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Prior to starting your application, take a moment to carefully read through the required items below. **If your application is incomplete or any of these required items are missing, IT WILL NOT BE PROCESSED.**

- Please write the **specific property/properties** you would like to apply for. Do not write “All”.
- You **must include** a copy of each household member’s Social Security card; or something legal with the full number on it.
- All household members over the age of 18 must report all asset and income information.
- When completing the income portion, be sure to report all gross weekly or monthly income (before taxes or deductions).
- All household members over the age of 18 must sign and date the application and all forms with the application.
- You **must provide** complete landlord contact information (full name, mailing address, and phone number; email, and/or fax if available to expedite your application).
  - o If you do not have any rental history, please visit our website to print a Co-Signer Application.  
www.hodgescompanies.com → Apartment Communities → Affordable Housing → scroll to the bottom of the page where you will find our Co-Signer Application. Anyone over the age of 18 can apply to be a co-signer **unless** they are already on a current lease with Hodges.

If you have any questions, please feel free to contact our office. Thank you.



**Courtyard Apartments  
Resident Selection Plan  
March 2023**

Thank you for your interest in an apartment at Courtyard Apartments in Manchester, New Hampshire. **Applicants must be physically disabled to qualify.**

Enclosed you will find your application package. Please complete all documents entirely. Return all "OFFICE COPY" documents **along with copies of the social security cards for each person who will reside in the apartment, or another legal document with the number on it.**

**LIST OF DOCUMENTS INCLUDED IN THIS PACKAGE:**

1. **Application for Assisted Housing.** Please complete in full. If a question does not apply to you; please mark the answer space with a N/A. All household members over the age of 18 must sign and date the application (Project Eligibility).
2. **Selection Criteria for Housing.** Please review the criteria for more information on our selection process and become familiar with it (Project Eligibility).
3. **Notice and Consent for the Release of Information, HUD 9887 & HUD 9887-A.** All applicants over the age of 18 must sign (Program Eligibility).
4. **Attachment 5: Family Summary Sheet.** Please list all members of the household who will reside in the apartment (Program Eligibility).
5. **Attachment 7: Applicant Declaration Format.** Please complete one for each household member listed on the application and Attachment 5 (Program Eligibility).
6. **Race and Ethnic Data Reporting Form.** Please complete one for each household member listed on the application (Program Eligibility).
7. **Receipt of EIV & You and Things You Should Know:** Please sign the "OFFICE COPY" receipt and return it with your completed application.
8. **Receipt of HUD VAWA Addendums (HUD -5380 & HUD 5382)**
9. **Verification of Disability HUD Form 90102.** Please provide name and address of physician to certify your disability. To be eligible, you must be physically disabled.

**Note: Pets are limited to one per household, dogs less than 45 pounds (at maturity) only. Faxed applications will not be accepted.**

Please feel free to call us at 603-224-9221 or TDD 1-800-545-1833 Extension 118 if you have any questions or e-mail us at [housing@hodesdevelopment.com](mailto:housing@hodesdevelopment.com). Our office hours are Monday through Friday, 8:00 AM to 4:30 PM. If you'd like an appointment, please call to set up a convenient time.

In compliance with HUD's Final Rule - Equal Access to Housing in HUD Programs regardless of Sexual Orientation or Gender Identity it is our policy to ensure that this housing is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity, or marital status.

## Project Eligibility

Courtyard Apartments is located at 245 Main Street, Manchester, New Hampshire. All applicants must be physically disabled to qualify for HUD Section 8/202 regulations.

Applications can be obtained from our office or online at our website at [www.hodgescompanies.com](http://www.hodgescompanies.com). Applications are accepted at our office or they can be mailed to Hodges Development Corp, 201 Loudon Road, Concord, NH 03301. All applications are date and time stamped.

Applications will be selected in chronological order and in accordance with the HUD ELI requirement.

An applicant will be permitted to refuse an offer on a unit and keep their position on the Waiting List. If a refusal is made after the second offer, the applicant will be placed at the bottom of the Waiting List.

An applicant may be rejected if at any time during the selection process, any negative information is received from any source that would indicate that the applicant would interfere with the other residents (such as disturbances, police reports, criminal record, etc., diminish their right to quiet enjoyment of the premises, affect their health or safety, welfare, comfort, or financial stability of the property.

The waiting list may be closed if the waiting list for a unit is more than a year. All potential applicants will be notified (i.e. public notice) that the waiting list is closed. When the waiting list is reopened, an announcement will be published in the same manner of the closing of the waiting list.

Family or household size must meet and/or not exceed the following criteria:

| <u>Size</u> | <u>Minimum</u> | <u>Maximum</u> |
|-------------|----------------|----------------|
| 1 Bedroom   | 1 person       | 2 people       |
| 2 Bedroom   | 2 people       | 4 people       |

Transfer are only permitted for household composition, medical reasons, or emergency repairs to the unit. If an owner determines that a tenant's current dwelling unit is smaller or larger than appropriate as a result of a change in a tenant's family size or composition, the owner must decide whether to require the tenant to transfer to another unit. Other types of transfers that may be required include, but are not limited to, transfers to make an accessible unit available for a disabled family, transfers to comply with occupancy standards, transfers for demolition, disposition, revitalization, modernization, rehabilitation, and emergency transfers. Transfers required by the Owner are mandatory for the tenant.

For purposes of the transfer policy, overcrowded and over-housed are defined as follows: Overcrowded: the number of household members exceeds the maximum number of persons allowed for the unit size in which the family resides, according to the chart above. Over-housed: the family no longer qualifies for the bedroom size in which they are living based on the occupancy standards as described by the Owner and/or locality. A family that is required to move because of family size will be advised by the Owner that a transfer is necessary and that the family has been placed on the transfer list. They will receive priority over an applicant on the waiting list.

Citizenship/immigration status requirements – The owner will require the applicant to provide verification of citizenship/immigration status. Assistance will not be denied to applicants who submit their immigration documentation in a timely manner, but for whom the DHS verification or appeals process has not been completed. Pro-rated assistance will be provided to the family until the owner has received and verified the immigration status of any remaining non-citizen family members.

All members of an applicant or tenant family who are at least 18 years of age and each family, head, spouse or co-head; regardless of age, must sign and date the HUD-required consent forms (form HUD-9887, Notice and Consent for the Release of Information to HUD and to a PHA and form HUD-9887A, Applicant's/Tenant's Consent to the Release of Information Verification by Owners of Information Supplied by Individuals Who Apply for Housing Assistance) at the initial certification and each recertification. All adults regardless of whether they report income must sign and date these forms.

Management may deny assistance and admission to the applicant who does not comply with this requirement.

The owner will remove an applicant from the waiting list for the following reasons:

- 1) The applicant no longer meets the eligibility requirements for the property or program;
- 2) The applicant fails to respond to a written notice for an available unit;
- 3) The applicant is offered and rejects three offers to a unit in the property;
- 4) Notices sent to the applicant's last known address is returned as undeliverable; or
- 5) If no appropriate size unit is available at the property (using family size as the basis).
- 6) Failure to respond to written correspondence within the time frame specified.

