



Summer Place Senior Housing Program Application

This program will provide 0 and 1 bedroom units located at 992 Summer Street in Stamford, CT. All Applicants must meet the income and eligibility requirements.

Maximum income levels based on family size are as follows:

Household Size	Minimum Income	Maximum Income Tier II	Maximum Income Tier III
1 Person	\$28,000	\$58,950	\$70,740
2 Person	\$28,000	\$67,350	\$80,820

Instructions for Applications

- 1) PLEASE READ CAREFULLY. Complete all areas.
 - a. All sources of earned income must be reported for all household members.
 - b. All unearned income and assets must be reported for all household members, including minors.
- 2) Signatures are required by all household members.
- 3) If you are employed complete the income verification form **(Top portion only)**
- 4) All members must complete a police record verification form
- 5) Please provide the list of documents that apply to your household:
 - a. Birth Certificate (State ID, Drivers License)
 - b. Social Security card
 - c. Letter from your landlord/owner stating: 1) Amount of rent you pay, 2) Address of your apartment, 3) How long you have been a tenant, 4) What kind of tenant you have been.
 - d. Rent receipts for past three (3) months
- 6) All assets and sources of income –
 - a. Current income from Social Security, Pension, Veterans Payments, Interest from Dividends etc.
 - b. Budget Sheet if you receive State or City Assistance
 - c. Last six (6) current and consecutive pay stubs
 - d. If you are self employed – copy of last year’s Federal Tax Return and W-2 form
 - e. Most recent Checking and/or Savings Account statements, IRA, 401K etc.

NOTE: Applications will be Date/Time stamped and processed in order received. All adult applicants will undergo through a background screening process in order to establish eligibility, which will include criminal and credit check.

If you have any questions, please feel free to contact the office at 203-977-1400 ext. 3374 or visit the Charter Oak Communities office during the business hours from 8:00am to 4:00pm.

Charter Oak Communities

THE FOLLOWING INFORMATION IS REQUIRED FOR STATISTICAL PURPOSES SO THAT THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT MAY DETERMINE THE DEGREE TO WHICH ITS PROGRAMS ARE UTILIZED BY MINORITY FAMILIES. RACIAL GROUP IDENTIFICATION (Used for statistical purposes only).

ETHNICITY: _____ HISPANIC
_____ NON-HISPANIC

RACE: _____ WHITE
_____ BLACK
_____ AMERICAN INDIAN
_____ HISPANIC
_____ ASIAN/ PACIFIC ISLANDER
_____ OTHER

SIGNATURE

DATE

CHARTER OAK COMMUNITIES
22 CLINTON AVENUE
STAMFORD, CT 06901
(203)977-1400

SUMMER PLACE
992 Summer Place.
Stamford, CT 06905
(0 & 1 Bedrooms)

(PRINT CLEARLY)

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____ PHONE: () _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ E-MAIL ADDRESS: _____

(PLEASE LIST HEAD OF HOUSEHOLD FIRST AND THEN ALL FAMILY MEMBERS WHO WILL BE LIVING IN THE UNIT)

	NAMES OF FAMILY MEMBERS	RELATIONSHIP	DATE OF BIRTH	SEX	SOCIAL SECURITY #
1		HEAD OF HOUSEHOLD			
2					
3					
4					
5					
6					

FAMILY INCOME

PLEASE LIST NAMES OF ALL FAMILY MEMBERS WHO RECEIVE INCOME, WHAT TYPE OF INCOME IT IS, SUCH AS WAGES, WELFARE, SOCIAL SECURITY, SSI, CHILD SUPPORT, UNEMPLOYMENT, ETC., AND THE AMOUNT.

INCOME

	NAMES OF FAMILY MEMBERS	INCOME RECEIVED FROM: (WAGES, WEFARE, ETC.)	AMOUNT OF INCOME: (HOURLY WEEKLY, MONTHLY, ANNUALLY)
1			
2			
3			
4			
5			
6			

DESCRIPTION OF ASSETS

	NAMES OF FAMILY MEMBERS	AMOUNT
SAVINGS ACCOUNT		
STOCKS AND BONDS		
REAL ESTATE		
OTHER		

IN CASE OF EMERGENCY NOTIFY: _____

ADDRESS: _____

RELATIONSHIP: _____ PHONE #: _____

ARE YOU CURRENTLY LIVING IN CHARTER OAK COMMUNITIES DEVELOPMENT? YES _____ NO _____

HAVE YOU LIVED IN CHARTER OAK COMMUNITIES BEFORE: YES _____ NO _____

IF YES, WHERE? _____ WHEN? _____

ARE YOU A FORMER SECTION 8 TENANT? YES _____ NO _____ WHEN? _____

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN ARRESTED OR CONVICTED OF A CRIME?

