOTE: Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility, or submits inaccurate and/or incomplete information on this application or during the interview, may be rejected for housing.

HOUSEHOLD COMPOSITION

1. List the Head of Household and all other persons who will be living in the unit. Give the relationship of each household member to the head of household.

Member #	Household member First name, middle initial, and last name	Relationship	Date of Birth	Sex <small>If decline, put "D"</small>	Marital Status	Student Status this and/or next calendar year	Is this person...
1		HEAD				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?
2						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?
3						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?
4						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?
5						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?
6						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?
7						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?
8						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?
9						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?



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CITIZENSHIP STATUS & SOCIAL SECURITY NUMBER DISCLOSURE

Member #	Citizenship Status	Social Security Number	If a member does not have a Social Security Number, visa, or alien registration number, please check the statement that applies:
1			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old
2			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old
3			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old
4			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old
5			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old
6			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old
7			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old
8			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old
9			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old

HOUSEHOLD QUESTIONS

2. Will any member of the household require a live-in aide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list name(s) below:
3. Is any member of this household temporarily absent, but under normal conditions would live in the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list name(s) below:
4. Have you or any member of your household ever used different names from the names given on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:
5. Have you or any member of your household ever used social security numbers different from those listed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:
6. Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:
7. Do you anticipate any change in your household (someone moving in or out) during the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list name(s) below:
8. Will all minor household members live in this unit with a parent or guardian who has at least 50% custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, list name(s) below:
9. List all states and counties in which all household members have ever lived:		



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INCOME INFORMATION

For each household member (including temporarily absent and/or foster family members), list current and anticipated income sources for the twelve-month period beginning on the anticipated move-in date. All information must be verified. Include all full-time, part-time, or seasonal income even if completing this application in the off-season.

Include income for all members of the household

10. Employment wages/salaries (include tips, bonuses, commissions, and seasonal employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Regular pay for a member of the military	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Self-Employment (Including digital income sources such as app-based driving services, e-commerce sales, and video-based platforms)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Unemployment benefits or severance pay	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Workers' compensation or other insurance settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Social Security Income (including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI))	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Disability benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Public assistance (TANF, GA, W2, AFDC, cash assistance, etc. - excluding food stamps and medical assistance)	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Child support (answer yes if you have a court order or informal agreement, even if you are receiving less than the full amount awarded)	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Alimony/Spousal maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Regular cash and non-cash contributions (including assistance with paying rent, bills or gifts from individuals not living in the unit - excluding groceries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Student financial aid (public or private - excluding student loans)	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Veterans benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Regular payments from pensions (including PERA, railroad, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Regular payments from retirement benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Periodic payments from Indian Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Death benefits (receiving income as a beneficiary of annuities, pensions, life insurance, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Regular payments from annuities or life insurance dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Other (list):	<input type="checkbox"/> Yes <input type="checkbox"/> No

30. **Does any adult member of the household have zero income?** Yes If Yes, please list name(s): No



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ASSET INFORMATION

For each household member (including children), list all assets. All information must be verified.

Include assets for all members of the household

31. Checking accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Savings accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Cash Card (including government benefits cards)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Stocks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Money Market/Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Certificate of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. Trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. Lump Sum Receipts (ie. from inheritances, insurance settlements, lottery winnings, or capital gains)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. 401(k) or 403(b) Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41. IRA Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42. Keogh Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
43. Capital Investments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
44. Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45. Land Contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46. GoFundMe/Crowdsourcing Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47. Bitcoin/Cryptocurrency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. Life Insurance Policies (excluding Term Life Insurance)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Pension/Annuity/Other Retirement Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Cash on Hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Personal items held as an investment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. Other (list):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

53. I/We hereby certify that I/We have have not sold or given away any assets within the last two years where the amount received was \$1,000 or more below the total fair market value

If applicable: Identify assets sold or disposed of for fair market value

Household Member	Asset Type	Market Value	Date Sold/Disposed	Amount Received
		\$		\$
		\$		\$
		\$		\$
		\$		\$



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ASSET DETAILS

Please provide additional information for each asset source the household answered YES to on the previous page.

Item Number	Member Name	Financial Institution	Market Value	This asset... <small>* indicate only if owned with someone outside of the household</small>	Interest Rate	Annual Income
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$



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EXPENSE INFORMATION

Households may be able to deduct all or part of the household's expenses from the total annual income.