The Owner must follow the published **Section 8 (pre-1981) Income Limits** to determine eligibility of a household. The limit is determined based on household size at the time of move-in (24 CFR 5.659). The Owner must comply with Federal, State, and local fair housing and civil rights laws, tenant-landlord laws, zoning restrictions, and HUD's Equal Opportunity and nondiscrimination requirements under HUD's administrative procedures.

In accordance with current statutory Section 8 Guidelines, The Owner must follow the criteria below for admission of applications:

- 1) The Owner will make at least 40% of Assisted Units that become available each year of the project's fiscal year available for leasing to families whose income does not exceed 30% of the Area Median Income ("Extremely Low Income, ELI").
- 2) Not more than 25% of the units available for occupancy prior to October 1, 1981 shall be rented to Low Income families, other than Very Low Income families.
- 3) Not more than 15% of the units available for occupancy on or after October 1, 1981 shall be rented to Low Income families, other than Very Low Income families.

On September 21, 2016, HUD released additional guidance relative to the Section 8 Student Rule. [Docket No. FR-5969-N-01] Eligibility of Independent Students for Assisted Housing Under Section 8 of the U.S. Housing Act of 1937. Student eligibility is determined at move in/initial certification and at each annual certification. Student eligibility may also be reviewed at interim certification if student status has changed since the last certification. All students are required to report any change in their student status.

A student who is enrolled as either a part time or full-time student at an institute of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential will be eligible for assistance if the student meets all other eligibility requirements, meets screening criteria requirements and:

- Is living with his or her parents/guardian or
- Is at least 24 years old or
- Is married or
- Is a veteran of the Armed Forces of the United States or is currently serving on active duty in the Armed Forces for other than training purposes or
- Has legal dependents other than a spouse or
- Is a person with disabilities who was receiving Section 8 assistance as of November 20, 2005 or
- Is a graduate or professional student or
- Is an independent student, defined as:
  - a) The individual is 24 years of age or older by December 31 of the award year;
  - b) The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care or a ward of the court at any time when the individual was 13 years of age or older;
  - c) The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's state of legal residence
- Or, is classified as a Vulnerable Youth. A student meets HUD's definition of vulnerable youth when:
  - i) The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in Section 725 of the McKinney-Vento Homeless Assistance Act), or as unaccompanied, at risk of homelessness and self-supporting, by
  - ii) A local educational agency homeless liaison, designated pursuant to the McKinney-Vento Homeless Assistance Act;
  - iii) The director of a program funded under the Runaway and Homeless Youth Act or designee of the director;
  - iv) The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act or a designee of the director or
  - v) A financial aid administrator.
- Or, the individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances or
- Has parents who are income eligible for the Section 8 program

Any financial assistance a student receives under the Higher Education Act of 1965, from private sources, or from an institution of higher education that is in excess of amounts received for tuition and other fees is included in annual income, except:

1. If the student is over the age of 23 with dependent children or
2. If the student is living with his or her parents who are receiving Section 8 assistance

Financial assistance that is provided by persons not living in the unit is not part of annual income if the student meets the Department of Education's definition of "vulnerable youth".

HUD has also amended the Student's Independence Verification Requirements. Verification requirements to be used when a student does not meet general eligibility criteria but wishes to be eligible based on his or her status as an Independent Student are as follows:

Owner/agents providing Section 8 assistance will verify a student's independence from his or her parents to determine that the student's parents' income is not relevant for determining the student's eligibility for assistance by doing all of the following:

1. Reviewing and verifying previous address information to determine evidence of a separate household or verifying that the student meets the U.S. Department of Education's definition of "independent student";
2. Reviewing the **student's** prior year income tax returns to verify that the student is independent or verifying the student meets the U.S. Department of Education's definition of "independent student"; and
3. Verifying income provided by a parent by requiring a written certification from the individual providing the support. Certification is also required if the parent is providing no support to the student.

Public Housing Authorities, Owners and Managers of section 8 assistance will need to verify a student's independence from his or her parents to determine that the student's parents' income is not relevant for determining the student's eligibility for assistance by taking into consideration all of the following:

1. Reviewing and verifying previous address information to determine evidence of a separate household, of verifying the student meets the U.S. Department of Education's definition of "independent student"; and
2. Reviewing prior year income tax returns to verify if a parent or guardian has claimed the student as a dependent (except if the student meets the Department of Education definition of "independent student"); and
3. Verifying income provided by the parent by requiring a written certification from the individual providing the support. Certification is also required if the parent is providing no support to the student. Financial assistance that is provided by persons not living in the unit is part of annual income.

As also noted earlier in this guidance, the new law and HUD's rule do not affect students residing in a section 8 assisted unit with his or her parents or who reside with parents who are applying to receive section 8 assistance. The law and HUD's rule focus on a student under the age of 24 who meets the additional eligibility requirements of section 327 of the Act and who is already residing in a section 8 assisted unit without his or her parents, or who is seeking on his or her own to reside in a section 8 assisted unit.

**Income Targeting-** To comply with 24 CFR 5.653 Admission – Income-eligibility and income-targeting, the first available unit will be made available to an applicant whose income is at or below the Extremely Low Income (ELI) limit. Subsequent units will be alternated from Very Low or Low Income, then ELI on a first come, first serve basis, determined by the waiting list. If, after actively marketing these units within a reasonable time period of not less than two weeks or 14 days, The Owner is unable to fill the vacant units with Extremely Low Income households, we will rent to other eligible households in accordance with the statutory regulations.

### Social Security Disclosure Requirements

The regulation at 24 CFR 5.216 now requires that assistance applicants and tenants, excluding tenants age 62 and older as of January 31, 2010, whose initial determination of eligibility was begun prior to January 31, 2010, and those individuals who do not contend eligible immigration status, to disclose and provide verification of the complete and accurate SSN assigned to them. The requirement to disclose and provide verification of a SSN is no longer limited to those assistance applicants and tenants six years of age and older. In addition, the process of having an applicant household certify they have a SSN for each household member six years of age and older, and continuing with the recertification process until the time of their move-in certification is no longer applicable.

### Exceptions to Disclosure of SSN

The SSN requirements do not apply to: (a) Individuals who do not contend eligible immigration status. (1) Mixed Families: For projects where the restriction on assistance to noncitizens applies and where individuals are required to declare their citizenship status, the existing regulations pertaining to proration of assistance or screening for mixed families must continue to be followed. In these instances, the owner will have the tenant's Citizenship Declaration on file whereby the individual did not contend eligible immigration status to support the individual not being subject to the requirements to disclose and provide verification of a SSN. NOTE: The O/A may **not** deny assistance to mixed families due to nondisclosure of a SSN by an individual who does not contend eligible immigration status. (2) For Section 221(d)(3) BMIR, Section 202 PAC, Section 202 PRAC and Section 811 PRAC properties, the restriction of assistance to noncitizens does not apply. Individuals living at one of these properties who do not contend eligible immigration status must sign a certification, containing the penalty of perjury clause, certifying to that effect. The certification will support the individual not being subject to the requirements to disclose or provide verification of a SSN. The certification must be retained in the tenant file.(See Handbook 4350.3 REV-1, Paragraphs 3-12 N, O and P for more information on mixed families and proration of assistance.)

