



Affordable Housing Rental Application



1510 17th Street • Denver, CO 80202 • www.seniorhousingoptions.org • 303-595-4464 • 1-800-659-2656 TDD

IN ORDER TO APPLY FOR TENANCY, APPLICANTS MUST PROVIDE A COMPLETE APPLICATION AND DOCUMENTATION TO THE SPECIFIC PROPERTIES FOR WHICH THEY WISH TO APPLY. NO CENTRALIZED WAITING LIST IS KEPT AT THE CORPORATE OFFICE LOCATION. [SEE PAGE #7 FOR ADDRESS AND PROPERTY CONTACT INFORMATION].

PLEASE NOTE: INCOMPLETE APPLICATIONS MAY CAUSE AUTOMATIC DENIAL.

APPLICANTS MUST PROVIDE THE FOLLOWING:

- COMPLETE APPLICATION** [Please read the entire application and take time to ensure all areas of the application are completely filled out. HUD regulations require Senior Housing Options to collect information and adequately investigate each item noted. Any incomplete application responses will delay processing and may cause the application to be denied.]
- ORIGINAL SOCIAL SECURITY CARDS FOR ALL FAMILY MEMBERS** [Original Social Security Cards must be provided to Site staff for review and verification. At the time of application, a copy of the original document will be made by Senior Housing Options. Applicant documentation will be maintained in accordance with relevant HUD regulations and Federal privacy legislation.]
- BIRTH CERTIFICATES OR OTHER IMMIGRATION DOCUMENTATION FOR ALL FAMILY MEMBERS** [Original Birth Certificates or other immigration documentation must be provided to Site staff for review and verification. Only U.S. citizens or eligible noncitizens may receive assistance under applicable HUD programs. For more information, request assistance from Site staff.]
- CURRENT DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED IDENTIFICATION** [Original Documents must be provided to Site staff for review and verification for all persons 18 years of age and older. At the time of application, a copy of original documents will be made by Senior Housing Options. Applicant documentation will be maintained in accordance with relevant HUD regulations and Federal privacy legislation.]
- SIGNED CONSENT FORMS/RELEASE OF INFORMATION** [Several documents attached to the application packet require applicants to sign release of information statements. Any incomplete release of information statements will delay processing and may cause the application to be denied.]



[If you need assistance in order to complete this application, Senior Housing Options (SHO) will provide appropriate aids such as readers or print magnifiers. Upon request, SHO will make copies of this notice available in large print, electronic or other format.]



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FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

POSTAL CODE: _____ HOME/CELL PHONE NUMBER: (____) ____ - ____ OTHER PHONE NUMBER: (____) ____ - ____

HOW DID YOU HEAR ABOUT SENIOR HOUSING OPTIONS? _____

Please list each person that will reside in the unit [if accepted]. Begin with the Head-of-Household:

LAST NAME	FIRST NAME	RELATIONSHIP	SEX	DATE OF BIRTH	COUNTRY OF CITIZENSHIP	SOCIAL SECURITY NUMBER
		Head-of-Household	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		- -
			<input type="checkbox"/> M <input type="checkbox"/> F	/ /		- -
			<input type="checkbox"/> M <input type="checkbox"/> F	/ /		- -

PLEASE DISCLOSE ALL HOUSEHOLD MEMBERS. USE ADDITIONAL SHEETS IF NECESSARY

DOES ANYONE CURRENTLY LIVE WITH YOU, THAT IS NOT LISTED ABOVE? YES NO

IF YES, PLEASE EXPLAIN: _____

Federally subsidized properties provide certain income deductions for those households where qualifying members are 62 years of age or older AND/OR individuals with a disability [per HUD definition & subject to verification].

