



Which property are you interested in?

I/WE WISH TO MOVE IN WITH A CURRENT RESIDENT NAME: \_\_\_\_\_

APT#: \_\_\_\_\_

Revision 4/23

APARTMENT NAME

CITY

**ALL INCOMPLETE APPLICATIONS WILL BE RETURNED** Please complete all areas of the application for occupancy and fax, mail or email back to the information at the bottom of this page. If faxing the application, please fax all sides and mail original. You can apply for multiple properties with one application, just list them at the top. Completed applications are placed on our list in order of date and time received. Life Style, Inc. is an equal opportunity provider and employer. Life Style, Inc. is in compliance with 504 and Fair Housing Regulations and does not discriminate on the basis of disability status in the admission or access to, treatment or employment in any of its federally assisted programs and activities. We will gladly assist any applicant needing help completing this application. **PLEASE PRINT CLEARLY AND USE BLUE OR BLACK INK.**

APPLICANT NAME: \_\_\_\_\_  
 First Middle Last

CO-APPLICANT NAME: \_\_\_\_\_  
 First Middle Last

CURRENT ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_ P.O. BOX # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**APPLICANT'S EMPLOYER**

Name/Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone #: (\_\_\_\_) \_\_\_\_\_  
 Fax #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

**CO-APPLICANT'S EMPLOYER**

Name/Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone #: (\_\_\_\_) \_\_\_\_\_  
 Fax #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

**DATE NEEDED:** \_\_\_\_\_

**SIZE NEEDED:** \_\_\_\_\_

How did you hear of this housing development and/or Life Style, Inc.? Newspaper \_\_\_\_\_ / Internet \_\_\_\_\_ Which site? \_\_\_\_\_  
 Friend \_\_\_\_\_ / Family \_\_\_\_\_ / Social Services \_\_\_\_\_ / Employer \_\_\_\_\_ / Other: \_\_\_\_\_

Have you ever rented with Life Style, Inc. before? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Are you living or have you ever lived in government-subsidized housing? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

If yes, list name & address: \_\_\_\_\_

Has your housing assistance ever been terminated for fraud, non-payment of rent or any other reason? Yes \_\_\_ No \_\_\_

If yes, explain circumstances: \_\_\_\_\_

Have you or any member of your household ever lived in any other state(s)? Yes \_\_\_ No \_\_\_ which ones? \_\_\_\_\_

**WHO GENERALLY KNOWS HOW TO CONTACT YOU? - LIST NAMES, ADDRESSES & PHONE NUMBERS**

Name: _____	In case of emergency: Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone #: (____) _____	Phone #: (____) _____
Cell #: (____) _____	Cell #: (____) _____

**WHO WILL LIVE IN THE RENTAL? - ONLY THOSE LISTED BELOW WILL BE ALLOWED TO OCCUPY THE UNIT** List applicant as Head and all other members who will be living in the unit. Give the relationship of each member to the head of the household.

\*Please check this box if you prefer not to specify your gender.

FIRST	MIDDLE	LAST	RELATION TO	BIRTHDATE	AGE	GENDER*	SOCIAL SECURITY#
1			HEAD				
2							
3							
4							
5							
6							
7							
8							
9							

**IS ANY ADULT ENROLLED OR PLANNING ON ENROLLING IN COLLEGE?**

Is there any adult (18 or older) in the household that is a full time student or expecting to become a student? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please complete the following:

Name of Adult (18+): \_\_\_\_\_ Date enrolled: \_\_\_\_\_ Complete name and address of school: \_\_\_\_\_

- 1. Are you married and did you file a joint federal income tax return with your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Will any adult who is not a full time student live in the apartment? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Are you a single parent with children who are not claimed as dependents on another's tax return? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Are you receiving MFIP or welfare from the county? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5. Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act or funded by a State or Local government agency? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6. Are you claimed as a dependant by your parents or guardians pursuant to IRS regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