NOTE: HUD regulations do not prohibit an individual (head of household with other eligible household members) with ineligible immigration status from executing a lease or other legally binding contract. However, if your state law prohibits this, the family must **not** be admitted into the program.

(b) Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.

The eligibility determination is based on participation in either a Public and Indian Housing or Multifamily HUD assisted program. The eligibility date is based on the initial effective date of the form HUD-50059 or form HUD-50058, whichever is applicable.

- c) Existing tenants as of January 31, 2010, who have previously disclosed their SSN and HUD has determined their SSN to be valid.
- d) A child under the age of 6 years old added to the applicant household within the 6-month period prior to the household's date of admission. The household will have a maximum of 90 days after the date of admission to provide the Social Security Number and adequate documentation that the Social Security Number is valid. An additional 90 days may be granted under certain circumstances. If the household does not provide the Social Security Number and adequate documentation to verify the Social Security Number within the prescribed timeframe, HUD requires that the household's tenancy be terminated.

Applicants must disclose and provide verification of a SSN for all non-exempt household members before they can be housed. An applicant has 90-days from the date they are first offered an available unit to disclose and/or verify their SSNs. During this 90-day period, the applicant may, at its discretion, retain its place on the waiting list. After 90 days, if the applicant is unable to disclose and/or verify the SSNs of all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.

Owners' and Agents' are required to use HUD's Enterprise Income Verification (EIV) System; which became mandatory January 31, 2010. This is used as a third-party source to verify tenant employment and income information during the mandatory recertification's of family composition and income, to conduct Existing Tenant Searches as part of the applicant screening process, and to reduce administrative and subsidy payment errors.

Information provided on the application must be true and accurate. Any false, misleading, or incomplete information will result in rejection.

- 1). An applicant's past and present performance in meeting financial obligations. The following will be considered as examples of unfavorable credit references and will serve as the basis for rejection of an application:
  - a). Any outstanding account or public record with a utility company or another landlord or management company, excluding financial hardship (documentation will be required).
- 2). All persons listed on the application 18 years and older are required to complete a state Criminal Record Release form for each state they resided in. The following will be the basis for rejection:
  - a). Any misdemeanors within 2 years from the date of application; excluding driving offenses
  - b). Any drug-related criminal activity
  - c). Any sexual offense criminal activity
  - d). Any hate crime or violent criminal activity
  - e). 2 or more convictions for crimes against persons or property within the previous 7 years; excluding driving offenses; or an extensive criminal history record, or a combination of criminal convictions that would signify the Applicant has a disregard of local, state and/or federal laws;
  - f). Other criminal activity that would threaten the health, safety, security, or right to peaceful enjoyment of the premises by other residents or of the Owner's or any employee, contractor, subcontractor or agent of the Owner who is involved with the property.
  - g). Any felony record on the applicant's criminal record
- 3). An applicant's ability to comply with the terms of the Lease or Rental Agreement from past or current landlords. An applicant will be required to provide a minimum of two years rental history (Note: Landlords who are related will not meet the definition of a past or current landlord). If an applicant cannot meet the minimum requirement, at least one of the following criteria must be met in order to determine eligibility:
  - a). The applicant owned his/her own home within the last two years,
  - b). The landlord is no longer in business and is not able to be found (documentation will be required)
  - c). The applicant must demonstrate good payment history (receipts) and a letter of recommendation from the landlord will be required.
  - d). The applicant will be required to have a Co-signer on the lease. Rental payments must be made directly by the applicant themselves. If the applicant demonstrates a good payment history in the first year, they may have the Co-signer removed. The Co-signer must meet the credit criteria outlined in the Tenant Selection Plan.

An application will be rejected based on the following criteria:

- a). History of non-payment or late payment of rent, an eviction in the last 2 years, any outstanding balance with another landlord
  - b). One or more violations of the Lease or Rental Agreement,
  - c). A history of living or housekeeping habits that would pose a threat to the health and safety of the other residents,
  - d). A history of disturbances or right to peaceful enjoyment,
  - e). A history of violations or non-compliance that resulted in an eviction or termination from housing or rental programs. Management will reject an application for three (3) years from the date of eviction or termination.
  - f). Refusal of the landlord to provide a written landlord reference. Several attempts will be made to obtain this information and a phone reference will be attempted before rejection.
  - g). Failure to provide documentation of social security numbers for all household members within the time required
  - h). Failure to respond to a written correspondence within the time specified.
- 4). Financial ability to meet monthly credit obligations, rental payments, utilities, and other basic living expenses. Financial ability is determined as having resources to meet any outstanding financial obligations and a rental payment of 30% of adjusted household income. Lack of credit will not be a reason for rejection.
- 5). An applicant household whose members include as either a full or part-time student enrolled in an institute of higher education are not eligible for assistance (Section 8).

In accordance with HUD Handbook 4350.3, change 5 2 21 REJECT APPLICANTS, you are hereby notified that you may appeal the decision of this office by contacting us in writing within 14 CALENDAR DAYS from receipt of this notice. You may request a meeting to go over the reason for rejection in accordance with HUD procedures. You may also request a reasonable accommodation, which is a request that a change be made in our policies or procedures to help a disabled applicant meet the site's admission criteria. A member of the owner's staff who was not involved in the initial decision to deny admission or assistance will conduct the meeting. Within 5 business days of the owner response or meeting, the owner will advise the applicant in writing of the final decision on eligibility.

The Owner must prohibit admission of an applicant if any member has been evicted from any federally assisted housing for drug-related criminal activity, if it is determined that any household member is currently engaging in illegal use of a drug, or if it is determined that we have reasonable cause to believe that a household's member's illegal use or a pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.

## SCREENING OF LIVE-IN AIDES

The screening of live-in aides at initial occupancy and the screening of persons or live-in aides to be added to the tenant household after initial occupancy involve similar screening activities. Both live-in aides and new additions to the tenant household will be screened based on the same screening factors for applicants by applying the same criteria established for screening other applicants, except that for the criterion live-in aides are not responsible for rental payments.

### **VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

#### **VAWA Protections**

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

The VAWA protections apply to families applying for or receiving rental assistance payments under the project-based Section 8 program. The law protects victims of domestic violence, dating violence or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. The VAWA also provides that an incident of actual or threatened domestic violence, dating violence or stalking does not qualify as a serious or repeated violation of the lease nor does it constitute good cause for terminating the assistance, tenancy, or occupancy rights of the victim. Furthermore, criminal activity directly relating to domestic violence, dating violence or stalking is not grounds for terminating the victim’s tenancy. O/As may bifurcate a lease in order to evict, remove, or terminate the assistance of the offender while allowing the victim, who is a tenant or lawful occupant, to remain in the unit.