Child Care Expenses

54. **Anticipated expenses for the care of children under age 13 (including foster children) may be deducted from annual income if the care is necessary to enable a family member to work, seek employment, or further their education.**

Does this household incur child care expenses that meet the criteria above? Yes No

Disability Expenses

55. **Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and auxiliary apparatus for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any family member 18 years of age or older to be employed. (This may or may not be the member who is a person with disabilities)**

Does this household include any member who is a person with disabilities? Yes No

If Yes, please indicate whether or not the household incurs any of the following unreimbursed expenses, which are necessary for a member of the household to be employed:

56. **Expenses from attendant care?** Yes No

57. **Expenses from the cost of an auxiliary apparatus or service animal, including costs for maintenance and upkeep?** Yes No

Medical Expenses

58. **Households in which the head, spouse, or co-head is at least 62 years old or is a person with disabilities are eligible to deduct unreimbursed medical expenses for all family members.**

Does this household meet this qualification? Yes No

If Yes, please indicate whether or not any member of the household incurs any of the following unreimbursed expenses:

59. **Expenses from Medicare premiums?** Yes No

60. **Expenses from other medical insurance premiums?** Yes No

61. **Expenses from medical assistance through a public assistance agency?** Yes No

62. **Expenses incurred from ongoing visits to a dentist or doctor's office?** Yes No

63. **Expenses from prescription medications?** Yes No

64. **Expenses from over-the-counter medication prescribed by a healthcare professional?** Yes No

65. **Outstanding medical bills for which you or a member of your household are currently paying?** Yes No

66. **Additional out-of-pocket medical expenses?** Yes No



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SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

67. **Applicant name**68. **Applicant signature****Date**

The following section is optional and is used to help determine eligibility for special accessible housing features. All answers will be verified.

69. **Would you like to provide information to help determine your eligibility for special accessible housing features?**
 Yes **No** *(If No, skip to the next page)*

To qualify for an accessible unit, a household member must have a physical impairment that:

- is expected to be of long-continued and indefinite duration
- substantially impedes the person's ability to live independently
- is such that the person's ability to live independently could be improved by more suitable housing conditions

70. **Do you or a household member have a mobility impairment which meets the definitions stated above?** **Yes** **No**71. **If yes, list name(s) of family members:**72. **Do you or a household member have a condition which requires (check those that apply):**

- a separate bedroom
- a unit for a visually-impaired person
- a unit for a hearing-impaired person
- a barrier-free apartment
- a one-level unit
- a bathroom on the first floor
- other physical modifications, please explain: _____

73. **Please explain exactly what you need to accommodate your situation:**74. **Who should we contact to verify your need for the above housing features?**

Name

Address

City

State

Zip

Phone



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SIGNATURES

I/We understand the information in this application will be used to determine eligibility for housing assistance programs and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit. I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorized the owner to make inquiries to verify the statement herein. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement. I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or nonverbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing. I/We understand that if I/we or any member or my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing. I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. If my/our application is approved, and move-in occurs, I/we certify that only the occupants listed on this application will occupy the unit, and that this will be my/our only residence. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

All household members age 18 or older (and under age 18 if Head, Spouse, or Co-Head) must sign and date below:

Under penalty of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

1.	Applicant Signature	Date
2.	Applicant Signature	Date
3.	Applicant Signature	Date
4.	Applicant Signature	Date
5.	Applicant Signature	Date
6.	Applicant Signature	Date
7.	Applicant Signature	Date
8.	Applicant Signature	Date
9.	Applicant Signature	Date



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Housing History Disclosure

Property name Taylor Crossing

Head of household

Unit number

Member name

Please provide the last 24 months of housing history. Each adult household member must complete this form at move-in.

This member has no address history from the required timeframe.

1. Street Address:

City:	State:	Zip Code:
Reason for leaving:		
Start (Month/Year):		End (Month/Year):
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____		Rent per month:
Landlord Name:		Landlord Phone:
Is this a government subsidized development? <input type="checkbox"/> Yes <input type="checkbox"/> No		This is my current address <input type="checkbox"/>

2. Street Address:

City:	State:	Zip Code:
Reason for leaving:		
Start (Month/Year):		End (Month/Year):
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____		Rent per month:
Landlord Name:		Landlord Phone:
Is this a government subsidized development? <input type="checkbox"/> Yes <input type="checkbox"/> No		This is my current address <input type="checkbox"/>

3. Street Address:

City:	State:	Zip Code:
Reason for leaving:		
Start (Month/Year):		End (Month/Year):
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____		Rent per month:
Landlord Name:		Landlord Phone:
Is this a government subsidized development? <input type="checkbox"/> Yes <input type="checkbox"/> No		This is my current address <input type="checkbox"/>

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

Signature	Printed name	Date
------------------	---------------------	-------------

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 use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**



Annual Student Certification

Property name Taylor Crossing
Unit number

Head of household Member name

Every adult household member must complete this form to confirm their higher education status for housing eligibility.