**DO YOU HAVE ANY CHILDCARE EXPENSES?**

Do you pay for childcare, which enables you or another family member to work or go to school? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, amount paid monthly: \$ \_\_\_\_\_ Does the county help pay your daycare expenses? Yes \_\_\_\_\_ No \_\_\_\_\_ County? \_\_\_\_\_

Name and address of childcare provider: Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS EVEN IF THEY DO NOT APPLY TO YOU**

Have you or anyone listed used any other name than the one provided on this application? Please include any maiden names: \_\_\_\_\_

Is anyone living with you now that is not listed on this application? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain \_\_\_\_\_

Is a change in your family composition expected within the next 12 months (birth of a child, custody changes, adding other family members)? Yes \_\_\_\_\_ No \_\_\_\_\_ Change \_\_\_\_\_ When? \_\_\_\_\_

Do you have full custody of your children? Yes \_\_\_\_\_ No \_\_\_\_\_ if no, explain custody arrangements: \_\_\_\_\_

Do you or a member of your household qualify for housing assistance because of a disability? Yes \_\_\_\_\_ No \_\_\_\_\_  
Which member? \_\_\_\_\_ Doctor/medical professional's name, address, phone & fax number to verify disability status: \_\_\_\_\_

Do you or a member of your family have needs that might be better served by a wheelchair accessible apt? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you pay for a care attendant or for any equipment for a handicapped member of the family? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive Medicare or have any other type of medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive medical assistance? County received from? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

*If you are 62+ or disabled you may qualify for out of pocket medical expense deductions from your monthly rental amount. Please list your monthly medical expenses along with the name and address of the provider(s) on a separate piece of paper and attach to this application.*

Do you currently use any tobacco products? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a current illegal user of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of the illegal use, manufacture or distribution of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to any of the **two** previous questions, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted or plead guilty of a crime including a felony, gross misdemeanor or misdemeanor anywhere in the United States? Which state(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or any member of this household subject to a lifetime registration requirement under a state sex offender registration program? Which household member? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been evicted or had an unlawful detainer or an eviction filed against you? Yes \_\_\_\_\_ No \_\_\_\_\_

**TELL US ABOUT YOUR CURRENT LIVING SITUATION – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY**

Monthly rent \$ \_\_\_\_\_ Are you on a lease? Yes \_\_\_\_\_ No \_\_\_\_\_ Did you give proper notice to move out? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently using a Section 8 Housing Voucher? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, will this voucher transfer? Yes \_\_\_\_\_ No \_\_\_\_\_

Who provides the housing voucher? \_\_\_\_\_

Do you have an animal? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_ What kind of animal do you have? \_\_\_\_\_

Will animal(s) accompany you to your new rental location? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this animal(s) needed for medical reasons? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who is the animal for? \_\_\_\_\_

What is the name, office address, phone & fax number of the doctor/medical professional that will verify the medical need for the animal?  
\_\_\_\_\_  
\_\_\_\_\_

**WHERE HAVE YOU LIVED? – PLEASE INCLUDE COMPLETE NAMES, ADDRESSES AND PHONE NUMBERS OF YOUR LANDLORD OR MORTGAGEE FOR THE LAST FIVE YEARS. IF YOU HAVE NOT RENTED BEFORE PLEASE LIST YOUR PLACES OF RESIDENCE FOR THE LAST FIVE YEARS. Please use a separate piece of paper if you need more space.**

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 How long have you lived here? From: \_\_\_\_\_ To: present Did you Rent \_\_\_\_\_ Own \_\_\_\_\_ Stayed With Family/Friend \_\_\_\_\_  
 Landlord/Mortgagee name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone / Cell #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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 Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 How long did you live there? From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Rent \_\_\_\_\_ Own \_\_\_\_\_ Stayed With Family/Friend \_\_\_\_\_  
 Landlord/Mortgagee name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone / Cell #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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 Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 How long did you live there? From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Rent \_\_\_\_\_ Own \_\_\_\_\_ Stayed With Family/Friend \_\_\_\_\_  
 Landlord/Mortgagee name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone / Cell #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**WHAT IS YOUR SOURCE OF INCOME? – HOUSEHOLD MUST SHOW A SOURCE OF INCOME TO BE ELIGIBLE FOR HOUSING. ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY.** Please answer all of the following questions for all household members. For each “yes” answer, please provide the **“Monthly Gross Amount”** received, this is amount received before taxes.

