



HOUSING AUTHORITY
of the city of
POCATELLO



P.O. Box 4161 • 711 N. 6th Avenue • Pocatello, Idaho 83205-4161 • Voice or TDD • Phone (208) 233-6276 • FAX (208) 233-9821

Information Sheet for: **McKinley Manor Apartments** - 1020 McKinley Avenue and
Maple West Apartments - 350 West Maple Street

READ THIS AND ALL ATTACHMENTS BEFORE YOU APPLY!

No smoking is allowed. **No pets or animals** are allowed (except, *Assistive Animals* for persons with a disability if a pre-approved *Reasonable Accommodation Request* is obtained).

There is **no subsidy or rental assistance** with these projects and **the tenant must pay all of the rent.**

We check criminal background, credit history and landlord references.

McKinley Manor and Maple West apartments are multifamily housing complexes or *Section 236 projects*. They are owned and managed by the Housing Authority of Pocatello under an agreement with the U. S. Department of Housing and Urban Development. The rent is very reasonable, see the rents below. All utilities, except phone and cable are included in the rent. Rent may vary depending on your income. These complexes offer one, two and three bedroom units (and are assigned based on household members expected to live in the unit, generally two persons per bedroom), air conditioning, on site laundry facilities, and off street parking. To apply, make application at the Housing Authority or print an application from our website (www.housingauthorityofpocatello.org). Eligibility includes meeting the income requirements indicated below.

Rents effective April 1, 2009	One Bedrooms	\$330 to 360
	Two Bedrooms	\$390 to 430
	Three Bedrooms	\$440 to 485
Annual Income Limits effective March 19, 2009 for	1 Person	\$30450
	2 Persons	\$34800
	3 Persons	\$39150
	4 Persons	\$43500
	5 Persons	\$47000
	6 Persons	\$50450

WARNING! Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly or willingly making false or fraudulent statements to any department or agency of the United States.

The Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

- Attached:
- Application Information Sheet
 - Applying For HUD Housing Assistance
 - Citizenship Notice
 - Application
 - PHA Release
 - HUD Release 9887 (02-2007) (expires 3/31/2010)

03-19-09



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

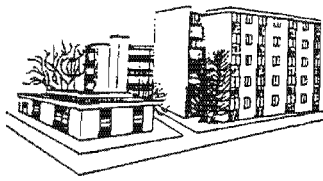
- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



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IMPORTANT NOTICE TO HOUSING APPLICANTS AND PARTICIPANTS

Per Federal Regulations Effective June 19, 1995, Financial Assistance is Contingent Upon the Submission and Verification of Evidence of Citizenship or Eligible Immigration Status.

A Declaration Must Be Completed and Signed by Each Household Adult, and Completed by The Responsible Household Adult of Each Minor Child (member under age 18) which states one of the following:

- the member is a Citizen of the United States (no further evidence of citizenship is required)
- the member is a Non-Citizen of the United States with Eligible Immigration Status (acceptable evidence of eligible status is required as listed below*)
- the member chooses not to declare citizenship/eligible immigration status (may affect eligibility for assistance)

Applicants must submit all declarations and evidence of eligible immigration status at the time of their eligibility appointment (scheduled by the PHA as their application approaches the top of the waiting list) or an extension shall be granted at the time of appointment.

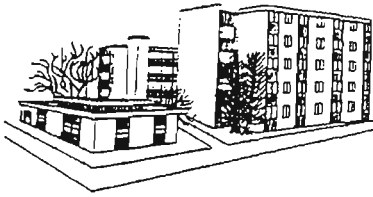
Participants must submit all declarations and evidence of eligible immigration status at the time of their next regular Recertification or an extension shall be granted at the time of appointment.

New Occupants of Participant Households must submit declaration and evidence of eligible immigration status at the time of the next Recertification or an extension shall be granted at the time of appointment.