Part 1

A student enrolled in an Institution of Higher Education as defined by the Higher Education Act of 1965-Amended 1998 will be deemed eligible for assistance if the student meets all other eligibility requirements, passes screening criteria, and can verify at least one of the following requirements (#5-12 below).

1. **What is your student status? (Check One)** Full-Time Part-Time Not A Student
*If your answer is **Not A Student**, please sign and date the form.*
*If your answer is **Full-Time** or **Part-Time**, please continue to Part 2.*

Part 2 (Complete if you are a Full-Time or Part-Time student)

2. **Where are you currently enrolled as a student?** *School Name*
3. **Contact number for the institution where you are currently enrolled as a student?** *Phone*
4. **Are you a student at an Institution of Higher Education as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1001 and 1002)?** Yes No
*If you answer **No**, please sign and date the form.*
*If you answer **Yes**, please continue to Part 3.*

Part 3 (Complete if you are a student at an Institution of Higher Education)

5. **Are you 24 years of age or older?** Yes No
6. **Are you married?** Yes No
7. **Are you a veteran of the United States Armed Services?** Yes No
8. **Do you have a dependent child?** Yes No
9. **Are you a person with disabilities and were receiving Section 8 assistance as of November 30, 2005?** Yes No
10. **Will you be living with your parent(s)/guardian(s)?** Yes No
- If you answered **No** to 10, please answer 11. If you answered **Yes**, please skip to 12.*
11. **Have you lived independent of your parents for at least one year and were not claimed on their most recent tax return?** Yes No
- If Yes:*
- a. **Were you an orphan or ward of the court through the age of 18?** Yes No
- b. **Do you have legal dependents other than a spouse (such as an elderly dependent parent)?** Yes No
- c. **Are you a graduate or professional student?** Yes No
- d. **Are you an unaccompanied youth who is homeless or at risk of homelessness?** Yes No
12. **Are your parent(s)/guardian(s) receiving or eligible to receive Section 8 Assistance?** Yes No

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 use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the "Social Security Act at 208 (b) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)."



Annual Student Certification

Part 4 (Complete if you are a Full Time or Part Time Student)

Any financial assistance that exceeds the cost of tuition that a student receives under the Higher Education Act of 1965 from private sources or an institution of higher education shall be considered income to that individual.

Please answer #13 if you answered **Full-Time** or **Part-Time** to Part 1.

13. Are you receiving any financial assistance to pay for your education?

Yes

No

Under the Higher Education Act of 1965, financial assistance from private sources or an institution of higher education (as defined under the Higher Education Act of 1965) is not considered income if the student is:

- a. living with his/her parents/guardian in a Section 8 assisted unit or
- b. 24 years or older with dependent children

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

Signature

Printed name

Date



Student Certification - Tax Credit

Property name Taylor Crossing

Household Name

Unit number

Each household must complete one certification to confirm the student status of all household members. Determination of student status is required to determine housing eligibility. Note that students include those attending elementary, junior and senior high, college, university, technical, trade, and mechanical schools, but does not include those attending on-the-job training courses.

Part A (Check only one statement)

Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). (If this box is checked, please have all adults sign and date the form.)

Household contains all students, but is qualified because the following occupant is a PART-TIME student who is not/will not be a full-time student for five months or more of the current and/or upcoming calendar year. (If this box is checked, please write the names of all members who are part-time students in the space below and have all adult members sign and date the form.)

Name(s) of part-time student(s):

Household consists of all members who have been/will be FULL-TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). (If this box is checked, **continue on to Part B**)

Part B

- a. Does the household include students who are married and entitled to file a joint tax return? Yes No
- b. Does the household include at least one single parent and their child(ren)? If yes, Yes No
 - i. Is this parent a dependent of another individual? Yes No
 - ii. Are these child(ren) dependents of an individual other than a parent? Yes No
- c. Does the household include at least one student receiving assistance under Title IV of the Social Security Act? This includes Temporary Assistance to Needy Families (TANF), otherwise known as Aid to Families with Dependent Children (AFDC). Yes No
- d. Does the household include at least one student participating in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws (i.e. Job Corp, AmeriCorp, etc.)? Yes No
- e. Does the household include at least one student who was under the care and placement responsibility of a state agency administering foster care under Part B or Part E of Title IV of the Social Security Act (i.e. adults who were in the foster care system during childhood)? Yes No

Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If every question a-e is marked **NO**, or verification does not support the exception indicated, the household is considered ineligible.