Wages or salaries? (include overtime, shift differentials, tips, bonuses & commissions) Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Self employment income? (Personal Business, Mary Kay, Avon, Tupperware, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Cash payments for odd jobs? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Name of provider: \_\_\_\_\_ Address: \_\_\_\_\_

Unemployment benefits or severance pay? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

How do you receive your benefits? \_\_\_\_\_

Veterans Administration Benefits or Regular pay for a member of the armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

How do you receive your benefits? \_\_\_\_\_

Social Security, SSI, SSDI, RSDI? Number received under: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

How do you receive your benefits? \_\_\_\_\_

Disability benefits or Workman’s Compensation? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

How do you receive your benefits? \_\_\_\_\_

Welfare (MFIP, MSA, GA)? County name: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

How do you receive your benefits? \_\_\_\_\_

Child Support or Alimony? County name: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

How do you receive your benefits? \_\_\_\_\_

Pensions or retirement benefits? (PERA, Railroad, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Company name: \_\_\_\_\_ Address: \_\_\_\_\_

Death Benefits, Annuities or Life Insurance dividends? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Company name: \_\_\_\_\_ Address: \_\_\_\_\_

Lump sum payments, inheritances, insurance settlements, lottery winnings? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Regular cash contributions, gifts or financial support from individuals not living in the unit? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Name of provider: \_\_\_\_\_ Address: \_\_\_\_\_

**DO YOU HAVE ANY ASSETS? – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY.** Please answer each question for all household members. If yes, provide balance/value and complete name of banking institution.

		<b>Balance/Value</b>			
Checking Account	Yes ___ No ___	\$ _____	<b>Bank Name</b> _____	<b>Bank Name</b> _____	
Savings Accounts	Yes ___ No ___	\$ _____	Address _____	Address _____	
Pre-Paid Debit Card	Yes ___ No ___	\$ _____			
Certificates Of Deposits	Yes ___ No ___	\$ _____	Phone #: (____) _____	Phone #: (____) _____	
Savings Bonds	Yes ___ No ___	\$ _____	Fax #: (____) _____	Fax #: (____) _____	
Annuities	Yes ___ No ___	\$ _____	Name on Account _____	Name on Account _____	
Trusts	Yes ___ No ___	\$ _____			
IRA/401K/Stocks	Yes ___ No ___	\$ _____	<b>Bank Name</b> _____	<b>Bank Name</b> _____	
Money Markets	Yes ___ No ___	\$ _____	Address _____	Address _____	
Life Insurance	Yes ___ No ___	\$ _____			
Cars	Yes ___ No ___	\$ _____	Phone #: (____) _____	Phone #: (____) _____	
Coins, Stamps, etc.	Yes ___ No ___	\$ _____	Fax #: (____) _____	Fax #: (____) _____	
Other Investments	Yes ___ No ___	\$ _____	Name on Account _____	Name on Account _____	
Please specify _____					
Contract For Deed	Yes ___ No ___	\$ _____	<i>A copy of the current amortization schedule will be required to verify value.</i>		
Property or Real Estate	Yes ___ No ___	\$ _____	<i>A copy of the current property tax statement will be required to verify value.</i>		
Property Rental Income	Yes ___ No ___	\$ _____	<i>Monthly Amount Received</i>		
Who pays rental income? Name: _____ Address: _____					
Have you given away property or other assets in the past 2 years?					
Yes ___ No ___ \$ _____					
What assets listed above are held jointly with another person? Asset: _____ Held With: _____					