· ARE YOU OR A QUALIFYING HOUSEHOLD MEMBER 62 YEARS OR AGE OR OLDER? YES NO

· DO YOU OR A QUALIFYING HOUSEHOLD MEMBER MEET THE DEFINITION OF A PERSON WITH A DISABILITY? YES NO

· DO YOU PAY FOR A CARE ATTENDANT OR FOR ANY EQUIPMENT FOR ANY DISABLED HOUSEHOLD MEMBER(S) NECESSARY TO PERMIT THAT PERSON OR SOMEONE ELSE IN THE HOUSEHOLD TO WORK? YES NO

IF YES, PLEASE EXPLAIN: _____



Affirmative obligations to make programs accessible to persons with disabilities are imposed on Owners that receive Federal financial assistance. When requested, structural modifications to dwelling units and common areas may be provided [at no cost] as a reasonable accommodation to tenants or applicants with a disability. DO YOU OR ANY HOUSEHOLD MEMBER REQUIRE ANY REASONABLE ACCOMMODATIONS IN ORDER TO FULLY UTILIZE A DWELLING UNIT/COMMON AREA? YES NO
 IF YES, PLEASE EXPLAIN: _____

DO YOU OR A QUALIFYING HOUSEHOLD MEMBER REQUIRE ANY OF THE FOLLOWING?

- A GROUND FLOOR, MOBILITY ACCESSIBLE OR 'BARRIER-FREE' DWELLING UNIT? YES NO
- A DWELLING UNIT MODIFIED FOR THE BENEFIT OF AN INDIVIDUAL WITH A VISION IMPAIRMENT OR BLINDNESS? YES NO
- A DWELLING UNIT MODIFIED FOR THE BENEFIT OF AN INDIVIDUAL WITH A HEARING IMPAIRMENT OR DEAFNESS? YES NO

PLEASE IDENTIFY ANY OTHER SPECIAL HOUSING NEEDS THAT YOU OR ANY HOUSEHOLD MEMBER REQUIRE? _____

Citizenship:

ARE ALL HOUSEHOLD MEMBERS U.S. CITIZENS, U.S. NATIONALS OR NONCITIZENS WITH ELIGIBLE IMMIGRATION STATUS? YES NO
 IF NO, PLEASE EXPLAIN: _____

Asset Information: Please identify any assets held by any member of the household. This includes all cash, checking & savings accounts, IRA's, Keogh Accounts, Certificates of Deposits and the value of all stocks, bonds, trusts or other assets of all household members.

OWNER OF ACCOUNT	NAME & ADDRESS OF FINANCIAL INSTITUTION	ACCOUNT NUMBER	BALANCE INFORMATION
Is this asset held jointly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Address:		\$
Is this asset held jointly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Address:		\$
Is this asset held jointly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Address:		\$
Is this asset held jointly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Address:		\$

PLEASE DISCLOSE ALL ASSETS. USE ADDITIONAL SHEETS IF NECESSARY

DO YOU OR ANY HOUSEHOLD MEMBER OWN A HOME, CONDO, TRAILER OR OTHER REAL ESTATE? YES NO
 IF YES, PLEASE EXPLAIN: _____

HAVE YOU OR ANY HOUSEHOLD MEMBER SOLD OR GIVEN AWAY ANY REAL PROPERTY OR OTHER ASSET DURING THE PAST TWO (2) YEARS FOR LESS THAN FAIR MARKET VALUE? YES NO
 IF YES, WHAT WAS DISPOSED OF? _____

Income Information: List income for all household members. This includes Social Security, pensions, employment, public assistance, disability compensation, SSI, unemployment compensation, alimony, child support, worker's compensation, disability compensation, the portion of educational grants and scholarships allotted for subsistence, income from rental property and any other income received by the household, whether monetary or nonmonetary.



INDIVIDUAL	SOURCE OF INCOME & ADDRESS	MONTHLY AMOUNT
	Source of Income: Address:	\$
	Source of Income: Address:	\$
	Source of Income: Address:	\$
	Source of Income: Address:	\$

PLEASE DISCLOSE ALL INCOME INFORMATION. USE ADDITIONAL SHEETS IF NECESSARY

ARE ANY HOUSEHOLD MEMBERS CURRENTLY WORKING / EMPLOYED?

YES NO

IF YES, PROVIDE THE NAME OF COMPANY OR EMPLOYER: _____

CONTACT PERSON: _____

PHONE NUMBER: (____) ____ - ____

Medical Expenses: Please list medical expenses paid out-of-pocket by household members; include prescriptions, over-the-counter items prescribed by a doctor, doctor & dental co-pays, premiums paid for medical insurance and Medicare:

TYPE OR MEDICAL EXPENSE ITEM	NAME & ADDRESS OF EXPENSE [WHERE PAYMENT IS SENT]	AMOUNT PAID MONTHLY
	Name of Company Paid: Address:	\$
	Name of Company Paid: Address:	\$
	Name of Company Paid: Address:	\$
	Name of Company Paid: Address:	\$

PLEASE DISCLOSE ALL EXPENSES. USE ADDITIONAL SHEETS IF NECESSARY

Rental History: Please complete the following rental history. Start with your current or most recent address and include all the places where you lived during the last five (5) years. Include all records whether or not you were actually listed on the lease and/or where you lived under a different name.