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

Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date

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



Modified 2/19/2021
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U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9 887:** Allows the release of information between government agencies.
3. **Form HUD-9 887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): Milwaukee Field Office Dale A Darrow Field Office Director 310 West Wisconsin Avenue, Suite 950 Milwaukee, WI 53203-2289	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Woda Cooper Companies, Inc. 500 S. Front St., 10th Floor Columbus, OH 43215	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.): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

Signature of Applicant

Date

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

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

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD Taylor Crossing	UNIT NO. & ADDRESS Unit:
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

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

Tenant

Date

Landlord

Date

Woda Cooper Companies

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that housing programs as listed in the 4350.3 are in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under housing programs as listed in the 4350.3, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

¹ The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

² Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

³ Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

If you are receiving assistance under housing programs as listed in the 4350.3, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under housing programs listed in the 4350.3 solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

Woda Cooper Companies may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If Woda Cooper Companies chooses to remove the abuser or perpetrator,

Woda Cooper Companies may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, Woda Cooper Companies must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, Woda Cooper Companies must follow Federal, State, and local eviction procedures. In order to divide a lease, Woda Cooper Companies may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, Woda Cooper Companies may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, Woda Cooper Companies may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

Woda Cooper Companies will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

Woda Cooper Companies's emergency transfer plan provides further information on emergency transfers, and Woda Cooper Companies must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

Woda Cooper Companies can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from Woda Cooper Companies must be in writing, and Woda Cooper Companies must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. Woda Cooper Companies may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to Woda Cooper Companies as documentation. It is your choice which of the following to submit if Woda Cooper Companies asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by Woda Cooper Companies with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that Woda Cooper Companies has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days,

Woda Cooper Companies does not have to provide you with the protections contained in this notice.

If Woda Cooper Companies receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), Woda Cooper Companies has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, Woda Cooper Companies does not have to provide you with the protections contained in this notice.

Confidentiality

Woda Cooper Companies must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

Woda Cooper Companies must not allow any individual administering assistance or other services on behalf of Woda Cooper Companies (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

Woda Cooper Companies must not enter your information into any shared database or disclose your information to any other entity or individual. Woda Cooper Companies, however, may disclose the information provided if:

- You give written permission to Woda Cooper Companies to release the information on a time limited basis.
- Woda Cooper Companies needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires Woda Cooper Companies or your landlord to release the information.

VAWA does not limit Woda Cooper Companies's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, Woda Cooper Companies cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if Woda Cooper Companies can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If Woda Cooper Companies can demonstrate the above, Woda Cooper Companies should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the HUD field office.

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

Additionally, Woda Cooper Companies must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact your local HUD office at:

Milwaukee Field Office Dale A Darrow Field Office Director

310 West Wisconsin Avenue, Suite 950
Milwaukee, WI 53203-2289

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

You may also contact any of the below listed organizations.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact any of the resources shown below as appropriate.

Victims of stalking seeking help may contact any of the resources shown below as appropriate.

The National Domestic Violence Hotline	800-799-7233 (SAFE)	www.ndvh.org
National Dating Abuse Helpline	866-331-9474	www.loveisrespect.org
Americans Overseas Domestic Violence Crisis Center	866-USWOMEN (879-6636)	www.866uswomen.org
National Child Abuse Hotline/Childhelp	800-4-A-CHILD 800-422-4453	www.childhelp.org
National Sexual Assault Hotline	800-656-4673 (HOPE)	www.rainn.org
National Center for Victims of Crime	202-467-8700	www.victimsofcrime.org
National Human Trafficking Resource Center/Polaris Project	888-373-7888 Text: HELP to BeFree (233733)	www.polarisproject.org
National Resource Center on Domestic Violence	800-537-2238	www.nrcdv.org and www.vawnet.org
Futures Without Violence: The National Health Resource Center on Domestic Violence	888-792-2873	www.futureswithoutviolence.org
National Center on Domestic Violence, Trauma & Mental Health	312-726-7020 ext. 2011	www.nationalcenterdvtraumamh.org
Domestic Violence Initiative	303-839-5510 877- 839-5510	www.dviforwomen.org
Deaf Abused Women's Network (DAWN)	202-559-5366	Hotline@deafdawn.org www.deafdawn.org
Women of Color Network	800-537-2238	www.wocninc.org
INCITE! Women of Color Against Violence		incite.natl@gmail.com www.incite-national.org
Alianza	505-753-3334	www.dvalianza.org
Casa de Esperanza	651-772-1611	www.casadeesperanza.org
Asian and Pacific Islander Institute on Domestic Violence	415-954-9988	www.apiidv.org
Committee Against Anti-Asian Violence (CAA AV)	212- 473-6485	www.caaav.org
Manavi	732-435-1414	www.manavi.org
Institute on Domestic Violence in the African American Community	877-643-8222	www.dvinstitute.org
The Black Church and Domestic Violence Institute	770-909-0715	www.bcdvi.org
The Audre Lorde Project		www.alp.org
LAMBDA GLBT Community Services	206-350-4283 178- 596-0342	http://www.qrd.org/qrd/www/orgs/avproject/main.htm
National Coalition of Anti-Violence Programs 1-212-714-1184	206-350-4283	www.ncavp.org
National Gay and Lesbian Task Force	202-393-5177	www.nglft.org
Northwest Network of Bisexual, Trans, Lesbian & Gay Survivors of Abuse	206-568-7777	www.nwnetwork.org
National Clearinghouse on Abuse in Later Life	608-255-0539	www.ncall.us
National Center for Elder Abuse	855-500-3537	http://www.ncea.aoa.gov/
American Bar Association Commission on Domestic Violence	202-662-1000	www.abanet.org/domviol
Battered Women's Justice Project	800-903-0111	www.bwjp.org
Safe Horizon stalking victims' hotline (assessment & referrals provided)	866-689-4357	
Stalking Resource Center		www.victimsofcrime.org/our-programs/stalking-resource-center
The National Organization for Victim Assistance	800-879-6682	www.trynova.org
iSafetyNet		http://www.isafetynet.org/

