



# Affordable Housing Rental Application



1510 17th Street · Denver, CO 80202 · [www.seniorhousingoptions.org](http://www.seniorhousingoptions.org) · 303-595-4464 · 1-800-659-2656 TDD

**\*\*APPLICANTS MUST PROVIDE ONE COMPLETE APPLICATION for SENIOR HOUSING OPTIONS AND INDICATE WHICH PROPERTIES FOR WHICH THEY WISH TO APPLY.**

**BY SUBMITTING ONE COMPLETE APPLICATION TO ANY ONE OF THE PROPERTY LOCATIONS LISTED ABOVE OR TO THE CORPORATE OFFICE – APPLICANTS CAN BE ADDED TO MULTIPLE PROPERTY WAIT LISTS.**

**PLEASE NOTE: INCOMPLETE APPLICATIONS WILL CAUSE AUTOMATIC DENIAL or A DELAY IN APPLICATION. Citizenship Declaration is also attached and must be completed/signed/dated.**

ORIGINAL SOCIAL SECURITY CARDS, BIRTH CERTIFICATES, OR OTHER IMMIGRATION DOCUMENTS FOR ALL FAMILY MEMBERS MEMBER'S WILL BE **REQUIRED WHEN APPLICANTS NAME REACHES THE TOP OF THE LIST.** (Only U.S. citizens or eligible non-citizens may receive assistance under applicable HUD programs) For more information, request assistance from Site staff.

CURRENT DRIVER'S 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 your name reaches the top of the waitlist, 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]

SIGNED CONSENT FORMS/RELEASE OF INFORMATION [Several documents attached to the application packet require applicants to sign release of information statements. Individual releases must be completed by each household member 18 years of age and older. Make additional copies if necessary. **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. ]**



**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. In order to apply for tenancy, applicants must provide one complete application to Senior Housing Options and indicate which properties for which they wish to apply. Persons with disabilities have the right to request reasonable accommodations of the Owner/Agent, Senior Housing Options, Inc. in order to participate in the application and Tenant Selection process. (Tenant Selection Plan is available upon request.)

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



Mail applications to: 940 Emerson Street Denver CO 80218

**THE DECATUR APTS:** 1915 South Decatur Street, Denver CO 80219  
 PH 303-839-5647 Fax 303-813-1634

**OPEN WAITLIST** (Two Bedroom Apartments/ Head of Household must be 62 or older)  
Must apply with two member household or Reasonable Accommodation for 2nd room

**SEPTEMBER HOUSE APTS:** located at 1111 S Zuni, Denver CO 80223  
 PH 303-839-5647 Fax 303-813-1634

**OPEN WAITLIST** (Two Bedroom Apartments/ Head of Household must be 62 or older)  
Must apply with two member household or Reasonable Accommodation for 2nd room



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

**Waitlist CLOSED as of 7/1/2020**

**One Bedroom Apartments- Elderly 62 years old or older**

(A notification on our website will be posted when the wait list is open)



**OLIN HOTEL APTS.:** 1420 Logan Street, Denver CO 80203 PH  
 office: 303-861-8052 Fax 720- 523-9000

**WAIT LIST open on 11/1/2020**

(Efficiency and one bedroom apartments-Elderly-62 year's old and Disabled- with elderly preference)

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

**Please CHECK the property or properties that you are applying for above.**



# \*AFFORDABLE HOUSING RENTAL APPLICATION

**FOR SENIOR HOUSING OPTIONS OFFICE USE ONLY:**

Date/Time Stamp/SHO Staff Initials

**\*Applicants Must Select a Property or Properties Applying for-on Page 2.**

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip CODE: \_\_\_\_\_

Message PH NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell PH NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

HOW DID YOU HEAR ABOUT SENIOR HOUSING OPTIONS? \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*Current Living situation: Section 8 \_\_\_ Assisted Living \_\_\_ Rehab \_\_\_ Homeless \_\_\_ Live with family \_\_\_**

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

LAST NAME	FIRST NAME	RELATIONSHIP	Gender	DATE OF BIRTH	COUNTRY OF CITIZENSHIP	SOCIAL SECURITY NUMBER	Disabled Yes/No
		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	/ /		- -	

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

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU BEEN DISPLACED BY GOVERNMENT ACTION OR A PRESIDENTIALLY DECLARED DISASTER?  YES  NO

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 applicable federal 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: \_\_\_\_\_

Revised 2.2019jw



Affirmative obligations to make programs accessible to persons with disabilities are imposed on Owners that receive Federal financial assistance. When requested, 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?