## VAWA Final Rule Additions

- **Continuation of the core protections** - The rule codifies the core protection across HUD's covered programs ensuring survivors are not denied assistance as an applicant, or evicted or have assistance terminated due to having been a victim of domestic violence, dating violence, sexual assault, and stalking, or for being affiliated with a victim.
- **Emergency transfers** - One of the key elements of VAWA's housing protections are emergency transfers which allows for survivors to move to another safe and available unit if they fear for their life and safety. The final rule includes a model emergency transfer plan, which was required in VAWA 2013, and an emergency transfer request form.
- **Protections against the adverse effects of abuse** - Domestic violence can often have negative economic and criminal consequences on a survivor. The perpetrator may take out credit cards in a survivor's name, ruining their credit history, or causing damage to survivor's property causing eviction and poor rental history. The perpetrator may force a survivor to participate in criminal activity or a survivor may be arrested as part of policies that require arresting of both parties in a domestic disturbance. The final rule ensures that covered housing providers do not deny tenancy or occupancy rights based solely on these adverse factors that are a direct result of being a survivor.
- **Low-barrier certification process** - The final rule makes it clear that under most circumstances, a survivor need only to self-certify in order to exercise their rights under VAWA, ensuring third-party documentation does not cause a barrier in a survivor expressing their rights and receiving the protections needed to keep themselves safe. The rule includes a certification form that may be used by covered housing providers.

Victims of sexual assault are included in the protections; VAWA Protections are available equally to all individuals regardless of sex, gender identity or sexual orientation and make it clear that protections are provided to affiliated persons which includes 1. A spouse, parent, brother, sister, or child of the victim, or a person to whom the victim stands in place of a parent or guardian; or 2. Any individual, resident/applicant, or lawful occupant living in the household of that individual.

Citizenship/immigration status requirements – The owner will require the applicant to provide verification of citizenship/immigration status. Assistance will not be denied to applicants who submit their immigration documentation in a timely manner, but for whom the DHS verification or appeals process has not been completed. Pro-rated assistance will be provided to the family until the owner has received and verified the immigration status of any remaining non-citizen family members.

The Owner must prohibit admission of an applicant if they are subject to a lifetime registration requirement under a State Sex Offender Registration Program.

**If an applicant is rejected, you will be required to wait six (6) months from the time of rejection to reapply for housing.**

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, sexual orientation, and marital or familiar status.

The Owner complies with Section 504 of the Rehabilitation Act of 1973 which prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance from HUD; The Fair Housing Act which prohibits discrimination in housing and housing related transactions based on race, color, religion, sex, national origin, disability and familial status. It applies to housing, regardless of the presence of federal financial assistance and with Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in any program or activity receiving federal financial assistance from HUD.

In compliance with HUD's Final Rule – Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity it is our policy to ensure that this housing is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender, identity, or marital status.



**Celebrating Over 50 years of Integrity, Quality & Service**

**Instructions Please follow carefully - Incomplete applications will be returned**

1. **Complete all areas.** If an item does not apply to you, mark "N/A" on that line.
2. **Social Security Cards** Provide verification of Social Security Numbers for all household members except those household members who do not contend eligible immigration status (8/2021) **or certify that they do not have Social Security numbers.** If you have a SSN but do not have the required documentation, you may submit the SSN and certify that the number is accurate but that acceptable documentation could not be provided. (09/2021)

Copies of the social security cards must be submitted at the time of application or certification of the number stating the accuracy of the SSN. **Verification of all numbers must be submitted at the time of the application** except those household members who do not contend eligible immigration status (08/2021).

Please enclose copies of social security cards for each household member listed on the application. If you do not have a social security card, we can accept one of the following, as long as your social security number appears in full on the document *(Such as Driver's License, Medicare Card, Medical Insurance Card, Bank Statement, Retirement benefit letter, Benefit letter from government agencies, Current Paystub, Tax Return, or any other legal document)*

**Note Copies of Metal Social Security Cards are not acceptable.**

It will be necessary that you certify to us that you have made application to the Social Security Office for a new card **prior to admission.**

An applicant may not become a participant in the program unless the applicant submits the required SSN documentation to the owner. The applicant must provide SSN documentation to the owner within 90 days from the date on which the applicant certified that the documentation was not available. (09/2021)

SSN Disclosure: In accordance with 24 CFR 5.216, applicants and participants (including each member of the household) are required to disclose his/her assigned SSN, with the exception of the following individuals:

- a. Those individuals who do not contend to have eligible immigration status (individuals who may be unlawfully present in the United States). These individuals in most instances would not be eligible for a SSN.
1. A family that consists of a single household member (including a pregnant individual) who does not have eligible immigration status is not eligible for housing assistance and cannot be housed.
  2. A family that consists of two or more household members and at least one household member that has eligible immigration status, is classified as a mixed family, and is eligible for prorated assistance in accordance with 24 CFR 5.520. Assistance may not be denied to mixed families due to nondisclosure of an SSN by an individual who does not contend to have eligible immigration status.





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b. Existing program participants as of January 31, 2010, who have previously disclosed their SSN and HUD has determined the SSN to be valid. PHAs may confirm HUD's validation of the participant's SSN by viewing the household's Summary Report or the Identity Verification Report in the EIV system.

c. Existing program participants as of January 31, 2010, who are 62 years of age or older, and had not previously disclosed a valid SSN.

This exemption continues even if the individual moves to a new assisted unit. Disclosure of SSNs is considered information subject to the Federal Privacy Act (5 USC 552a, as amended). In accordance with 24 CFR 5.212, the collection, maintenance, use, and dissemination of SSNs, any information derived from SSNs and income information must be conducted, to the extent applicable, in compliance with that Act and all other provisions of Federal, State, and local law. (09/2021)

3. **Proof of US Citizenship and Race/Ethnic Data** The US Department of Housing & Urban Development **requires** that all applicants be US Citizens, nationals or certain categories of eligible noncitizens. To do this, you **must** have the attached Declaration of Section 214 Status forms (Att 7) completed by **EACH** family member (including yourself) and one Family Summary Sheet (Att 5). Please make sure you follow the instructions on the Declaration Form. The Race and Ethnic Data Reporting form must be completed by **EACH** family member (including yourself)
4. **Proof of Age for all members**
5. **Verification of Disability** HUD form 90102- must be provided by all disabled to qualify.
6. **Signatures are required by all adult applicants**
7. **Return your application to**

Hodges Development Corporation  
201 Loudon Road  
Concord, NH 03301

**Note** To be eligible, you must be physically disabled.

**Please return your application along with all the information requested if you want to be considered for Section 8 housing.**





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**HODGES USE ONLY:**

**DATE SENT:**

**DATE RECEIVED:**

**TIME RECEIVED:**

**INITIALS:**

**ID #:**

**APPLICATION FOR ASSISTED HOUSING – (SECTION 8 HOUSING)**

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Hodges Development Corp, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Hodges Development is a management company that provides low rent housing to eligible households, elderly households and single people. Hodges Development is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, sexual orientation, age, marital status, disability handicap, gender identity or familial status; regardless of actual or perceived. In addition, Hodges Development has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change Hodges Development can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the USDA, Rural Development program, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.
- The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national original, sex, religion, age, disability, sexual orientation, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (voice or TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.

