



BENNING HEIGHTS APARTMENTS  
4806 Alabama Ave SE Suite #B  
Washington, DC 20019  
(202) 583-0454  
[benningheights@winnco.com](mailto:benningheights@winnco.com)

### APPLICATION FOR HOUSING

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work #: \_\_\_\_\_

List names, address, and phone number of two relatives or friends who generally know how to contact you:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

### HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the head of household and all other members who will be living in the unit. Give the relationship of each family member to the Head:

| Full Name | Relationship | Birthdate | Age | Sex | SS# | US Citizen? YES/NO |
|-----------|--------------|-----------|-----|-----|-----|--------------------|
|-----------|--------------|-----------|-----|-----|-----|--------------------|

Self \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you plan on having anyone living with you in the future who is not listed above?**

Yes

No

If yes, Please Explain:

**FOR STATISTICAL PURPOSES**

- White
- American Indian
- Hispanic
- Do not wish to answer

- Black
- Asian
- Non-Hispanic
- Do not wish to answer

**Is there a handicap or disability that you as head of household or spouse wish to claim for Section 8 eligibility purposes?**

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**Are there any special accommodations that the household will require?**

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**Identify any special housing needs required as a result of the handicap:**

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**CURRENT HOUSING STATUS**

**Provide the name, address, and phone number of all your landlords for the past three years:**

**Current Landlord:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

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

**Previous Landlord:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

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

### INCOME INFORMATION

Please answer each of the following questions...For each "yes" answer, provide the details in the chart below:

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1.) Is any member of your household employed, full time, part time, or seasonally?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.) Does any member of your household expect to work For any period during the next twelve (12) months?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.) Does any member of your household work for someone Who pays him or her in cash?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.) Is any member of your household on leave of absence From work due to lay-off, medical, maternity or military Leave? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.) Does any member of your household now receive or Expect to receive unemployment benefits?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.) Does any member of your family now receive or expect To receive child support?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.) Is any member of your household entitled to child Support that he/she is not now receiving?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.) Does any member of your household now receive or Expect to receive alimony payments?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.) Is any member of your household entitled to alimony Payments that he/she is not now receiving?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.) Does any member of your household receive Or expect to receive welfare assistance?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.) Does any member of your family receive or expect To receive social security benefits?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.) Does any member of your household receive or Expect to receive income from a pension or annuity?                   | <input type="checkbox"/> | <input type="checkbox"/> |

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>13.) Does any member of your household receive Regular cash contributions from individuals not living In the unit or from agencies?</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>14.) Does any member of your household receive Income From assets including interest on checking or Savings accounts; Interest and dividends from certificates of deposit, stocks or Bonds, income from the rental of property?</b> | <input type="checkbox"/> | <input type="checkbox"/> |

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next twelve months.

| Family Member Name | Source/Type of Income | Annual or Hourly Income |
|--------------------|-----------------------|-------------------------|
|                    |                       |                         |
|                    |                       |                         |
|                    |                       |                         |
|                    |                       |                         |
|                    |                       |                         |

#### ASSET INFORMATION

List all checking and savings accounts including IRA'S, KEOGH accounts, and certificates of deposit of all household members, including amounts disposed of during the past two years:

| Family Member Name | Bank Name | Account Number | Current Balance |
|--------------------|-----------|----------------|-----------------|
|                    |           |                |                 |
|                    |           |                |                 |
|                    |           |                |                 |
|                    |           |                |                 |

List value of all stocks, bonds, trusts, pension contributions, or other assets: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you own a home or other real estate?       Yes      No

Have you sold or given away any real property or  
 Other assets in the past two years? If yes, what is the current market value of the asset? \_\_\_\_\_  
 \_\_\_\_\_

### EXPENSES

Do you pay for childcare which allows you or another family member to work or go to school? If yes, give name and address of child care provider, weekly cost, and name of family member enable to work or go to school:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Weekly Cost: \_\_\_\_\_

Name of Family Member: \_\_\_\_\_

### ELDERLY FAMILIES ONLY

Do you have Medicare?  Yes  No

Do you have any other kind of medical insurance?  Yes  No

Do you have any outstanding medical bills on which you're paying?  Yes  No

Do you expect to have any medical expenses during the next 12 months? If yes, amount of medical expenses? \$ \_\_\_\_\_  Yes  No

Have you or has any member of your household ever been convicted of a crime? If yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### APPLICANT CERTIFICATION:

I/We certify that if selected to move onto this project, the unit that I/We occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility for Section 8 assistance. I/We authorize the agent to verify all information provided on this application and to contact persons or current landlords or other agencies for credit and verification information which may be released to appropriate Federal, State or local agencies. I/We certify that the statements made on this application are true and complete to the best of my knowledge. I/We understand that false statements or information are permissible under the Federal Law.