YES _____ NO _____ IF YES EXPLAIN: _____

ARE YOU A REGISTERED SEX OFFENDER? YES _____ NO _____

I HEREBY DECLARE THAT ALL INFORMATION LISTED ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE

DATE

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF CO-HEAD

CHARTER OAK COMMUNITIES

DEAR APPLICANT:

PLEASE INDICATE WHETHER OR NOT YOU OR ANY MEMBER OF YOUR FAMILY IS HANDICAPPED OR DISABLED REQUIRING ANY SPECIAL ACCOMMODATIONS.

PLEASE READ DEFINITIONS BELOW:

YES

NO

IF YOU HAVE CHECKED YES, PLEASE DESCRIBE BELOW WHAT TYPE OF SPECIAL ACCOMMODATIONS, IF ANY, ARE REQUIRED.

DEFENITIONS

“HANDICAPPED” (DISABLED) MEANS ANY PERSON WHO HAS A PHYSICAL OR MENTAL IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES; HAS A RECORD OF SUCH IMPAIRMENT; OR IS REGARDED AS HAVING SUCH IMPAIRMENT.

“PHYSICAL OR MENTAL IMPAIRMENT” INCLUDES:

ANY PHYSIOLOGICAL DISORDER OR CONDITION, COSMETIC DISFIGUREMENT, OR ANATOMICAL LOSS AFFECTING ONE OR MORE OF THE FOLLOWING BODY SYSTEMS.

NEUROLOGICAL; MUSCULOSKELETAL; SPECIAL SENSE ORGANS; RESPIRATORY, INCLUDING SPEECH ORGANS; CARDIOVASCULAR, REPRODUCTIVE; DIGESTIVE; GENITOR-URINARY; HEMIC AND LYMPHATIC; SKIN, AND ENDOCRINE; OR

ANY MENTAL OR PSYCHOLOGICAL DISORDER, SUCH AS MENTAL RETARDATION, ORGANIC BRAIN SYNDROME, EMOTIONAL OR MENTAL ILLNESS, AND SPECIFIC LEARNING DISABILITIES. THE TERM “PHYSICAL OR MENTAL IMPAIRMENT” INCLUDES, BUT IS NOT LIMITED TO, SUCH DISEASES AND CONDITIONS AS ORTHOPEDIC, VISUAL, SPEECH AND HEARING IMPAIRMENTS, CEREBRAL PALSY, AUTISM, EPILEPSY, MUSCULAR DYSTROPHY, MULTIPLE SCLEROSIS, CANCER, HEART DISEASE, DIABETES, MENTAL RETARDATION, EMOTIONAL ILLNESS, DRUG ADDITION AND ALCOHOLISM.

“MAYOR LIFE ACTIVITIES” MEANS FUNCTIONS SUCH AS CARING FOR ONE’S SELF, PERFORMING MANUAL TASKS, WALKING, SEEING, HEARING, SPEAKING, BREATHING, LEARNING AND WORKING.

“HAS A RECORD OF SUCH IMPAIRMENT” MEANS HAS A HISTORY OF, OR HAS BEEN MISCLASSIFIED AS HAVING A MENTAL OR PHYSICAL IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES.

SIGNATURE: _____

DATE: _____

CHARTER OAK COMMUNITIES

CERTIFICATION OF PREFERENCE

I/WE _____ (PRINT CLEARLY)
(THE SINGULAR SHALL INCLUDE THE PLURAL) CERTIFY THAT I/WE QUALIFY FOR A PREFERENCE
BECAUSE:

(PLEASE CHECK APPROPRIATE PREFERENCE)