***Acceptable Evidence of Eligible Immigration Status** (besides the signed declaration) is:

- Proof of age document (the original) for participants age 62 or older as of June 19, 1995, or
- A signed verification consent form and one of the following DHS documents (the original):
 - Form I-551, Alien Registration Receipt Card (for permanent resident aliens)
 - Form I-94, Arrival-Departure Record, with one of the following annotations:
 - "Admitted as Refugee Pursuant to Section 207";
 - "Section 208" or "Asylum";
 - "Section 243(h)" or "Deportation Stayed by Attorney General";
 - "Paroled Pursuant to Section 212(d)(5) of the Immigration and Nationality Act (INA)";
 - Form I-94 Arrival-Departure Record not annotated but accompanied by one of the following:
 - a final court decision granting asylum (but only if no appeal is taken)
 - a letter from DHS (INS) asylum officer granting asylum (if application was filed on or after October 1, 1990 or from a DHS district director granting asylum (application filed was before October 1, 1990)
 - a court decision granting withholding of deportation
 - A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990)
 - Form I-688, Temporary Resident Card, annotated "Section 245A" or "Section 210";
 - Form I-688B, "Employment Authorization Card" annotated "Provision of Law 274a.12(11) or 274a.12";
- A receipt issued by 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.
- Form I-151, Alien Registration Receipt Card (Not applicable to Section 8 and Public Housing)
- Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration states, they will be announced by notice published in the Federal Register.

Assistance Will be Prorated, Denied, or Terminated (as appropriate) Upon a Final Determination of Ineligibility, but not prior to the conclusion of any DHS Appeal and/or Informal Hearing (if requested by the family in accordance with requirements). Participants as of June 19, 1995, whose family members are not *all* eligible, may request and receive continued assistance or deferral of termination in order to preserve the family.



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Pre Application for McKinley Manor and Maple West Apartments ONLY*

* Non-Subsidized apartments (**NO RENTAL ASSISTANCE**) - Section 236, Multifamily Housing Projects

Please READ carefully (including the attachments) and PRINT CLEARLY the entire application & be sure ALL ADULTS SIGN the application & attachments. If you need help completing this application, please ask the receptionist.

Check which project you prefer. Check both if you have no preference. [] McKinley Manor [] Maple West

How did you hear (who?) about these apartment complexes? _____

Family's Current Mailing Address & Phone Number. Important: <u>Be sure to report future changes in your mailing address or you could lose your place on the waiting list.</u>	
Number, Street and/or Box Number:	
City, State, and Zip Code:	
Phone Number:	Message Phone:
DO NOT WRITE IN THIS SPACE	

Household Composition - list each member expected to live in the apartment (# of bedrooms is assigned based on household members-generally two persons per bedroom). Important: Be sure to contact the office to update any changes in your household composition such as new births, move ins/outs, etc.

	Full Legal Name (Middle Initial)	Relationship	Birth Date	Sex	Age	Social Security Number	Gross Income Per Year/Source
1		Head of House					
2							
3							
4							
5							
6							

[] Yes [] No Do you have a need for an accessible unit?

[] Yes [] No Do you require any modifications or accommodations due to a disability in order to fully utilize a dwelling unit or the program and its services? If yes, a reasonable accommodation form will be provided to you.
Comments/Notes: _____

Assets - list assets including checking/savings accounts, certificates, stocks, bonds, real estate, life insurance, etc.

1		4	
2		5	
3		6	

[] Yes [] No Has any family member disposed of any assets for less than fair market value during the previous two (2) years? If yes, please explain. _____

Personal References - please list two (2) **non-related** personal references, known for at least two (2) years

	Name	Address	Phone Number
1			
2			

Please list where you have lived during the last 10 (ten) years. Do not leave any gaps. If at any time you did not rent from a landlord or have never rented, please complete each period of time and indicate the circumstances in the comments column (i.e., "Lived with parents" or "owned home" etc.)