**SIGNATURES**

Signature of Head: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Co-Head: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Manager: \_\_\_\_\_

Date: \_\_\_\_\_

**COMMENTS/ ADDITIONAL INFORMATION:**

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## Benning Heights Apartments

### DECLARATION FORMAT FORM

To be completed for each household member listed on the Family Summary Sheet. Parents or legal guardians will sign for children under the age of eighteen. Information provided on this form is subject to appropriate verification with the Department of Homeland Security (DHS). Please print in a legible manner.

Name:

\_\_\_\_\_  
Last                      First                      Sex

Relationship to Head of Household: \_\_\_\_\_ Head \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Month/Day/ Year

Alien Registration Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

SAVE Verification No. \_\_\_\_\_ Admissions Number: \_\_\_\_\_  
(To be entered by owner if and when received)                      (If Applicable)

- I am a United States Citizen (Sign and Date Certification on page 2)
- I am a Non-citizen with eligible immigration status as evidenced by one of the documents listed below and can present the document in an original form (not a copy) as evidence of my status. (Provide Documents and Sign and Date Certification on page 2) Note: If you are 62 years of age or older, you need only submit a proof of age document w/this format and Sign and Date Certification page 2.
- I am not contending eligible immigrations status and understand that I am not eligible for financial assistance. (Sign and Date Certification on page 2)

| Document Type |   | Description  |
|---------------|---|--|
| I-551         | <i>Alien Registration Receipt Card (AKA "Green Card")</i> | Permanent Resident Alien Status  |
| I-94          | <i>Arrival-Departure Record with annotation</i>           | Admitted as Refugee pursuant to Section 207<br><br>Section 208 or Asylum<br>Section 243(h) or Deportation Stayed by Attorney General<br>Paroled pursuant to Section 212(d)(5) Immigration Naturalization Act (INA)   |
| I-94          | <i>Arrival-Departure Record without annotation</i>        | Letter from an DHS Asylum Officer granting Asylum if application was filed on or after 10/1/90<br>Letter from an DHS District Director granting Asylum if application filed before 10/1/90<br>Final court decision granting Asylum (and no appeal)<br>Court decision granting Withholding of Deportation<br>Letter from an DHS Asylum Officer granting Withholding of Deportation if application was filed on or after 10/1/90 |
| I-688         | <i>Temporary Resident Card</i>                            | With "Section 245A" or "Section 210" annotation  |
| I-688-B       | <i>Employment Authorization Card</i>                      | With "Provision of Law 274a.12(11)" or "Provision of Law 274a.12" annotation   |
| INS Receipt   | <i>Request for Replacement Documents</i>                  | 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.  |



Winn Residential

### CERTIFICATION

I certify that the above representations are true as of the date of this certification

Name \_\_\_\_\_

Date \_\_\_\_\_

Signed under pains and penalties of perjury (18 USC 1001 and 1010)

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

### REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen 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 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. 3/31/2014)

|                            |             |                                       |
|----------------------------|-------------|---------------------------------------|
| Benning Heights Apartments | 00035334    | 4806 Alabama Ave SE #B Wash, DC 20019 |
| Name of Property           | Project No. | Address of Property                   |

|                              |                                      |
|------------------------------|--------------------------------------|
| Rashanda Nails               | Section 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): \_\_\_\_\_

| Ethnic Categories                         | SELECT ONE               |
|---|--------------------------|
| Hispanic or Latino                        | <input type="checkbox"/> |
| Not-Hispanic or Latino                    | <input type="checkbox"/> |
| Race Categories                           | SELECT ONE               |
| American Indian or Alaska Native          | <input type="checkbox"/> |
| Asian                                     | <input type="checkbox"/> |
| Black or African American                 | <input type="checkbox"/> |
| Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> |
| White                                     | <input type="checkbox"/> |
| Other                                     | <input type="checkbox"/> |

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**

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Signature

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Date

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

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

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

### **A. General Instructions:**

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

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

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

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

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

2. The five racial categories to choose from are defined below: You 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.