- (P-1) FAMILY THAT HAS BEEN TERMINATED FROM CHARTER OAK COMMUNITIES HOUSING CHOICE VOUCHER PROGRAM DUE TO INSUFFICIENT PROGRAM FUNDING.
- (P-2) FAMILY THAT HAS BEEN DISPLACED OR SCHEDULED FOR DISPLACEMENT DUE TO CHARTER OAK COMMUNITIES' REDEVELOPMENT EFFORTS.
- (P-3) VICTIMS OF DOMESTIC VIOLENCE AND FAMILIES WHO MUST VACATE THEIR CURRENT UNIT BECAUSE A COURT OR LAW ENFORCEMENT AGENCY HAS DETERMINED A NEED FOR RELOCATION IS REQUIRED AS A MATTER OF PUBLIC SAFETY (INCLUDES VICTIMS OF HATE CRIMES AND HOUSEHOLDS THAT ARE PART OF A WITNESS PROTECTION PROGRAM).
- (P-4) FAMILIES DISPLACED DUE TO OTHER STATE/LOCAL GOVERNMENTAL ACTION FOR REASONS BEYOND RESIDENT CONTROL AND/OR DECLARED NATURAL DISASTERS.
- (P-5) THE PHA WILL OFFER A CHRONIC HOMELESSNESS PREFERENCE TO ANY FAMILY THAT MEETS THE HUD DEFINITION OF CHRONIC HOMELESSNESS. THE FAMILY MUST BE REFERRED TO COC BY A HOMELESS SERVICE PROVIDER THROUGH THE COORDINATED ACCESS NETWORK "CAN" BASED ON THEIR VULNERABILITY. REFERRING AGENCIES MUST HAVE AN EXECUTED MEMORANDUM OF UNDERSTANDING WITH COC IN COORDINATION WITH THE STAMFORD HOUSING FIRST COLLABORATIVE, OUTLINING THE PROVIDER'S RESPONSIBILITY TO PROVIDE SERVICES FOR THE REFERRED HOUSEHOLD.

THE REFERRAL MUST INCLUDE A COMMITMENT BY THE HOMELESS SERVICE PROVIDER TO PROVIDE HOUSING SEARCH ASSISTANCE AND SUPPORTIVE SERVICES TO HELP THE HOUSEHOLD TRANSITION FROM HOMELESSNESS TO PERMANENT HOUSING, INCLUDING COMPLYING WITH THE HOUSING CHOICE VOUCHER PROGRAM RULES.

ONE OF EVERY FIVE VOUCHERS ISSUED FROM THE WAITING LIST WILL BE MADE AVAILABLE TO A CHRONICALLY HOMELESS APPLICANT.

HAVING READ THE ABOVE, I/WE HEREBY CERTIFY THAT I/WE **DO** QUALIFY FOR A PREFERENCE FOR (A) PREFERENCE REASON(S) INDICATED ABOVE. I UNDERSTAND THAT I MUST PROVIDE SUPPORTING DOCUMENTATION TO VERIFY MY PREFERENCE CLAIM.

DATE: _____ SIGNATURE: _____
SIGNATURE: _____

HAVING READ THE ABOVE, I/WE HEREBY CERTIFY THAT I/WE **DO NOT** QUALIFY FOR ANY PREFERENCE.

DATE: _____ SIGNATURE: _____
SIGNATURE: _____

EXPLANATION:

1. An applicant is or will be involuntarily displaced if the applicant has vacated or will have to vacate his or her housing unit as a result of one or more of the following.
 - a) You are a victim of a natural disaster as a Stamford resident or
 - b) You are a resident of a unit condemned by the Stamford Health Department.

CHARTER OAK COMMUNITIES

IMPORTANT NOTICE TO APPLICANTS

ACCORDING TO U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT APPLICANTS AND ALL FAMILY MEMBERS MUST PROVIDE COMPLETE AND ACCURATE SOCIAL SECURITY NUMBERS AT ELIGIBILITY DETERMINATION. A VALID SOCIAL SECURITY CARD ISSUED BY THE SOCIAL SECURITY ADMINISTRATION OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES OR OTHER DATA EVIDENCE PROOF OF SOCIAL SECURITY NUMBER MUST BE OBTAINED AS VERIFICATION.

PLEASE BE ADVISED, FAILURE OF ANY INDIVIDUAL TO MAKE THE REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR DENYING ELIGIBILITY OR CONTINUING ELIGIBILITY. INDIVIDUALS WHO ARE UNDER THE AGE OF SIX (6), OR WHO HAVE NOT BEEN ASSIGNED A SOCIAL SECURITY NUMBER, ARE NOT SUBJECT TO THE FINAL RULE DISCLOSURE REQUIREMENTS.