CURRENT ADDRESS	PROPERTY OR FACILITY NAME	LANDLORD NAME	LANDLORD PHONE NUMBER	LANDLORD MAILING ADDRESS
			(____) ____ - ____	
	PROPERTY OR FACILITY STREET ADDRESS	CITY, STATE & ZIP CODE	MONTHLY RENT AMT.	MONTHLY UTILITIES COST
			\$	\$
	LIST HOUSEHOLD MEMBERS	MOVE-IN DATE	MOVE-OUT DATE	SECURITY DEPOSIT AMOUNT
	/ /	/ /	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

ARE YOU CURRENTLY BEING EVICTED? YES NO IF YES, PLEASE EXPLAIN: _____



2 ND MOST RECENT ADDRESS	PROPERTY OR FACILITY NAME	LANDLORD NAME	LANDLORD PHONE NUMBER	LANDLORD MAILING ADDRESS
	PROPERTY OR FACILITY STREET ADDRESS		CITY, STATE & ZIP CODE	MONTHLY RENT AMT.
	LIST HOUSEHOLD MEMBERS	MOVE-IN DATE	MOVE-OUT DATE	SECURITY DEPOSIT AMOUNT
				DID YOU HAVE A LEASE?
		() -		
			\$	\$
	/ /	/ /	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

3 RD MOST RECENT ADDRESS	PROPERTY OR FACILITY NAME	LANDLORD NAME	LANDLORD PHONE NUMBER	LANDLORD MAILING ADDRESS
	PROPERTY OR FACILITY STREET ADDRESS		CITY, STATE & ZIP CODE	MONTHLY RENT AMT.
	LIST HOUSEHOLD MEMBERS	MOVE-IN DATE	MOVE-OUT DATE	SECURITY DEPOSIT AMOUNT
				DID YOU HAVE A LEASE?
		() -		
			\$	\$
	/ /	/ /	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

Background Information: The following questions pertain to the **head-of-household and all household members.**

Answer and provide a written response to each question if applicable.

HAVE YOU OR ANY HOUSEHOLD MEMBER EVER USED A DIFFERENT NAME(S)? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU OR ANY HOUSEHOLD MEMBER EVER BEEN EVICTED FROM RENTAL PROPERTY? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU OR ANY HOUSEHOLD MEMBER EVER LIVED IN A RENTAL PROPERTY THAT WAS DESTROYED OR DAMAGED BY FIRE? YES NO

IF YES, PLEASE EXPLAIN: _____

DO YOU OR ANYONE IN YOUR HOUSEHOLD CURRENTLY USE ANY ILLEGAL DRUG(S) OR ILLEGAL CONTROLLED SUBSTANCES? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU OR ANY HOUSEHOLD MEMBER EVER ENGAGED IN DRUG-RELATED CRIMINAL ACTIVITY, SUCH AS: USE, POSSESSION, DISTRIBUTION, TRAFFICKING OR MANUFACTURE OF ANY ILLEGAL DRUG OR ILLEGAL CONTROLLED SUBSTANCES? YES NO

IF YES, PLEASE EXPLAIN: _____

ARE YOU OR ANYONE IN YOUR HOUSEHOLD SUBJECT TO A STATE LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU OR ANY HOUSEHOLD MEMBER EVER BEEN INVOLVED IN CRIMINAL ACTIVITY THAT POSED A THREAT TO THE HEALTH, SAFETY, OR WELFARE OF OTHERS? YES NO

IF YES, PLEASE EXPLAIN: _____



HAVE YOU OR ANY HOUSEHOLD MEMBER BEEN CONVICTED OF A FELONIOUS CRIME DURING THE LAST 10 YEARS? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU OR ANY HOUSEHOLD MEMBER BEEN CONVICTED OF ANY CRIME DURING THE LAST 10 YEARS? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU OR ANY HOUSEHOLD MEMBER, DURING THE LAST 10 YEARS, RESIDED IN ANY STATE OTHER THAN COLORADO? YES NO

IF YES, PLEASE EXPLAIN: _____

Higher Education Student Status: The following question(s) apply to the head of household.