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

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

## 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.

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)

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 202/152 PAC

##### Section 221(d)(3) Below Market Interest Rate

##### Section 236

##### HOPE 2 Home Ownership of Multifamily Units

## **Agencies To Provide Information**

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### **Penalties for Misusing this Consent:**

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

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$6,000.

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 A pplicant'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

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

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.): | O/A requesting release of information (Owner should provide the full name and address of the Owner.);<br><br>Winn Residential<br>6 Faneuil Hall Marketplace<br>Boston, MA 02109 | 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><br>Assisted Housing Services Corporation<br>1828 L Street NW, Suite #520 Washington, DC 20036 |
| DC Dept. of Housing and Urban Development<br>820 First Street NW<br>Washington, DC 20002  |   |  |

**Notice To Tenant:** Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

**Signatures:**

**Additional Signatures, if needed:**

|                                  |      |                                  |      |
|----------------------------------|------|----------------------------------|------|
| Head of Household                | Date | Other Family Members 18 and Over | Date |
| Spouse                           | Date | Other Family Members 18 and Over | Date |
| Other Family Members 18 and Over | Date | Other Family Members 18 and Over | Date |
| Other Family Members 18 and Over | Date | Other Family Members 18 and Over | Date |

#### **Failure to Sign the Consent Form**

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

#### **Conditions**

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

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

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

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circumstances, the O/A may allow the member to sign the consent forms at a later date. The O/A must keep a record of the date the member signed the consent forms and the date the member was unable to sign the consent forms.

#### **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.

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Rashanda J. Nails

Name of Project Owner or his/her representative

Assistant Property Manager

Title

Signature & Date

cc:Applicant/Tenant

Owner file

Name \_\_\_\_\_

Unit # \_\_\_\_\_

**2004  
Census  
Test**

United States  
**Census  
2010**

**SPEAK CARD**

**LANGUAGE IDENTIFICATION FLASHCARD**

ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.

1. Arabic

Խնդրում ենք նշում կատարել այս բառակիցառում,  
եթե խոսում կամ կարգում եք Հայոց:

2. Armenian

যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।

3. Bengali

ព្រៃចម្លាក់ខ្លួនប៉ុស: មេដ្ឋាមាន បុគ្គលាយការណា ទី១។

4. Cambodian

Močka i kahhon ya yangin fuhingna' manaitai pat fuhingna' kumentos Chamorro.

5. Chamorro

如果你能读中文或讲中文，请选择此框。

6. Simplified Chinese

如果你能读中文或讲中文，请选择此框。

7. Traditional Chinese

Označite ovaj kvadratič ako čitate ili govorite hrvatski jezik.

8. Croatian

Zaškrněte tužku kolouček, pokud čtete a hovoríte česky.

9. Czech

Kruis dit vakje aan als u Nederlands kunt lezen of spreken.

10. Dutch

Mark this box if you read or speak English.

11. English

اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.

12. Farsi

Cocher ici si vous lisez ou parlez le français.

13. French

Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.

14. German

Σημειωστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.

15. Greek

Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.

16. Haitian Creole

अगर आप हिन्दी बोलते या पढ़ सकते हों तो इस बक्स पर चिह्न लगाएं।

17. Hindi

Kos lub voj no yog koj paub twn thiab hais tus Hmoob.

18. Hmong

Jelölje meg ezt a kockát, ha megérte vagy beszélik a magyar nyelvet.

19. Hungarian

Marcaam daymy nga kahon no makabasa wemno makasaoka iji Illocano.

20. Ilocano

Marchi questa casella se legge o parla italiano.

21. Italian

日本語を読んだり、話せる場合はここに印を付けてください。

22. Japanese

한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.

23. Korean

ທີ່ມານີ້ແມ່ນເງິນ ຖ້າທ່ານວ່ານີ້ມີພາກພາກອາວ.

24. Laotian

Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.

25. Polish

Assinale este quadrado se você lê ou fala português.

26. Portuguese

Însemnați această căsuță dacă citiți sau vorbiți românește.

27. Romanian

Пометьте этот квадратик, если вы читаете или говорите по-русски.

28. Russian

Обележте овај квадратик уколико читате или говорите српски језик.

29. Serbian

Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.

30. Slovak

Marque esta casilla si lee o habla español.