IMPORTANT NOTICE

ACCORDING TO CHARTER OAK COMMUNITIES ADMISSIONS AND CONTINUED OCCUPANCY: IF AN APPLICANT REJECTS AN OFFERED APARTMENT, IT WILL BE COUNTED AS A REFUSAL, THE APPLICATION WILL BE WITHDRAWN, AND THE APPLICANT WILL BE INVITED TO REAPPLY, BUT MAY DO SO ONLY IF THE WAITING LIST IS OPEN AT THAT TIME.

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project:
	Address:
Please complete this application and return to:	Name:
	Address:

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when not applicable.

A. GENERAL INFORMATION

Applicant Name: _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: Studio One BR Two BR Three BR Handicap BR



B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at least 50% of the time? Yes No
 If not, explain custody agreement (proof of custody may be required): _____

1. Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
2. Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
3. Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
4. Are you living with anyone now who will not be moving into this unit with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

5. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):

6. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
11.	Social Security	\$
12.	Social Security	\$
13.	SSI Benefits	\$
14.	SSI Benefits	\$
15.	Pension (list source)	\$
16.	Pension (list source)	\$
17.	Veteran's Benefits (list claim #)	\$
18.	Veteran's Benefits (list claim #)	\$
19.	Unemployment Compensation	\$
20.	Unemployment Compensation	\$
21.	Public Assistance (Title IV/TANF etc.)	\$
22.	Contributions to the Household (monetary or not)	\$
23.	Full-Time Student Income (18 & Over Only)	\$
24.	Financial Aid (excluding loans)	\$
25.	Annuities (list sources)	\$
26.	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
27.	Scheduled Payments from Investments	\$
28.	Retirement Account Payments (including RMDs)	\$
29.	Income From Rental Property	\$

Household Member Name	Source of Income	Monthly Amount
30.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
31.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	



Household Member Name	Source of Income	Monthly Amount
32.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
33.	Previous Employment amount (last 60 days)	\$
	Employer:	
	Position Held	
	How long employed:	
34.	Alimony	
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
35.	Child Support	
	Do you receive formal/informal (money, items, etc.) child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
36.	Other Income	\$
37.	Other Income	\$
38.	Other Income	\$
39. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do NOT leave this blank)		\$
41. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
44. <i>If yes to any of the above, explain:</i>		
45. Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. ASSETS (even if jointly held)

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

46. Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

47. Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$



48. Trust Account	#	Bank	Balance \$	
49. Debit cards not associated with a checking account	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
50. Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
51. Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
52. Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
53. Life Insurance Policy	#		Cash Value \$	
54. Life Insurance Policy	#		Cash Value \$	
55. Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
56. Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
57. Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

58. Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
59. Location of property	
60. Appraised Market Value	\$
61. Mortgage or outstanding loans balance due	\$
62. Amount of annual insurance premium	\$
63. Amount of most recent tax bill	\$
64. Is the property subject to foreclosure, bankruptcy or eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:	

65. Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, Type of property:	
66. Market value when sold/disposed	\$
67. Amount sold/disposed for	\$
68. Date of transaction:	

69. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe the asset:			
70. Date of disposition:			
71. Amount disposed			\$

72. Do you have any other assets not listed above (excluding personal property)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list:			

E. ADDITIONAL INFORMATION

73. Are you or any member of your family currently using an illegal substance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
74. Have you or any member of your family ever been convicted of a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe:			
75. Have you or any member of your family ever been evicted from any housing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe			
76. Have you ever filed for bankruptcy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe			
77. Will you take an apartment when one is available?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Briefly describe your reasons for applying:			

F. REFERENCE INFORMATION

78. Current Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	



79. Prior Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	

80. Credit Reference #1:	
Address:	
Account #:	Phone #:

81. Credit Reference #2:	
Address:	
Account #:	Phone #:

82. Personal Reference #1:	
Address:	
Relationship:	Phone #:

83. Personal Reference #2:	
Address:	
Relationship:	Phone #:

84. Personal Reference #3:	
Address:	
Relationship:	Phone #:

85. In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)			
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.			
86. Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
87. Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
88. Do you own any pets?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>			



H. APPLICATION ASSISTANCE

89. Did anyone help/assist you in filling out this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, who assisted and what was the reason for the assistance:</i>		

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign and date the application.