Attachment: Certification form HUD-5382

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

VAWA Acknowledgement of Receipt

Property name Taylor Crossing
Unit number

Household Name

I/We have received a copy of the following documents:

1. HUD-5380: Notice of Occupancy Rights under the Violence Against Women Act
2. HUD-5382: Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation

I hereby state that everything on this statement is true to the best of my knowledge.		
1.	Applicant/Resident Signature	Printed Name Date
2.	Applicant/Resident Signature	Printed Name Date
3.	Applicant/Resident Signature	Printed Name Date
4.	Applicant/Resident Signature	Printed Name Date
5.	Applicant/Resident Signature	Printed Name Date
6.	Applicant/Resident Signature	Printed Name Date
7.	Applicant/Resident Signature	Printed Name Date
8.	Applicant/Resident Signature	Printed Name Date
9.	Applicant/Resident Signature	Printed Name Date

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 use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)**



Modified 4/20/2020
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Owner's Notice #1

Woda Cooper Companies

Page 1 of 1

Property name Taylor Crossing

Head of household

Dear _____,

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible non-citizens, for the programs associated with this property.

You have applied, or are applying for, assistance at this property; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format, to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration.
3. Provide sufficient documentation to back up each household member's declaration.

Submit the Family Summary Sheet, Citizenship Declaration(s), and documentation supporting each declaration to the name and address listed below by _____.

Taylor Crossing

1842 Western Avenue

Green Bay, WI 54303

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or experience difficulty in completing the attached items or determining the type of documentation required, please contact **Property Manager Taylor Crossing**. He/she will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration form. Failure to provide this information or establish eligible status may result in denial of housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. What this means is that when assistance is available, a reduced amount of assistance may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Sincerely,

Property Manager Taylor Crossing
Property Manager

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 use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**



Modified 8/14/2019

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Woda Cooper Companies

CITIZENSHIP DECLARATION

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet.

LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ SEX: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

ALIEN REGISTRATION NO.: _____

ADMISSION NUMBER: _____ if applicable, (this is an 11 digit number found on INS Form I-94, Departure Record).

NATIONALITY: _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

SAVE VERIFICATION NO. _____ (To be entered by owner if and when received.)

INSTRUCTIONS: Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks designated below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am: _____

(print or type first name, middle initial, last name)

1. a citizen or national of the United States

If you check this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

Signature _____

Date _____

Check here if adult signed for a child: _____



Woda Cooper Companies

2. a noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format

AND

- b. One of the following documents:

- (1) Form I-551, *Permanent Resident Card*
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (5) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available; complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, or handicap.

Woda Cooper Companies

Check here if adult signed for a child: _____

3. **not contending eligible immigration status and I understand that I am not eligible for financial assistance.**

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult living in the unit and responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____



Non-Citizen Eligibility Verification Consent Form

Woda Cooper Companies

Page 1 of 1

Property name Taylor Crossing
Unit number

Head of household
Member name

Complete this form for each non-citizen family member who declared eligible immigration status on the Citizenship Declaration form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Applicant's signature	Date
Printed name	
Please check this box if you are completing this form for a minor (under 18).	



To be filled out by the family.

Mbr. No.	Last Name of Family Member	First Name	Relationship to HOH	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, or handicap.

Modified 11/29/2018
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Mbr. No.	Last Name of Family Member	First Name	Relationship to HOH	Sex	Date of Birth	Declaration	Date Verified
Head							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, or handicap.



Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Taylor Crossing
Name of Property Project No. 1842 Western Avenue
Address of Property

Woda Cooper Companies, Inc.
Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Acknowledgement of Receipt- HUD

Woda Cooper Companies

Page 1 of 1

Property name Taylor Crossing
Unit number

**Head of household
Member name**

I/We have received a copy of the following documents:

1. HUD Residents Rights and Responsibility
2. HUD Fact Sheet
3. HUD-9887/A Fact Sheet
4. Fraud-Is It Worth It?
5. EIV Brochure

I hereby state that everything on this statement is true to the best of my knowledge.	
Signature	Date
Printed name	
Signature	Date
Printed name	
Signature	Date
Printed name	
Signature	Date
Printed name	

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 use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**





RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



**What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)**

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



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

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - *Child support*
 - *AFDC payments*
 - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.



Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



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

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm.



JULY 2009



RESIDENT RIGHTS & RESPONSIBILITIES



OFFICE OF MULTIFAMILY HOUSING PROGRAMS

This brochure applies to assisted housing programs administered by the Department of Housing and Urban Development (HUD), Office of Multifamily Housing Programs. This brochure does not apply to the Public Housing Program, the Section 8 Moderate Rehabilitation Program or the Housing Choice Voucher Program.

AS A RESIDENT, YOU HAVE RIGHTS AND RESPONSIBILITIES THAT HELP MAKE YOUR HUD-ASSISTED HOUSING A BETTER HOME FOR YOU AND YOUR FAMILY.

This brochure is being distributed to you because the United States Department of Housing and Urban Development (HUD), which regulates the property in which you live, has provided some form of assistance or subsidy for your apartment. The brochure briefly lists some of the most important rights and responsibilities to help you get the most out of your home.

As part of its dedication to maintaining the best possible living environment for all residents, your local HUD office encourages and supports the following:

- Property management agents and property owners communicating with residents on any relevant issues or concerns
- Property managers and property owners giving prompt consideration to all valid resident complaints and resolving them as quickly as possible
- Your right to file complaints with management, owners, or government agencies without retaliation, harassment or intimidation
- Your right to organize and participate in certain decisions regarding the well-being of the property and your home
- Your right to appeal a decision made by the local HUD office to the Office of Asset Management and Portfolio Oversight at HUD Headquarters

Along with the owner/management agent, you play an important role in making your apartment, the grounds, and other common areas a better place to live.



YOUR RIGHTS

As a resident of a HUD-assisted multifamily housing property, you should be aware of your rights.

Rights: *Involving Your Apartment*

- The right to live in decent, safe, and sanitary housing that is free from deteriorating paint and environmental hazards, including lead-based paint hazards.
- The right to receive a lead disclosure form disclosing the landlord's knowledge of any lead-based paint or lead-based paint hazards, available records and reports, and a lead hazard information pamphlet before you are obligated under your lease.
- The right to have repairs performed in a timely manner, upon request.
- The right to be given reasonable notice, in writing, of any non-emergency inspection or other entry into your apartment.
- The right to protection from eviction except for specific causes stated in your lease.
- The right to request that your rent be recalculated if your income decreases.
- The right to access your tenant file.

Rights: *Involving Resident Organizations*

- The right to organize as residents without obstruction, harassment, or retaliation from property owners or management.
- The right to provide leaflets and post materials in common areas informing other residents of their rights and opportunities to involve themselves in their property.
- The right to be recognized by property owners/management company as having a voice in residential community affairs.
- The right to use appropriate common space or meeting facilities to organize (this may be subject to a reasonable, HUD-approved fee).
- The right to meet without representatives or employees of the owner/management company present.



Rights: *Involving Nondiscrimination*

The right, under the Fair Housing Act of 1968 and other civil rights laws, to equal and fair treatment and use of your building's services and facilities, without regard to race, color, religion, sex, disability, familial status (having children under 18) or national origin (ethnicity or language). Residents with disabilities are also reserved the right to reasonable accommodations. In some cases, the prohibition against age discrimination under the Age Discrimination Act of 1975 may also apply.

In addition, residents have the right, under HUD's Equal Access Rule, to equal access to HUD programs without regard to a person's actual or perceived sexual orientation, gender identity, or marital status.