A. **FAMILY SUMMARY** -List all persons, including yourself, who will be living in the apartment. List head of household first.

| Name | Relationship | Gender | Soc Sec # | Birth Date | Place of Birth |
|------|--------------|--------|-----------|------------|----------------|
| 1    | Head         |        |           |            |                |
| 2    |              |        |           |            |                |
| 3    |              |        |           |            |                |
| 4    |              |        |           |            |                |
| 5    |              |        |           |            |                |
| 6    |              |        |           |            |                |

Mailing address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-Mail Address \_\_\_\_\_

REV 11/09, 4/10, 6/10, 12/10, 12/12, 01/16, 08/21, 09/21, 10/21



**201 Loudon Road | Concord, New Hampshire 03301-6000 | (603) 224-9221**  
**Fax (603) 228-1387 | TDD (800) 545-1833 X118 | Equal Opportunity Provider and Employer**



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Applying to Property(s): Courtyard Apartments-Manchester NH Requested Unit Size: \_\_\_\_\_ **Bedrooms**

How did you hear about the apartment for which you are applying? \_\_\_\_\_

If you require a handicap-accessible unit, check here ☐ Are you physically disabled? Yes ☐ No ☐

**Name, address, and contact phone number of physician to contact for Verification of Disability:**

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

\_\_\_\_\_

If you require any modifications to an apartment, check here and explain in a note to us ☐

Have there been any changes in household composition in the last twelve months?

☐ Yes ☐ No

**If yes, explain:**

Do you anticipate any changes in household composition in the next twelve months?

☐ Yes ☐ No

**If yes, explain:**

Is anyone in your household a Full or Part-time Student at an institution of a higher education?

☐ Yes ☐ No

Is yes, please list household member and status \_\_\_\_\_





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**B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.**

| Family Member Name | Sources of Income                                                                                                                                        | Gross Amount |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
|                    | Social Security <b>Gross Monthly Amount</b>                                                                                                              | \$           |
|                    | Social Security <b>Gross Monthly Amount</b>                                                                                                              | \$           |
|                    | Pension <b>Gross Monthly Amount</b>                                                                                                                      | \$           |
|                    | Source:                                                                                                                                                  |              |
|                    | Address:                                                                                                                                                 |              |
|                    | Pension <b>Gross Monthly Amount</b>                                                                                                                      | \$           |
|                    | Source:                                                                                                                                                  |              |
|                    | Address:                                                                                                                                                 |              |
|                    | Regular Pay from Military or Armed Forces                                                                                                                | \$           |
|                    | Source Address:                                                                                                                                          |              |
|                    | VA Benefits (Claim # )                                                                                                                                   | \$           |
|                    | SSI/SSD/SSA Benefits <b>Gross Monthly Amount</b>                                                                                                         | \$           |
|                    | Unemployment Compensation <b>Gross Monthly Amount</b>                                                                                                    | \$           |
|                    | Disability/Worker's Comp Benefits <b>Gross Monthly Amount</b>                                                                                            | \$           |
|                    | TANF, OAA, APTD <b>Gross Monthly Amount</b>                                                                                                              | \$           |
|                    | Wages <b>Gross Monthly Amount</b>                                                                                                                        | \$           |
|                    | Employer:                                                                                                                                                | \$           |
|                    | Address:                                                                                                                                                 |              |
|                    | Wages <b>Gross Monthly Amount</b>                                                                                                                        | \$           |
|                    | Employer:                                                                                                                                                |              |
|                    | Address:                                                                                                                                                 |              |
|                    | Alimony <b>Gross Monthly Amount</b>                                                                                                                      | \$           |
|                    | Child Support <b>Gross Monthly Amount</b>                                                                                                                | \$           |
|                    | Other Income Gross Monthly Amount (for example, Business income, rental income, annuities, resident services stipend over \$200/mo, severance pay, etc.) | \$           |
|                    | Self-Employment Income                                                                                                                                   | \$           |
|                    | Education scholarships, grants                                                                                                                           | \$           |





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**C. ASSETS:**

**Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes\_\_\_\_\_ No\_\_\_\_\_**

**If yes, type of asset (e.g., money/land/house) \_\_\_\_\_**

**Market value when sold/disposed \$\_\_\_\_\_ Amount sold/disposed for \$\_\_\_\_\_ Date of transaction \_\_\_\_\_**

**Provide the following information for all members of the household (use another sheet of paper if necessary).**

**Checking/Savings Accounts/ Debit Card**

|             |             |
|-------------|-------------|
| Bank        | Bank        |
| Address     | Address     |
|             |             |
| Account No. | Account No. |
| Int. Rate   | Balance \$  |
|             | Int. Rate   |
|             | Balance \$  |

**Life Insurance (Whole or Universal Life)**

|               |               |
|---------------|---------------|
| Name          | Name          |
| Address       | Address       |
|               |               |
| Policy No.    | Policy No.    |
| Cash Value \$ | Cash Value \$ |

**Certificates of Deposit, Money Market**

|                              |               |         |                              |               |         |
|------------------------------|---------------|---------|------------------------------|---------------|---------|
| Bank                         | Bank          |         |                              |               |         |
| Address                      | Address       |         |                              |               |         |
|                              |               |         |                              |               |         |
| Acct.#                       | Int Rate      | Amt. \$ | Acct.#                       | Int Rate      | Amt. \$ |
| Penalty for Early Withdrawal | Maturity Date |         | Penalty for Early Withdrawal | Maturity Date |         |

**Stocks**

**IRA's, 401-K, Annuities**

|          |           |
|----------|-----------|
| Name     | Bank      |
| Address  | Address   |
|          |           |
| Value \$ | Div. Rate |
|          | Value \$  |
|          | Div. Rate |

**Savings Bonds, T-Bills**

**Trust Accounts**

|                  |             |            |
|------------------|-------------|------------|
| Bank             | Bank        |            |
| Address          | Address     |            |
|                  |             |            |
| Present Value \$ | Account No. |            |
| Maturity Date    | Int. Rate   | Balance \$ |





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**Real Estate**

Do you own any property? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, type & location of property \_\_\_\_\_

Appraised market value \$\_\_\_\_\_ Mortgage or outstanding loan due \$\_\_\_\_\_

Name & address of broker/realtor who would provide verification of market value:

**Broker/Realtor**

**Address**

**City**

**State**

**Zip**

**D. MEDICAL AND CHILD CARE EXPENSES (FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY)**

**Medical Costs - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.**

**Medicare**

|                   |                   |
|-------------------|-------------------|
| Monthly Amount \$ | Monthly Amount \$ |
|-------------------|-------------------|

**Medical Insurance**

|                 |                 |
|-----------------|-----------------|
| Name            | Name            |
| Address         | Address         |
| Claim No.       | Claim No.       |
| Monthly Amt. \$ | Monthly Amt. \$ |

**Pharmacy**

|                                                                                    |                                                                                    |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Name                                                                               | Name                                                                               |
| Address                                                                            | Address                                                                            |
| Anticipated prescription costs <b>not covered by insurance</b> - Monthly Amount \$ | Anticipated prescription costs <b>not covered by insurance</b> - Monthly Amount \$ |

**Physician**

|                                                                       |                                                                       |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| Are you seeing a physician <b>REGULARLY</b> ? Yes_____ No_____        |                                                                       |
| Name                                                                  | Name                                                                  |
| Address                                                               | Address                                                               |
| Anticipated costs <b>not covered by insurance</b> - Monthly Amount \$ | Anticipated costs <b>not covered by insurance</b> - Monthly Amount \$ |