SIGNATURE(S) (***Must be dated***):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date



EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	Unit ID:	Date:
Applicant/Tenant:	SSN:	

Employer Contact:

Business Name:	Contact Person:
Address:	Phone: Fax:
City: State:	Zip: Email:

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:
 Marya Jackson/ Priscila Hurtado
 Property Admin./ Assistant Property Manager
 Fax: 203-977-1555 | Email: mjackson@charteroakcommunities.org
 Phone: (203) 977-1400 ext. 5500

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please provide an employee pay history report when returning this completed form. Please do not leave blanks.

Employee Name: _____ Job Title: _____

Presently Employed: Yes Date First Employed: ____/____/____ No Last Date of Employment: ____/____/____

Current Wages (check one) Hourly Salary \$ _____ Pay Frequency Weekly Bi-weekly Monthly Semi-monthly Yearly
 Pay Method Cash Check Direct Deposit Other _____

Number of regular hours scheduled per week:
 (If hours vary please list maximum anticipated) _____

Gross Year to Date Pay: \$ _____
 From ____/____/____ Through ____/____/____
 Number of pay periods included in the YTD earnings above: _____
 Gross pay from prior year: \$ _____

Overtime Rate: \$ _____ per hour
 Average number of OT hours per week: _____

Shift Differential Rate: \$ _____ per hour Average number of shift differential hours per week: _____

COMMISSION \$ _____ Weekly Bi-weekly Monthly BONUS: \$ _____ Weekly Bi-weekly Monthly Yearly
 TIPS: \$ _____ Weekly Bi-weekly Monthly OTHER: \$ _____ Semi-monthly Yearly

Did employee receive a raise last year? No Yes If YES, when? _____ If the employee received a raise last year, is there any reason to think this year might be different? _____

List any anticipated change in the employee's rate of pay/hours within the next 12 months: \$ _____ Hours _____; Effective date: ____/____/____

If the employee's work is seasonal or sporadic, please indicate the number of weeks worked: _____

Is employee eligible for unemployment during the layoff? No Yes

Employer Signature	Employer Printed Name & Title	Date
Phone #	Fax #	E-Mail

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

EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	Unit ID:	Date:
Applicant/Tenant:	SSN:	

Employer Contact:

Business Name:	Contact Person:
Address:	Phone: Fax:
City: State:	Zip: Email:

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:
 Marya Jackson/ Priscila Hurtado
 Property Admin./ Assistant Property Manager
 Fax: 203-977-1555 | Email: mjackson@charteroakcommunities.org
 Phone: (203) 977-1400 ext. 5500

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please provide an employee pay history report when returning this completed form. Please do not leave blanks.

Employee Name: _____ Job Title: _____

Presently Employed: Yes Date First Employed: ____/____/____ No Last Date of Employment: ____/____/____

Current Wages (check one) Hourly Salary \$ _____ Pay Frequency Weekly Bi-weekly Monthly Semi-monthly Yearly
 Pay Method Cash Check Direct Deposit Other _____

Number of regular hours scheduled per week:
 (If hours vary please list maximum anticipated) _____

Gross Year to Date Pay: \$ _____
 From ____/____/____ Through ____/____/____
 Number of pay periods included in the YTD earnings above: _____
 Gross pay from prior year: \$ _____

Overtime Rate: \$ _____ per hour
 Average number of OT hours per week: _____

Shift Differential Rate: \$ _____ per hour Average number of shift differential hours per week: _____

COMMISSION \$ _____ Weekly Bi-weekly Monthly BONUS: \$ _____ Weekly Bi-weekly Monthly Yearly
 TIPS: \$ _____ Weekly Bi-weekly Monthly OTHER: \$ _____ Semi-monthly Yearly

Did employee receive a raise last year? No Yes If YES, when? _____ If the employee received a raise last year, is there any reason to think this year might be different? _____

List any anticipated change in the employee's rate of pay/hours within the next 12 months: \$ _____ Hours _____; Effective date: ____/____/____

If the employee's work is seasonal or sporadic, please indicate the number of weeks worked: _____

Is employee eligible for unemployment during the layoff? No Yes

Employer Signature	Employer Printed Name & Title	Date
Phone #	Fax #	E-Mail

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

STAMFORD HOUSING AUTHORITY

d/b/a

CHARTER OAK COMMUNITIES

22 CLINTON AVENUE

STAMFORD, CONNECTICUT 06901

(203) 977-1400

For office use only:

Appl.# _____

Program _____

POLICE RECORD RELEASE WAIVER

DO NOT BRING THIS FORM TO ANY POLICE DEPARTMENT.