ARE YOU CURRENTLY ENROLLED AS EITHER A PART-TIME OR FULL-TIME STUDENT AT AN INSTITUTION OF HIGHER EDUCATION FOR THE PURPOSE OF OBTAINING A DEGREE, CERTIFICATE OR OTHER PROGRAM LEADING TO A RECOGNIZED EDUCATIONAL CREDENTIAL? YES NO

If you answered yes above, please respond the following questions:

· ARE YOU OVER THE AGE OF 24? YES NO

· ARE YOU MARRIED? YES NO

· ARE YOU A VETERAN OF THE UNITED STATES MILITARY? YES NO

· DO YOU HAVE A DEPENDENT CHILD [OR CHILDREN]? YES NO

Applicant Certification: I/we certify and attest that all information given in this application, attachments or submissions to Senior Housing Options is true, accurate and complete. I/we understand that if any information is false, misleading or incomplete, management may decline this application or, if move-in has occurred, terminate the lease.

I/we authorize management to make any and all inquiries to verify information and to contact previous and current landlords or other sources for verification of information provided in this application. If my/our application is approved and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment.

I/we agree to notify the Senior House Options, Inc. in writing of any changes in household address, phone numbers, income, assets and/or household composition. I/we have read, and understand the information in this application. I/we understand that applicants accepted for housing at a Senior Housing Options property cannot maintain a secondary residence elsewhere.

I/we have been informed that the Tenant Selection Plan, which describes the procedures for processing application, is available for review in the property management office or at the corporate office identified on the first page of this application.

SIGNATURE OF HEAD-OF-HOUSEHOLD: _____ DATE: ____/____/____

SIGNATURE OF OTHER HOUSEHOLD MEMBER: _____ DATE: ____/____/____

Senior Housing Options, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). [Senior Housing Options, Teri Whelan, 1510 17th Street, Denver, CO 80202 303-595-4464, 1-800-659-2656 TDD].





Note to Applicant: This page lists the contact information for each property in the SHO Affordable Apartment Living portfolio. Individual waiting lists are maintained for each property as identified below. No centralized waiting list is kept at the corporate office location. In order to apply for tenancy, applicants must provide a complete application to the specific properties for which they wish to apply. Persons with disabilities have the right to request reasonable accommodations of the Owner, Senior Housing Options, Inc. in order to participate in the application and Tenant Selection process.

ASSISTANCE IS AVAILABLE FROM RELAY COLORADO FOR ALL SENIOR HOUSING OPTIONS PROGRAMS AND SERVICES BY CONTACTING: **1-800-659-2656 TELEBRILLE** · **1-800-659-2659 TTY [7-1-1 IN METRO DENVER]**



THE DECATUR APTS: 1915 South Decatur Street, Denver CO 80219
303-934-2151 303-936-9655 FAX

SEPTEMBER HOUSE APTS: 1935 West 46th Avenue, Denver CO 80211
303-934-2151 303-936-9655 FAX

DECATUR & SEPTEMBER HOUSE OFFICE IS LOCATED AT 1915 S. DECATUR ST., DENVER CO
[NOTE: PROPERTIES OFFER SPECIAL PROGRAMS FOR PERSONS WITH CHRONIC MENTAL ILLNESS]



EMERSON GARDENS: 940 Emerson Street, Denver CO 80218
303-839-5647 303-813-1634 FAX

SERVICIOS HOUSING: 1935 West 46th Avenue, Denver CO 80211
303-839-5647 303-813-1634 FAX

EMERSON GARDENS & SERVICIOS OFFICE IS LOCATED AT 940 EMERSON STREET, DENVER CO



GRAND LIVING HOMES: PO Box 924, Grandby CO 80446
970-887-3122 PHONE/FAX

GRAND LIVING SENIOR HOMES OFFICE IS LOCATED AT 925 E. AGATE AVENUE, GRANDBY CO



SILVER SPRUCE APTS.: PO Box 668, Kremming CO 80459
970-724-3240 PHONE/FAX

SILVER SPRUCE APARTMENTS OFFICE IS LOCATED AT 106 S. 6TH STREET, KREMMLING CO



OLIN HOTEL APTS.: 1420 Logan Street, Denver CO 80203
303-861-8052 303-832-2031 FAX

THE OLIN HOTEL APARTMENTS OFFICE IS LOCATED AT 1420 LOGAN STREET, DENVER CO

RECEIPT CERTIFICATION: THIS APPLICATION WAS RECEIVED BY SENIOR HOUSING OPTIONS, INC. AT THE DATE AND TIME INDICATED BELOW.