**Outstanding Medical Bills for which You are Making Monthly Payments**

|                                                                                      |                                                                                      |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Name                                                                                 | Name                                                                                 |
| Address                                                                              | Address                                                                              |
| Anticipated costs <b>not covered by insurance</b> - Balance Due \$ Monthly Amount \$ | Anticipated costs <b>not covered by insurance</b> - Balance Due \$ Monthly Amount \$ |





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**Child Care Expenses - Complete for children 12 and younger -** Weekly cost for Child Care \$\_\_\_\_\_

Name & Address of Person/Agency caring for children: \_\_\_\_\_

**E. PROGRAM INFORMATION**

**Circle One**

Are you currently living in subsidized housing? Yes\_\_\_\_\_ No\_\_\_\_\_ Subsidy Type? HUD USDA SEC 8

**F. APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.**

Do you have a Section 8 Voucher or any other type of voucher? Yes\_\_\_\_\_ No\_\_\_\_\_

1. Have you been served a Notice to Quit or been asked to leave by a previous landlord Yes\_\_\_\_\_ No\_\_\_\_\_

2. Have you been served with lease violations from a previous landlord Yes\_\_\_\_\_ No\_\_\_\_\_

3. Have you been evicted Yes\_\_\_\_\_ No\_\_\_\_\_ Name of Landlord and date \_\_\_\_\_

4. Have you or any household member have been evicted from federally assisted housing for drug-related criminal activity? Yes\_\_\_\_\_ No\_\_\_\_\_ Name of Landlord and Date \_\_\_\_\_

5. Have you or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? Yes\_\_\_\_\_ No\_\_\_\_\_

List all states in which all adult members have ever lived in during their lifetime? \_\_\_\_\_

6. Have you or a household member been convicted of a misdemeanor or felony? Yes\_\_\_\_\_ No\_\_\_\_\_

List the type, nature and date of criminal action. \_\_\_\_\_





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- G. **REFERENCE INFORMATION-Please list at least 2 years (If you don't have two years, you may provide a letter of recommendation from your current LL or request a Co-signer application from us.**

**Current Landlord** (Name, Address,& Phone No.)

How long have you lived there? \_\_\_\_\_ Is this landlord related to you? Yes\_\_\_\_ No\_\_\_\_

Are you required to give a 30-day notice? Yes\_\_\_\_ No\_\_\_\_ What is the current amount of your rent?\_\_\_\_\_

**List all Previous Landlords for ALL Adults in Household (Attach a sheet of paper if more space is needed.)** (Name, Address & Phone No.)

|                                                 |                                                 |
|-------------------------------------------------|-------------------------------------------------|
| 1.                                              | 2.                                              |
|                                                 |                                                 |
|                                                 |                                                 |
| Address of Apt.                                 | Address of Apt.                                 |
| How long did you live there?                    | How long did you live there?                    |
| Is this landlord related to you? Yes____ No____ | Is this landlord related to you? Yes____ No____ |

**List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.)** (Name, Address, Phone No. & Relationship)

(Example: teachers, principals, past/present employers, physicians, etc.) Please do not list relatives or friends.

|                        |                        |
|------------------------|------------------------|
| 1.                     | 2.                     |
|                        |                        |
|                        |                        |
| Phone No. Relationship | Phone No. Relationship |

**All information received by «mgmt company» during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.**

**Other Information**

Please provide us with the name, address, & phone number of an emergency contact and relationship to you:

Vehicles - List any vehicle owned

Type \_\_\_\_\_ Year/Make \_\_\_\_\_

Color \_\_\_\_\_ License Plate No. \_\_\_\_\_

Do you own a pet? Yes\_\_\_\_ No\_\_\_\_ If yes, describe \_\_\_\_\_





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### CERTIFICATION

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and «mgmt\_company's» resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

**I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.**

Head of Household ✓ \_\_\_\_\_ Date ✓ \_\_\_\_\_

Spouse/Co-Head ✓ \_\_\_\_\_ Date ✓ \_\_\_\_\_

Other Adult ✓ \_\_\_\_\_ Date ✓ \_\_\_\_\_

For The Hodges Companies \_\_\_\_\_ Date \_\_\_\_\_

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA, Rural Development/HUD, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, we would like to make you aware that, if you do not provide this information, the owner/rental agent is required to note race/national origin and sex based on visual observation or surname.

Ethnicity: ( ) Hispanic or Latino ( ) Not Hispanic or Latino

Race: ( ) American Indian or Alaskan Native ( ) Black ( ) Hispanic

( ) Asian or Pacific Islander ( ) White ( ) Other

Gender: ( ) Male ( ) Female

Attachment 10

#### (To be completed by Owner/Agent)

| Member # | Last Name of Family Member | First Name | Relationship to Head of Household | Sex | Date of Birth | Declaration |   |   | Date Verified |   |
|----------|----------------------------|------------|-----------------------------------|-----|---------------|-------------|---|---|---------------|---|
|          |                            |            |                                   |     |               | 1           | 2 | 3 |               | 4 |
| Head     |                            |            |                                   |     |               |             |   |   |               |   |
| 2        |                            |            |                                   |     |               |             |   |   |               |   |
| 3        |                            |            |                                   |     |               |             |   |   |               |   |
| 4        |                            |            |                                   |     |               |             |   |   |               |   |
| 5        |                            |            |                                   |     |               |             |   |   |               |   |
| 6        |                            |            |                                   |     |               |             |   |   |               |   |
| 7        |                            |            |                                   |     |               |             |   |   |               |   |





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### TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorized release of information without liability to the owner/manager of the apartment community listed below, and/or the state housing development agency or it's service provider.

#### INFORMATION COVERED

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquires that may be requested include but are not limited to: personal identity, student status, employment income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

#### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers  
Support and Alimony Providers  
Educational Institutions  
Banks/Financial Institutions  
Public Housing Agencies

Criminal Checks  
State Unemployment Agencies  
Social Security Administration  
Curent and Previous Landlords  
State and Federal Agencies

Veterans Administration  
Retirement Systems  
Medical Providers  
Child Care Providers  
Credit Agencies

#### CONDITIONS

I/We agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file and will stay **in effect for 15 months from the date signed**. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

#### **SIGNATURES**

✓ \_\_\_\_\_  
Head of Household

✓ \_\_\_\_\_  
(Print Name)

✓ \_\_\_\_\_  
Date

✓ \_\_\_\_\_  
Co-Head/Spouse

✓ \_\_\_\_\_  
(Print Name)

✓ \_\_\_\_\_  
Date

✓ \_\_\_\_\_  
Other Adult

✓ \_\_\_\_\_  
(Print Name)

✓ \_\_\_\_\_  
Date





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## Verification of Disability

VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR QUALIFICATION  
FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY

FOR USE WITH **SECTION 202/8, SECTION 202 PAC, Section 202  
PRAC, AND SECTION 811 PRAC**

DATE: \_\_\_\_\_

Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Re: \_\_\_\_\_

DOB \_\_\_\_\_

SS # \_\_\_\_\_

RETURN THIS VERIFICATION TO HODGES DEVELOPMENT CORPORATION, 201  
LOUDON ROAD, CONCORD, NH 03301 OR FAX IT TO (603) 224-6785.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This person 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. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

### INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1 of 4



1. \_\_\_ YES \_\_\_ NO

Has a physical impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

2. \_\_\_ YES \_\_\_ NO

Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:

- a. Is attributable to a physical impairment or combination of physical impairments;
- b. Is manifested before the person attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitation in three or more of the following areas of major life activity;
  - (1) Self-care,
  - (2) Receptive and expressive language,
  - (3) Learning,
  - (4) Mobility,
  - (5) Self-direction,
  - (6) Capacity for independent living, and
  - (7) Economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

3. \_\_\_ YES \_\_\_ NO

Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.