YOUR RESPONSIBILITIES

As a resident of a HUD-assisted multifamily housing property, you also have certain responsibilities to ensure that your building remains a suitable home for you and your neighbors. By signing your lease, you, the owner, and the management company have entered into a legal, enforceable contract. You are responsible for complying with your lease, house rules, and local laws governing your property. If you have any questions about your lease or do not have a copy of it, contact your property management company or the local HUD office. You should be aware of the following responsibilities:

Responsibilities: *To Your Property Owner or Management Company*

- Complying with the rules and guidelines that govern your lease.
- Paying the correct amount of rent on time each month.
- Providing accurate information to the owner/management agent's company at the certification or recertification interview to determine your total tenant payment, and consenting to the release of information by a third party to allow for verification.
- Reporting changes in the family's income or composition to the owner/management company in a timely manner.

Responsibilities: *To the Property and Your Fellow Residents*

- Complying with rules and guidelines that govern your lease.
- Conducting yourself in a manner that will not disturb your neighbors.



- Not engaging in criminal activity in your apartment, common areas or grounds.
- Keeping your apartment reasonably clean, with exits and entrances free of debris, clutter or fire hazards and not littering the grounds or common areas.
- Disposing of garbage and waste in the proper manner.
- Maintaining your apartment and common areas in the same general physical condition as when you moved in.
- Reporting any apparent environmental hazards to the management company (such as peeling paint (which is a hazard if it is a lead-based paint) and any defects in building systems, fixtures, appliances, or other parts of the apartment, the grounds, or related facilities.

YOUR RIGHT TO BE INVOLVED

In Decisions Affecting Your Home

As a resident in HUD-assisted multifamily housing, you play an important role in decisions that affect your community. Different HUD programs provide for specific resident rights. You have the right to know under which HUD program your building is assisted. To find out if your apartment building is covered under any of the following programs, contact your management company, Section 8 Contract Administrator, or the HUD office nearest you. If your building was funded or currently receives assistance under HUD's Rental Assistance Demonstration (RAD), Section 236 (including the Rental Assistance Program (RAP), Section 221(d) (3)/below market interest rate (BMIR), Section 202 Direct Loan, Rent Supplement, Section 202/811 Capital Advance programs, 811 (Project Rental Assistance), or is assisted under any applicable project-based Section 8 program (except for the Section 8 Moderate Rehabilitation program), you have the right to be notified of or, in some instances, to comment on the following:

- Nonrenewal of a project based Section 8 contract at the end of its term
- An increase in the maximum permissible rent
- Conversion of a project from project-paid utilities to tenant-paid utilities
- A proposed reduction in tenant utility allowance
- Conversion of residential apartments in a multifamily housing property to nonresidential use or to condominiums, or the transfer of the housing property to a cooperative housing mortgagor corporation or association



- Transfer of the project-based Section 8 contract in your property to one or more buildings at other locations
- Partial release of mortgage security
- Capital improvements that represent a substantial addition to the property
- Prepayment of mortgage (if prior HUD approval is required before owner can prepay)
- Other actions identified by the Uniform Relocation Act that could ultimately lead to involuntary, temporary or permanent relocation of residents
- If you live in a building that is owned by HUD and is being sold, you have the right to be notified of and comment on HUD's plans for disposing of the building.

ELIGIBILITY FOR ENHANCED VOUCHERS

If your apartment is assisted under a project-based Section 8 contract that is ending, and if the owner decides not to renew it, the owner is required by law to notify you in writing of that decision at least one year before the contract expires. Under these circumstances, you may be eligible for an Enhanced Voucher (EV), which would give you the right to remain in an apartment at your property, provided that you are in compliance with your lease and the property remains as rental housing. HUD will select a local Public Housing Agency (PHA) to provide an EV for eligible families who decide to remain at the property and to administer this assistance.

If you decide to remain at your property using an EV, a higher payment standard will be used to determine the amount of Section 8 assistance that is paid on your behalf, if the gross rent for the apartment is more than the PHA's payment standard. However, the PHA must determine that the rent the owner charges for your apartment is reasonable, and you must continue paying at least the amount of rent that you were previously paying.

If you are eligible for an EV, you can instead choose to move out of the property and use the voucher to rent an apartment anywhere in the United States where the owner will accept the voucher and the rents are in an allowable range, subject to approval. If you move out, however, the voucher is no longer "enhanced," and the amount of Section 8 assistance that is paid on your behalf will be based on the PHA's normally applicable payment standard.



ADDITIONAL ASSISTANCE

For additional help or information, you may contact:

- Your property owner or the management company
- The Account Executive for your property in HUD's Multifamily Regional Center or Satellite Office. Refer to on-line resources for contact information
- HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 to report maintenance or management concerns
- HUD's Office of Fair Housing and Equal Opportunity at 1-800-669-9777, if you believe you have been discriminated against
- HUD's Office of Inspector General Hot Line at 1-800-347-3735 to report fraud, waste, or mismanagement
- HUD's Housing Counseling Service locator at 1-800-569-4287 for the housing counseling agency in your community
- The HUD-EPA National Lead Information Center 1-800-424-LEAD
- Your local government tenant/landlord affairs office, legal services office, or tenant organizations to obtain information on additional rights under local and state law

If appealing a local HUD Office decision, you may contact the Director of the Office of Asset Management and Portfolio Oversight in Washington, DC at 202-708-3730.