DATE: ____ / ____ / ____ TIME: ____ : ____ AM PM SIGNATURE OF SHO REPRESENTATIVE: _____

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.



OWNER/FAMILY SUMMARY SHEET

INSTRUCTIONS: Please list each person that will reside in the unit [if accepted]. Begin with the Head-of-Household. Applicant household should complete only those sections which are covered under "FAMILY SUMMARY" – Senior Housing Options will complete columns marked "OWNER SUMMARY".

FAMILY SUMMARY						OWNER SUMMARY – FOR OFFICE USE ONLY				
MEMBER NUMBER	LAST NAME OF FAMILY MEMBER	FIRST NAME OF FAMILY MEMBER	RELATIONSHIP TO HEAD-OF-HOUSEHOLD	SEX	DATE OF BIRTH	ELIGIBILITY DECLARATION				
						Block 1	Block 2	Block 3	Date Verified	Block 4
Head			Self	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>
2				<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>
3				<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>
4				<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>
5				<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>
6				<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>

SIGNATURE OF HEAD OF HOUSEHOLD: _____

DATE: ____/____/____

VERIFIED BY SHO REPRESENTATIVE: _____

DATE: ____/____/____

[PRINT OR TYPE FIRST AND LAST NAME]

Senior Housing Options, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). [Senior Housing Options, Teri Whelan, 1510 17th Street, Denver, CO 80202 303-595-4464, 1-800-659-2656 TDD].

DECLARATION LEGEND			
<input checked="" type="checkbox"/> Block 1: U.S. Citizen or National	<input checked="" type="checkbox"/> Block 2: Non-Citizen [62 years or age or older]	<input checked="" type="checkbox"/> Block 3: All other Noncitizens	<input checked="" type="checkbox"/> Block 4: Not Contending Eligibility

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

Notice and Consent for the Release of Information

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

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

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

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

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.



CITIZENSHIP DECLARATION

INSTRUCTIONS: Complete a separate Declaration of Citizenship for each household member listed on the Owner/Family Summary Sheet.

LAST NAME: _____ **FIRST NAME:** _____

RELATIONSHIP TO HEAD-OF-HOUSEHOLD: _____ **SEX:** Male Female **DATE OF BIRTH:** ____/____/____

SOCIAL SECURITY NUMBER: ____ - ____ - ____ **ALIEN REGISTRATION NUMBER:** ____ - ____ - ____

ADMISSION NUMBER: _____ [If applicable, this 11-digit number can be found on DHS Form I-94, *Departure Record*]

NATIONALITY: _____ **SAVE VERIFICATION NO:** _____
[ENTER THE FOREIGN NATION OR COUNTRY TO WHICH YOU OWE LEGAL ALLEGIANCE. THIS IS NORMALLY BUT NOT ALWAYS THE COUNTRY OF BIRTH.] [TO BE ENTERED BY OWNER IF AND WHEN RECEIVED]

Please complete the Declaration below by printing or by typing the person's first name, middle initial and last name in the space provided. Next, review the blocks shown below and complete either block number 1, 2, or 4:

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.

Sign and date below and return to the name and address specified in the attached documentation. If this block is checked on behalf of a child, the adult who will reside 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]

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

If this block is checked, sign and date below and submit the documentation as identified below 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 who is 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]



CRIMINAL RECORDS CHECK DISCLOSURE AND CONSENT FORM



SCREENING FOR DRUG ABUSE AND OTHER CRIMINAL ACTIVITY – A criminal records search and a registered sex offender search will be conducted on each adult applicant who is 18 years of age or older in the state of Colorado and in other states where the household members are known to have resided. In accordance with Notice H 2002-22 and the Federal Register, Vol. No. 66, No. 101 on May 24, 2001 effective June 25, 2001 regarding the requirements mandating Screening and Eviction for Drug Abuse and Other Criminal Activity, the following screening and continued stay criteria will be in place to ensure compliance with the Federal Register.