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4. ☐ YES ☐ NO Is a person whose sole impairment is alcoholism or drug addiction.

\_\_\_\_\_  
NAME AND TITLE OF PERSON  
SUPPLYING THE INFORMATION

\_\_\_\_\_  
FIRM/ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Public reporting burden** for this collection is estimated to average 12 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 is 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. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

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).

3 of 4



**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).



## **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)**

**Please sign pages 3 & 6**

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

# HUD-9887/A Fact Sheet

## 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.

Attachment to forms HUD-9887 & 9887-A (02/2007)

# Notice and Consent for the Release of Information

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

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

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division):<br><b>Department of Housing &amp; Urban Development, Norris Cotton Federal Bldg, 275 Chestnut St, 4<sup>th</sup> Floor<br/>Manchester, NH 03101-2487</b> | O/A requesting release of information (Owner should provide the full name and address of the Owner.):<br><b>245 Main Street Manvhester LLC<br/>C/O Hodges Development Corporation<br/>201 Loudon Road<br/>Concord, NH 03301</b> | 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.):<br><b>New Hampshire Housing Finance Authority<br/>PO Box 5087<br/>Manchester, NH 03108</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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:

(✓) \_\_\_\_\_  
Head of Household Date

(✓) \_\_\_\_\_  
Spouse Date

(✓) \_\_\_\_\_  
Other Family Member 18 and over Date

(✓) \_\_\_\_\_  
Other Family Member 18 and over Date

Additional Signatures, if needed:

(✓) \_\_\_\_\_  
Other Family Member 18 and over Date

(✓) \_\_\_\_\_  
Other Family Member 18 and over Date

(✓) \_\_\_\_\_  
Other Family Member 18 and over Date

(✓) \_\_\_\_\_  
Other Family Member 18 and over Date

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## 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.

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**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.

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## Penalties for Misusing this Consent:

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

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

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

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

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

**U. S. Department of Housing  
And Urban Development**  
Office of Housing  
Federal Housing Commissioner

## **Instructions to Owners**

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

### Hodges Development Corporation

\_\_\_\_\_  
Name of Project Owner or his/her representative

### Managing Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date

cc: Applicant/Tenant

Owner file

### Penalties for Misusing this Consent:

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

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

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|------------------------------------------------|---------------------------------------------|---------------------------------------|-----------------------------------------------|--|
| <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) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>                                                                                                                         |                                                              | <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 |  |
| <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                              |                                    |                                                              |                                                |                                                |                                                           |                                                |                                             |                                       |                                               |  |
| <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.

|   |   |
|---|---|
| ✓ | ✓ |
|---|---|

**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.

**FAMIL ☐ SUMMAR ☐ SHEET**

| Mbr. No.                          | Last name of Famil <input type="checkbox"/> Member | First Name | Relations <input type="checkbox"/> ip to HOH | Gender | Date of Birt <input type="checkbox"/> |
|-----------------------------------|----------------------------------------------------|------------|----------------------------------------------|--------|---------------------------------------|
| <b>HOH</b>                        |                                                    |            |                                              |        |                                       |
| <b>2</b>                          |                                                    |            |                                              |        |                                       |
| <input type="checkbox"/>          |                                                    |            |                                              |        |                                       |
| <input type="checkbox"/>          |                                                    |            |                                              |        |                                       |
| <input type="checkbox"/>          |                                                    |            |                                              |        |                                       |
| <input type="checkbox"/>          |                                                    |            |                                              |        |                                       |
| <input type="checkbox"/>          |                                                    |            |                                              |        |                                       |
| <b>8</b>                          |                                                    |            |                                              |        |                                       |
| <b>9</b>                          |                                                    |            |                                              |        |                                       |
| <b>10</b>                         |                                                    |            |                                              |        |                                       |
| <b>11</b>                         |                                                    |            |                                              |        |                                       |
| <b>12</b>                         |                                                    |            |                                              |        |                                       |
| <b>1 <input type="checkbox"/></b> |                                                    |            |                                              |        |                                       |
| <b>1 <input type="checkbox"/></b> |                                                    |            |                                              |        |                                       |
| <b>1 <input type="checkbox"/></b> |                                                    |            |                                              |        |                                       |

## Citizenship Declaration Format

*INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet*

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

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

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

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

### DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. 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:

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

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

- a. Verification Consent Format (Exhibit 3-7).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(7) Form I-151 Alien Registration Receipt Card.

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

**REQUEST FOR EXTENSION**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check if adult signed for a child: \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**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)

Courtyard Apartments

NH36T781023

245 Main Street

Manchester, NH 03102

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

245 Main Street Manchester LLC/Hodges Development Corp

HUD 202/8

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

Date (mm/dd/yyyy): \_\_\_\_\_

| <b>Ethnic Categories*</b>                 | <b>Select One</b>            |
|-------------------------------------------|------------------------------|
| Hispanic or Latino                        |                              |
| Not-Hispanic or Latino                    |                              |
| <b>Racial Categories*</b>                 | <b>Select All that Apply</b> |
| 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 form 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 may mark one or more.

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.



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**Celebrating Over 50 years of Integrity, Quality & Service**

***RECEIPT OF "EIV BROCHURE & THINGS YOU SHOULD KNOW"***

I/We, \_\_\_\_\_ acknowledge Receipt of a copy of the  
HUD published "EIV Brochure & Things You Should Know" Notice on  
\_\_\_\_\_ day of \_\_\_\_\_.

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**Head of Household Signature**

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**Property**

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**Co-Tenant Signature**





**RHIP**

**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.

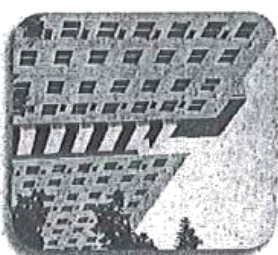
### What if the information in EIV is not about me?

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/eiv/eivhome.cfm](http://www.hud.gov/offices/hsg/mfh/eiv/eivhome.cfm).