Persons who are deaf or hard of hearing or have speech disabilities may reach the numbers above through the Federal Relay (FedRelay) teletype (TTY) number, 800-877-8339, or by other methods shown at www.gsa.gov/fedrelay.

ON-LINE RESOURCES:

- Department of Housing and Urban Development website: www.hud.gov
- The local HUD Field Offices: <http://www.hud.gov/local> *Note: To locate your local field office, select: Contact My Local Office (under the I Want To section)*



U.S. Department of Housing and Urban Development
Office of Multifamily Housing Programs
Washington, DC 20410-0002 Official Business
Penalty for Private Use \$300



This brochure about your rights and responsibilities as a resident of HUD assisted multifamily housing is available in 13 alternate languages in addition to English and Braille. To determine if your language is available, please contact HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 or visit <http://www.hud.gov/offices/fheo/lep.xml>

FACT SHEET

For HUD ASSISTED RESIDENTS

Project-Based Section 8

“HOW YOUR RENT IS DETERMINED”

Office of Housing

September 2010

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

Why Determining Income and Rent Correctly is Important

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

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

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

OAs' Responsibilities:

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

Residents' Responsibilities:

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

Income Determinations

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

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

Project-Based Section 8 Rent Formula:

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

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

Income and Assets

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

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

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

Annual Income Includes:

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

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

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

Assets Include:

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

Assets Do Not Include:

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

or are held in an individual's name but:

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

Exclusions from Annual Income:

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

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

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

Federally Mandated Exclusions:

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

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

Deductions:

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

Reference Materials

Legislation:

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

Regulations:

- General HUD Program Requirements; 24 CFR Part 5

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

“Federally Mandated Exclusions” Notice 66 FR 4669, April 20, 2001

For More Information:

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



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Tenant Consent to Disclose EIV Income Information

Woda Cooper Companies

Page 1 of 2

Property name Taylor Crossing
Unit number

Head of household
Member name

This form gives permission for a third party to view and/or discuss information from EIV for the sole purpose of recertification assistance.

Answer every question.

1. Name of third party authorized to view information: _____
2. Role of third party: (check one)
 - Adult household member
 - Translator/interpreter
 - Service coordinator
 - Guardian
 - Temporarily absent family member
 - Individual assisting elderly individual or person with a disability
 - Other (list relationship): _____
3. Enterprise Income Verification (EIV) information to be viewed and/or discussed for the sole purpose of recertification assistance:
 - EIV Income Report
 - EIV Income Discrepancy Report
 - EIV No Income Report
 - EIV New Hires Report
 - Other EIV information: _____

Continue Form and Sign on Page 2



Tenant Consent to Disclose EIV Income Information

Penalties for misuse of information:

The following federal law prohibits the misuse of the information viewed or discussed pursuant to this consent and certification. Tenants, authorized third parties, and HUD or authorized entities employees may be subject to these penalties.

“[W]hoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully - (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.” 18 U.S.C. 1001.

“Any officer or employee of an agency, who by virtue of his employment or official position, has possession of, or access to, agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules or regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000. 5 U.S.C. 552a(i).

“The Secretary [of Health and Human Services] shall require the imposition of an administrative penalty (up to and including dismissal from employment), and a fine of \$1,000, for each act of unauthorized access to, disclosure of, or use of, information in the National Directory of New Hires established under subsection (i) of this section by any officer or employee of the United States or any other person who knowingly and willfully violates this paragraph.” 42 U.S.C. 653(l).

Federal law also provides penalties for misusing Social Security numbers. 42 U.S.C. 408 (a) (6), (7) and (8).

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

I hereby authorize the third party listed on this consent to view and/or discuss the EIV information identified above for the sole purpose of assisting in recertifying my housing assistance in accordance my Privacy Act of 1974 rights. I understand that the Privacy Act and Social Security Act prohibits further use of this information, and that it may not be disclosed, redisclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.	
Tenant signature	Date
Printed name of tenant	
I hereby acknowledge and certify that I am permitted to view and discuss tenant information pertaining to the above individual for the sole purpose of assisting the tenant in the recertification of his/her subsidy. I understand the Privacy Act and Social Security Act prohibits further use of this information, and that it may not be disclosed, redisclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.	
Authorized third party signature	Date
Printed name of authorized third party	