PLEASE RETURN THIS FORM TO **CHARTER OAK COMMUNITIES**

PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY

LAST NAME: _____ MAIDEN NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

CURRENT STREET ADDRESS: _____

_____ HOW LONG? _____
CITY STATE ZIP

CURRENT PHONE NUMBERS _____

CHECK BOX BELOW AND LIST INFORMATION ON THE OTHER SIDE IF APPLICABLE:

- KNOWN BY ANY OTHER NAME. IF SO, SEE OTHER SIDE
- ARRESTED IN A CITY OR STATE NOT LISTED ON THIS FORM? (OVER)
- IF YOU DID NOT LIVE AT YOUR PRESENT ADDRESS FOR 10 YEARS, PLEASE LIST ADDITIONAL ADDRESSES ON OTHER SIDE

DO YOU NEED TO ENTER ANY INFORMATION ON THE OTHER SIDE?

I HEREBY **AUTHORIZE THE RELEASE** OF ANY ARREST AND CONVICTION RECORDS THAT MAY EXIST WITH ANY POLICE DEPARTMENT.

I ATTEST THAT I HAVE NOT BEEN ARRESTED IN ANY CITY THAT IS NOT LISTED ON THIS FORM. I ATTEST THAT I HAVE DISCLOSED ALL ADDRESS INFORMATION ON THIS FORM. I AM AWARE THAT MISLEADING INFORMATION IN THIS FORM MAY LEAD TO DENIAL OF MY APPLICATION.

SIGNATURE _____ DATE _____

OTHER NAMES IF APPLICABLE:

LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

PREVIOUS ARREST HISTORY IN OTHER CITIES OR STATES

DATE: _____ CITY STATE

DATE: _____ CITY STATE

DATE: _____ CITY STATE

DATE: _____ CITY STATE

DATE: _____ CITY STATE

PREVIOUS ADDRESSES

PREVIOUS ADDRESS: _____ STREET
CITY STATE ZIP HOW LONG? _____

PREVIOUS ADDRESS: _____ STREET
CITY STATE ZIP HOW LONG? _____

PREVIOUS ADDRESS: _____ STREET
CITY STATE ZIP HOW LONG? _____

STAMFORD HOUSING AUTHORITY

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DO NOT BRING THIS FORM TO ANY POLICE DEPARTMENT.

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PLEASE PRINT CLEARLY **PLEASE PRINT CLEARLY** **PLEASE PRINT CLEARLY**

LAST NAME: _____ MAIDEN NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

CURRENT STREET ADDRESS: _____

_____ HOW LONG? _____
CITY STATE ZIP

CURRENT PHONE NUMBERS _____

CHECK BOX BELOW AND LIST INFORMATION ON THE OTHER SIDE IF APPLICABLE:

- KNOWN BY ANY OTHER NAME. IF SO, SEE OTHER SIDE
- ARRESTED IN A CITY OR STATE NOT LISTED ON THIS FORM? (OVER)
- IF YOU DID NOT LIVE AT YOUR PRESENT ADDRESS FOR 10 YEARS, PLEASE LIST ADDITIONAL ADDRESSES ON OTHER SIDE

DO YOU NEED TO ENTER ANY INFORMATION ON THE OTHER SIDE?

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I ATTEST THAT I HAVE NOT BEEN ARRESTED IN ANY CITY THAT IS NOT LISTED ON THIS FORM. I ATTEST THAT I HAVE DISCLOSED ALL ADDRESS INFORMATION ON THIS FORM. I AM AWARE THAT MISLEADING INFORMATION IN THIS FORM MAY LEAD TO DENIAL OF MY APPLICATION.

SIGNATURE _____ DATE _____

OTHER NAMES IF APPLICABLE:

LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

PREVIOUS ARREST HISTORY IN OTHER CITIES OR STATES

DATE: _____ CITY STATE

DATE: _____ CITY STATE

DATE: _____ CITY STATE

DATE: _____ CITY STATE

DATE: _____ CITY STATE

PREVIOUS ADDRESSES

PREVIOUS ADDRESS: _____
STREET
CITY STATE ZIP HOW LONG? _____

PREVIOUS ADDRESS: _____
STREET
CITY STATE ZIP HOW LONG? _____

PREVIOUS ADDRESS: _____
STREET
CITY STATE ZIP HOW LONG? _____

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
---	---	--

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.

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.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: 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 that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

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. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever 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:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of 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. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

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

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.