- AN ACCESSIBLE DWELLING UNIT MODIFIED FOR THE BENEFIT OF AN INDIVIDUAL WITH A MOBILITY IMPAIRMENT?  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(S) 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:		\$

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 non-monetary.

INDIVIDUAL	SOURCE OF INCOME & ADDRESS	MONTHLY AMOUNT
	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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**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 two (2) 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 BEING CURRENTLY BEING EVICTED?  YES  NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

2 <sup>ND</sup> 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.	MONTHLY UTILITIES COST
			\$	\$
	LIST HOUSEHOLD MEMBERS	MOVE-IN DATE	MOVE-OUT DATE	SECURITY DEPOSIT AMOUNT
	/ /	/ /	\$	<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 BEEN *CONVICTED* OF 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 ANY STATE LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU OR ANY HOUSEHOLD MEMBER EVER BEEN CONVICTED OF A CRIME THAT POSED A THREAT TO THE HEALTH, SAFETY, OR the WELFARE OF OTHERS?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU OR ANY HOUSEHOLD MEMBER BEEN CONVICTED OF ANY **FELONIOUS CRIME** DURING THE LAST 15 YEARS?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU OR ANY HOUSEHOLD MEMBER BEEN CONVICTED OF **ANY CRIME** DURING THE LAST 7 YEARS?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU OR ANY HOUSEHOLD MEMBER, RESIDED IN ANY STATE OTHER THAN COLORADO?  YES  NO

IF YES, PLEASE LIST: \_\_\_\_\_

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

IF YES, PLEASE LIST: \_\_\_\_\_

**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 CERTIFICATE, DEGREE OR OTHER PROGRAM LEADING TO RECOGNIZED 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.

**Applicant Authorization:** 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. **This includes, but not limited to authorization to obtain criminal background and/or credit information on the basis of qualifying for housing under the Resident Selection Plan for Senior Housing Options.** 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.

**Applicant Agreement:** 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 Resident Selection Plan, which describes the procedures for processing application, is available for review in each property management office or at the corporate office location upon request.

SIGNATURE OF HEAD-OF-HOUSEHOLD:            X \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_\_\_

SIGNATURE OF OTHER HOUSEHOLD MEMBER:    X \_\_\_\_\_ 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,- 1510 17th Street, Denver, CO 80202 303-595-4464, 1-800-659- 2656 TDD].*

*"This institution is an equal opportunity provider, and employer."*



**Race and Ethnic Data Reporting Form**U.S. Department of Housing and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

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

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**Name of Owner/Managing Agent**    **Type of Assistance or Program Title:**

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**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.**

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**Signature**

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**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.

# **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.

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## 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)

<p>HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):</p> <p>US Dept. of HUD Denver Multifamily HUB 1670 Broadway Denver CO 80202-4801</p>	<p>O/A requesting release of information (Owner should provide the full name and address of the Owner.):</p> <p>Senior Housing Options Inc. 1510 17<sup>th</sup> Street Denver CO 80202</p>	<p>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.):</p> <p>CHFA 1981 Blake Street Denver, CO 80202</p>
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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 18and Over	Date
_____	_____	_____	_____
Spouse	Date	Other Family Members 18and Over	Date
_____	_____	_____	_____
Other Family Members 18and Over	Date	Other Family Members 18and Over	Date
_____	_____	_____	_____
Other Family Members 18and Over	Date	Other Family Members 18and 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  
Instructions to Owners

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

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

**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.

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.

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

<b>Signature of Applicant</b>	<b>Date</b>

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 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.





**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:** \_\_\_\_\_

**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]