- 1.) A criminal records check through Colorado Bureau of Investigation will be conducted on all Applicants for housing at any Senior Housing Options managed building. This includes applicants who state on their applications that they do not have criminal record.
- 2.) If a criminal records check reveals that an Applicant has a criminal record and the Applicant failed to indicate the presence of the criminal record on his or her application, then the Applicant's application for housing will be denied on the basis that the Applicant failed to be truthful when filling out the applications.
- 3.) If criminal records check reveals that an Applicant has a criminal record of any of the following, the Applicant's application for housing will be denied:
 - a.) Any household containing a member(s) who was evicted in the last five (5) years from federally assisted housing for any reason.
 - b.) A household in which any member is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents;
 - c.) Any household member who is subject to a state sex offender lifetime registration requirement. National sex offender registry search is conducted on all applicants;
 - d.) Any household member if there is reasonable cause to believe that member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents. The screening standards will be based on behavior, not the condition of alcoholism or alcohol abuse;
 - e.) Any record of criminal history or violent criminal history for ten (10) years preceding the date of application including but not limited to charges and/or convictions, felonies and/or misdemeanors against other persons, property.
 - f.) Conviction (at any time) for a felony involving violent physical actions on the part of the Applicant or household member.
 - g.) Three (3) or more convictions on misdemeanor charges within the last two (2) years of the applicant or household member.
 - h.) Any record of fraudulent behavior for five (5) years preceding the date of application while receiving housing assistance or public assistance of any kind. Applicant may have no record of housing related judgments including but not limited to unlawful detainers, conciliation court actions brought by a previous Landlord or damages or unpaid rent, and or foreclosures.
 - i.) The applicant household may be allowed residency if the conviction results in jail/prison time requirement is satisfied at least 5 years prior to the application decision, or if the conviction results in parole/probation requirement that is satisfied at least 5 years prior to the admission decision.
 - j.) If the Applicant has resided in Colorado for less than five (5) years, out of state criminal background checks will be made for the last 10 years as available from prior state(s) of residency.

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005 – VAWA PROTECTIONS: The property will 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. The property will 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.

The property will 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.

I acknowledge that a telephonic facsimile (FAX) or photographic copy of this document shall be as valid as the original. This release enables most federal, state and county agencies to permit information about me to be released. I hereby authorize, without reservation, any law enforcement agency, institution, or information service bureau contacted by Senior Housing Options or its representative to furnish the information.

APPLICANT SIGNATURE (REQUIRED): _____ DATE: ____ / ____ / ____
PRINTED APPLICANT NAME (REQUIRED): _____ DATE OF BIRTH (REQUIRED): ____ / ____ / ____
SOCIAL SECURITY NUMBER: ____ - ____ - ____ HOME/CELL PHONE NUMBER: (____) ____ - ____ SEX: Male Female
STREET ADDRESS (DO NOT PROVIDE A POST OFFICE BOX): _____
CITY: _____ STATE: ____ POSTAL CODE: _____ DATES OF RESIDENCE: ____ / ____ TO ____ / ____
[MONTH] [YEAR] [MONTH] [YEAR]

IF YOU HAVE LIVED OUTSIDE THE STATE OF COLORADO DURING THE PAST 5 YEARS YOU MUST PROVIDE YOUR OUT-OF-STATE ADDRESS(ES) TO MEET VERIFICATION REQUIREMENTS:

STREET ADDRESS (DO NOT PROVIDE A POST OFFICE BOX): _____
CITY: _____ STATE: ____ POSTAL CODE: _____ DATES OF RESIDENCE: ____ / ____ TO ____ / ____
[MONTH] [YEAR] [MONTH] [YEAR]
COUNTY: _____
STREET ADDRESS (DO NOT PROVIDE A POST OFFICE BOX): _____
CITY: _____ STATE: ____ POSTAL CODE: _____ DATES OF RESIDENCE: ____ / ____ TO ____ / ____
[MONTH] [YEAR] [MONTH] [YEAR]
COUNTY: _____

Senior Housing Options, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). [Senior Housing Options, Teri Whelan, 1510 17th Street, Denver, CO 80202 303-595-4464, 1-800-659-2656 TDD].



Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 03/31/2014)

Name of Property **Project No.** **Address of Property**

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.