31. Spanish

Markahan itong kuwadrado kung kaya ay marunong magbasa o maggalita ng Tagalog.

32. Tagalog

ໄຟກາເກົ່າໂດຍນມາຢ່າງຈຳກັດສໍາເລັນເຫັນທີ່ມະຫຼາກການຂາຍໄນ້.

33. Thai

Maaka 'i he puha ni kapau 'oku ke lan pe lea fakatonga.

34. Tongan

Відмітьте цю холітницю, якщо ви читаєте або говорите українською мовою.

35. Ukrainian

اگر آپ اردو بخوبی باید تھے تو اس نامے میں مندرجہ کیسے۔

36. Urdu

Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.

37. Vietnamese

בזקיכת דעתם קדמלו איזב איזר ליעונטו איזען זאנט איזען.

38. Yiddish





## HUD Document Package Cover Sheet

To be given to all applicants for project based federally assisted housing

1. LEP – Language Identification Form
2. Fraud – Is It Worth It – HUD Form 1141 (12/2005)
3. Application Form
4. Rental Application Attachment to gather required drug and criminal background information about all adult household members (to be completed for household and signed by all adult members)
5. Citizenship Documents and Certifications (after Family Summary Sheet has been completed, print enough Declaration Forms to accommodate household size).
  - o Initial Notice for an Applicant Family
  - o Family Summary Sheet
  - o Declaration Form (one per applicant listed on Family Summary Sheet)
6. Race and Ethnic Data Reporting Form (to be completed and signed by applicant)
7. HUD Document Package for Applicant's/Tenant's Consent to the Release of Information (includes the following)
  - o HUD 9887/A Fact Sheet describing the necessary verifications
  - o HUD 9887 (to be signed by the Applicant or Tenant)
  - o HUD 9887-A (to be signed by the Applicant or Tenant and Housing Owner)
  - o Relevant Verification forms (to be signed by the Applicant or Tenant)
    - \* Note: the verification forms will be added to the package after the application has been reviewed and the necessary verifications determined and printed.
8. How Your Rent is Calculated Fact Sheet (only include the Fact Sheet for the subsidy program relevant to this site)
9. Resident Rights and Responsibilities brochure
10. EIV Brochure
11. Supplement to Application for Federally Assisted Housing

Head of Household signature below acknowledges receipt of documents listed above.

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

\_\_\_\_\_  
Date



**Rental Application Attachment  
for State and Federally Regulated Properties**

Federal law requires us to get drug and criminal background information about all adult household members applying for assisted housing. The head of household must answer the questions below for all household members and each household member age 18 or older must sign below to consent to a background check.

1. Have you or any members of your household ever lived in any federally or state assisted housing?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list where and when:

3. Are you or any member of your household currently engaging in the use of illegal drugs?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have you or any member of your household ever been convicted of a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

5. Are you or any member of your household currently abusing alcohol?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Have you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

7. Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program in any state?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. List all addresses where you and other adult household members have previously resided over the past 5 years. You must provide a complete list of states in which any household member has resided:

The applicant hereby certifies that the above information is true and correct. I understand that making false statements on this form is ground for rejection or termination of my lease. I authorize Benning Heights Apartments to verify the above information and I consent to the release of the necessary information to determine my eligibility.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Date \_\_\_\_\_ Date \_\_\_\_\_

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

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

REV 01/30/13

Page 1 of 1



**Benning Heights Apartments**

**FAMILY SUMMARY SHEET FORM**

| Member Number | Last Name | First Name | Relationship to Head of Household | Sex | Date of Birth |
|---------------|-----------|------------|-----------------------------------|-----|---------------|
| Head          |           |            | Self                              |     |               |
| 2             |           |            |                                   |     |               |
| 3             |           |            |                                   |     |               |
| 4             |           |            |                                   |     |               |
| 5             |           |            |                                   |     |               |
| 6             |           |            |                                   |     |               |
| 7             |           |            |                                   |     |               |
| 8             |           |            |                                   |     |               |
| 9             |           |            |                                   |     |               |
| 10            |           |            |                                   |     |               |
| 11            |           |            |                                   |     |               |
| 12            |           |            |                                   |     |               |
| 13            |           |            |                                   |     |               |
| 14            |           |            |                                   |     |               |
| 15            |           |            |                                   |     |               |



Optional and Supplemental 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.

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

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

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 tenure 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, no 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.