## Multifamily Housing Case Studies

### A RHIP Training Program

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



November 2004

## Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                            |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purpose                        | This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                            |
| Penalties for Committing Fraud | <p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▪ Evicted from your apartment or house;</li><li>▪ Required to repay all overpaid rental assistance you received;</li><li>▪ Fined up to \$ 10,000;</li><li>▪ Imprisoned for up to 5 years; and/or</li><li>▪ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>                                                                                                                                                                                                                                                                                                                                                                                         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                            |
| Asking Questions               | When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                            |
| Completing The Application     | <p>When you answer application questions, you must include the following information:</p> <table><tr><td>Income</td><td><ul style="list-style-type: none"><li>▪ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);</li><li>▪ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▪ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▪ Earnings from second job or part time job;</li><li>▪ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul></td></tr><tr><td>Assets</td><td><ul style="list-style-type: none"><li>▪ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul></td></tr></table> | Income | <ul style="list-style-type: none"><li>▪ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);</li><li>▪ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▪ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▪ Earnings from second job or part time job;</li><li>▪ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul> | Assets | <ul style="list-style-type: none"><li>▪ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul> |
| Income                         | <ul style="list-style-type: none"><li>▪ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);</li><li>▪ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▪ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▪ Earnings from second job or part time job;</li><li>▪ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                            |
| Assets                         | <ul style="list-style-type: none"><li>▪ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                            |

## Multifamily Housing Case Studies

### A RHIP Training Program

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- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

---

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signing the Application | <ul style="list-style-type: none"><li>◦ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.</li><li>◦ When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.</li><li>◦ Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.</li></ul> |
| Recertifications        | <p>You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:</p> <ul style="list-style-type: none"><li>◦ All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.</li><li>◦ Any move in or out of a household member; and,</li><li>◦ All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.</li></ul>               |
| Beware of Fraud         | <p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"><li>◦ Do not pay any money to file an application;</li><li>◦ Do not pay any money to move up on the waiting list;</li><li>◦ Do not pay for anything not covered by your lease;</li><li>◦ Get a receipt for any money you pay; and,</li><li>◦ Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).</li></ul>                                                                                                                                                                                                   |
| Reporting Abuse         | <p>If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:<br/>HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.</p>                                                                                                                                                                                                                                            |

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HUD-1140-OIG THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION





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**Celebrating Over 50 years of Integrity, Quality & Service**

## ***Applicant Certification***

I/We, \_\_\_\_\_, acknowledges Receipt of a copy of the following:

- HUD 5380 VAWA Notice of Occupancy Rights Under the VAWA Act
- HUD-5382 Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation

✓ \_\_\_\_\_  
Signature

✓ \_\_\_\_\_  
Date

✓ \_\_\_\_\_  
Signature

✓ \_\_\_\_\_  
Date



**Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

**When should I receive this form?** A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

**What is the Violence Against Women Act (“VAWA”)?** This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act (“VAWA”). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

**What if I require this information in a language other than English?** To read this information in Spanish or another language, please contact [INSERT COVERED HOUSING PROVIDER’S CONTACT INFORMATION; FOR HOPWA PROVIDERS – INSERT GRANTEE NAME AND CONTACT INFORMATION] or go to [INSERT WEBSITE, IF APPLICABLE]. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**What do the words in this notice mean?**

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of VAWA violence/abuse.
- *Affiliated person* means the tenant’s spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant’s household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*<sup>1</sup> includes the following HUD programs:
  - Public Housing
  - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
  - Section 8 Project-Based Rental Assistance (PBRA)
  - Section 8 Moderate Rehabilitation Single Room Occupancy
  - Section 202 Supportive Housing for the Elderly
  - Section 811 Supportive Housing for Persons with Disabilities
  - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
  - Section 236 Multifamily Rental Housing
  - Housing Opportunities for Persons With AIDS (HOPWA) program
  - HOME Investment Partnerships (HOME) program
  - The Housing Trust Fund
  - Emergency Solutions Grants (ESG) program
  - Continuum of Care program
  - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

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<sup>1</sup> For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act’s Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.

**What if I am an applicant under a program covered by VAWA?** You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

**What if I am a tenant under a program covered by VAWA?** You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

**How can tenants request an emergency transfer?** Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
  - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
  - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request. To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, [ENTER SPECIFIC CONTACT INFORMATION, WEBSITE, AND/OR INSTRUCTIONS FOR REQUESTING AN EMERGENCY TRANSFER OR A COPY OF THE APPLICABLE VAWA EMERGENCY TRANSFER PLAN]. The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

**Can the perpetrator be evicted or removed from my lease?** Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

**What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance?** In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

| <b>Covered Housing Program(s)</b>                                                                                                                                                                               | <b>Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program | Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.                                                                                                                                                                                                                                                                                                                                                                                                        |
| Permanent supportive housing funded by the Continuum of Care Program                                                                                                                                            | The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)                                  | <p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p> <p>For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.</p> |
| Section 202/811 PRAC and SPRAC                                                                                                                                                                                  | The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Section 202/8                                                                                                                                                                                                   | <p>The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing.</p> <p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p>                                                                                                                                                              |
| Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO                                                                                                                                          | The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| HOPWA                                                                                                                                                                                                           | The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.                                                                                                                                                                                                                                                                                                                                                                                                 |

**Are there any reasons that I can be evicted or lose assistance?** VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

**What do I need to document that I am a victim of VAWA abuse/violence?** If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; OR
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

**Will my information be kept confidential?** If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

**How do other laws apply?** VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence.

Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact [INSERT APPROPRIATE STAFF MEMBER CONTACT INFORMATION]. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Have your protections under VAWA been denied?** If you believe that the covered housing provider has violated these rights, you may seek help by contacting [INSERT LOCAL HUD FHEO FIELD OFFICE & CONTACT INFORMATION]. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/VAWA](https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA). To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

**Need further help?**

- ° For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- ° To talk with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

**Public reporting burden** for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING**

**Confidentiality Note:** Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

**Purpose of Form:** If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

**VAWA protects individuals and families regardless of a victim's age, sex, or marital status.**

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

**Will my information be kept confidential?** Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

**What if I require this information in a language other than English?** To read this in Spanish or another language, please contact [INSERT COVERED HOUSING PROVIDER'S CONTACT INFORMATION; FOR HOPWA PROVIDERS – INSERT GRANTEE NAME AND CONTACT INFORMATION] or go to [INSERT WEBSITE, IF APPLICABLE]. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Need further help?** For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

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

1. Name(s) of victim(s): \_\_\_\_\_

2. Your name (if different from victim's): \_\_\_\_\_

3. Name(s) of other member(s) of the household: \_\_\_\_\_

\_\_\_\_\_

4. Name of the perpetrator (if known and can be safely disclosed): \_\_\_\_\_

5. What is the safest and most secure way to contact you? (You may choose more than one.)

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

☐ Phone Phone Number: \_\_\_\_\_

Safe to receive a voicemail: ☐ Yes ☐ No

☐ E-mail E-mail Address: \_\_\_\_\_

Safe to receive an email: ☐ Yes ☐ No

☐ Mail Mailing Address: \_\_\_\_\_

Safe to receive mail from your housing provider: ☐ Yes ☐ No

☐ Other Please List: \_\_\_\_\_

6. Anything else your housing provider should know to safely communicate with you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:**

*Domestic violence* includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

*Dating violence* means violence committed by a person:

- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**
- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

*Sexual assault* means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

*Stalking* means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for the person's individual safety or the safety of others **or**
- (2) Suffer substantial emotional distress.

**Certification of Applicant or Tenant:** By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

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**Signature**

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**Date**

**Public Reporting Burden** for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.