	Dates	Landlord's Name	Landlord's COMPLETE Mailing Address (and phone number)	Comments
1	To: From:			
2	To: From:			
3	To: From:			
4	To: From:			
5	To: From:			
6	To: From:			
7	To: From:			
8	To: From:			
9	To: From:			

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is any member a Non-Citizen of the United States? If "yes" specify who. _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has assistance or tenancy in any assisted/subsidized housing program ever been terminated for fraud, nonpayment of rent, or failure to cooperate with Recertification procedures?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does any member currently use any illegal drug(s) or controlled substance?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you or any member EVER been arrested? If yes, specify who, when, where, and what/why. _____

Head of House is:	Ethnicity - (Select One)	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not-Hispanic or Latino
Head of House is:	Race - (Select All Which Apply)	<input type="checkbox"/> 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	

CERTIFICATION (Please Read & Sign): I certify that all information stated on this application is true, accurate, and complete to the best of my knowledge and belief. I understand that giving false information may be grounds for denial or termination of tenancy and punishable under Federal and State criminal law. To more accurately predict the waiting list, I understand that this application will be pre-screened for criminal history, credit history and references. All eligible applications are placed on the list according to the date and time received. All applicants are sent written notice of apparent eligibility or ineligibility. Further, I have read the application and have read and received the attachments. I understand that these apartments are not subsidized and that I must pay my own rent as indicated.

WARNING! TITLE 18, SECTION 1001 OF THE U.S. CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY OR WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signatures:	Head of House _____	Date _____
	Spouse or Co-Head _____	Date _____
	Other Adult _____	Date _____
	Other Adult _____	Date _____
	Other Adult _____	Date _____

The Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

Authorization for the Release of Information

PHA Requesting Release of Information Attn: Housing Manager/Occupancy Specialist Housing Authority (HA) of the City of Pocatello PO Box 4161 Pocatello ID 83205-4161	
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<p>Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24 CFR 982.551(b).</p> <p>Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to identity, family composition and marital status, employment income, earned and unearned income, assets, residences and rental activity, medical or child care allowances, credit and criminal activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.</p> <p>Uses of Information to be Obtained: HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosure or improper uses of the information that is obtained based on the consent form.</p> <p>Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age. Also required to sign are those persons under age 18 who are the head of household or co-head and are considered emancipated minors.</p> <p>Failure to Sign Consent Form: Your failure to sign the consent form</p>	<p>may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8, S8NC, Section 236, Affordable Housing and Low Rent Public Housing Informal Review and Hearing Procedures.</p> <p>Sources of Information: The groups or individual that may be asked to release the authorized information include but are not limit to:</p> <ul style="list-style-type: none"> Previous Landlord (including Public Housing Agencies) Courts, Post Offices, Legal Aid, Attorneys, Lawyers Schools and Colleges Law Enforcement Agencies Support and Alimony Providers Past and Present Employers Welfare, Federal & State Agencies, E.I.V., U.I.V. State Unemployment Agencies Social Security Administration, Pension/Annuity Providers Medical and Child Care Providers Veterans Administration Requirement Systems Banks and other Financial Institutions, Insurance Companies Credit Providers and Credit Bureaus Utility Companies Case Managers/Coordinators/Trainers/Rehabilitation Specialists/Payees
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Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations. This consent form expires 15 months after signed.

Signatures:

Head of Household	Date	Other Family Member over age 18	Date
Spouse or Co-head	Date	Other Family Member over age 18	Date

Applicant/tenant may not sign this consent form if the verification form does not clearly indicate who will provide the request information and who will receive the information (see above Sources of Information).

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, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affect by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

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

OMB Approval Number 2502-0204 (Expires 3/31/2011)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
U.S. Dept. of HUD - Office of Multifamily Housing, 909 First Ave., Suite 1900 MS OAHM, Seattle, WA 98104-1000	McKinley Manor & Maple West Apts. 711 N. 6th Ave., PO Box 4161 Pocatello ID 83205-4161	HA of Pocatello - Don R. Thompson, Director, 711 N. 6th Ave., PO Box 4161 Pocatello ID 83205-4161

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

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

_____ Head of Household	_____ Date	_____ Other Family Members 18 and Over	_____ Date
_____ Spouse	_____ Date	_____ Other Family Members 18 and Over	_____ Date
_____ Other Family Members 18 and Over	_____ Date	_____ Other Family Members 18 and Over	_____ Date
_____ Other Family Members 18 and Over	_____ Date	_____ Other Family Members 18 and Over	_____ Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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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.