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



LANDLORD VERIFICATION FORM



DATE: ____/____/____

LANDLORD NAME: _____

FROM: _____

RESPONSIBLE PARTY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE & POSTAL CODE: _____

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

SUBJECT: **Landlord Verification**

NAME: _____

ADDRESS: _____

The individual listed immediately above has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown above.

DATES OF RESIDENCE: ____/____ TO ____/____
[MONTH] [YEAR] [MONTH] [YEAR]

CURRENT LANDLORD

PREVIOUS LANDLORD

OTHER

ARE YOU A RELATIVE OR FRIEND OF THE APPLICANT?

YES NO

IF YES, PLEASE DESCRIBE RELATIONSHIP: _____

DOES THE APPLICANT HAVE A LEASE?

YES NO

Rent Payment

1.) AMOUNT OF RENT \$ _____

MONTHLY

WEEKLY

BIWEEKLY

DAILY

2.) DOES (DID) APPLICANT PAY RENT ON TIME?

YES NO

3.) HAS (HAD) HE/SHE EVER PAID LATE?

YES NO

IF YES, HOW LATE? _____ HOW OFTEN? _____

4.) HAVE (HAD) YOU EVER BEGUN OR COMPLETED AN EVICTION PROCEEDING FOR NON-PAYMENT OF RENT?

YES NO

5.) DO YOU PROVIDE ANY UTILITIES FOR THE UNIT?

YES NO

6.) HAVE TENANT-PAID UTILITIES EVER BEEN DISCONNECTED?

YES NO

Caring for the Unit

7.) DOES (DID) THE APPLICANT KEEP THE UNIT CLEAN, SAFE AND SANITARY?

YES NO

8.) HAS (HAD) THE APPLICANT DAMAGED THE UNIT?

YES NO

IF YES, PLEASE DESCRIBE: _____

COST OF REPAIRS \$ _____ HOW OFTEN? _____

- 9.) HAS (HAD) THE APPLICANT PAID FOR THE DAMAGE? YES NO
 10.) WILL (DID) YOU KEEP ANY OF THE DEPOSIT? YES NO
 11.) DID THE APPLICANT HAVE PROBLEMS WITH INSECT/RODENT INFESTATION? YES NO
 12.) DID THE APPLICANT'S HOUSEKEEPING CONTRIBUTE TO INFESTATION? YES NO

General

- 13.) IS (WAS) THE APPLICANT LISTED ON THE LEASE FOR UNIT? YES NO
 14.) DOES (DID) THE APPLICANT PERMIT PERSONS OTHER THAN THOSE ON THE LEASE TO LIVE IN THE UNIT ON A REGULAR BASIS? YES NO
 15.) HAS (HAD) THE APPLICANT, FAMILY MEMBERS OR VISITORS DAMAGED OR VANDALIZED THE COMMON AREAS? YES NO
 16.) DOES (DID) THE APPLICANT, FAMILY MEMBERS OR VISITORS CREATE ANY PHYSICAL HAZARDS TO THE PROJECT OR OTHERS? YES NO
 17.) DOES (DID) THE APPLICANT, FAMILY MEMBERS OR VISITORS INTERFERE WITH OR BOTHER OTHER RESIDENTS? YES NO
 18.) HAVE THE APPLICANTS, FAMILY MEMBERS OR VISITORS ENGAGED IN ANY CRIMINAL ACTIVITY, INCLUDING DRUG-RELATED ACTIVITY, IN THE UNIT OR BUILDING? YES NO
 IF YES, PLEASE DESCRIBE: _____
 19.) HAS (HAD) THE APPLICANT, FAMILY MEMBERS OR VISITORS ACTED IN A PHYSICALLY VIOLENT AND/OR VERBALLY ABUSIVE MANNER TOWARD NEIGHBORS, LANDLORD OR STAFF? YES NO
 20.) WOULD YOU RE-ADMIT THIS APPLICANT? YES NO
 21.) DO YOU HAVE ANY ADDITIONAL COMMENTS ABOUT THE APPLICANT? _____

FIRM/ORGANIZATION: _____

DATE: ____ / ____ / ____

NAME OF PERSON SUPPLYING INFORMATION: _____

TITLE OF PERSON SUPPLYING INFORMATION: _____

SIGNATURE: _____

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

SIGNATURE: _____

DATE: ____ / ____ / ____

NOTE TO APPLICANT/TENANT: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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