**APPLICANT CERTIFICATION – PLEASE READ AND HAVE ALL ADULTS 18 AND OLDER SIGN**

- A. Please note that this is an application and gives you no lease or rent rights. Additional information will be required at a later date to complete processing of information for subsidized units. At the time of acceptance of a unit, you must contact the Management Agent within 48 hours to accept the unit and submit a security deposit. **You will then have seven (7) additional days to cancel the tenancy and receive the security deposit back.** The deposit will be held according to the terms of the lease. The Management will refund deposits of any applicants who are not approved. No deposit is required at this time with this application.
- B. This application will also be used to establish our waiting list for future occupancy. You are required to contact our office if you have changes to this application. This includes contact information and addresses. If you do not keep your information current, your application will be removed from our waiting list.
- C. If your application is accepted and once occupancy is attained: I/We certify that this is/will be my/our permanent residence. I/We further certify that I/we do/will not maintain a separate subsidized rental unit in a different location. I/We certify that if I/we move into this development, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We do hereby authorize Life Style, Inc. and its staff or authorized representatives to contact previous or current landlords, local police departments, offices, groups or organizations, rental research agencies or other sources for credit and verification which may be released to appropriate Federal, State or local agencies.
- D. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that my eligibility for housing will be based on Rural Development, LIHTC or Section 8 income limits and by Life Style, Inc.’s tenant selection criteria. I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Complete Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Complete Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Complete Signature of all other adults: \_\_\_\_\_ Date: \_\_\_\_\_

**WHAT IS YOUR HOUSEHOLDS NATIONALITY? Using the household list on the bottom of page 1, please mark the ethnicity & race of each household member.** *“The following information is requested by the Federal Government in order to monitor compliance with the Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.” More than one ethnicity code can be listed.*

<b>Household Member Ethnicity/Race Codes:</b>			<b>Ethnicity Code:</b>		<b>Race Codes:</b>
1. ___/___	4. ___/___	7. ___/___	1. White	4. Asian	1. Hispanic/Latino
2. ___/___	5. ___/___	8. ___/___	2. Black/African American	5. Native Hawaiian/Pacific Islander	2. Non-Hispanic/Latino
3. ___/___	6. ___/___	9. ___/___	3. American Indian/Alaskan Native		

## 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 HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

### Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described

### Authority for Requiring Applicant's / Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

### Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

### Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

### Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs  
(administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/1 62 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

**Failure to Sign the Consent Form**

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the 0/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the 0/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 0/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 0/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 0/A does not have another individual verification consent with an original signature and the 0/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the 0/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 0/A and the individual may agree to sign more than one consent for each type of verification that is needed. The 0/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 0/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the 0/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 0/A may use these individual consent forms during the 120 days preceding the certification period. The 0/A may also use these forms during the certification period, but only in cases where the 0/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The 0/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 0/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.**

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Name of Applicant or Tenant (Print)

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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.**

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Name of Project Owner or his/her representative

---

Title

---

Signature & Date  
Cc; Applicant/Tenant  
Owner File

**Penalties for Misusing this Consent:**

HUD, the 0/A, and any PHA (or any employee of HUD, the 0/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 0/A or the PHA responsible for the unauthorized disclosure or improper use.

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multi-family Division.):  
Minneapolis Field Office  
920 2nd Ave. S.  
Minneapolis, MN 55402

O/A requesting release of information (Owner should provide the full name and address of the Owner.):  
Life Style, Inc.  
311 N. Cedar Ave.  
Owatonna, MN 55060

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.):  
Minnesota Housing Finance Agency  
400 Wabasha St. N., Ste 400  
St. Paul, MN 55102-1109

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 by this notice 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

in accordance with any applicable State privacy law. After receiving the information covered 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 assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

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

Signatures:

_____	_____
Head of Household	Date
_____	_____
Spouse	Date
_____	_____
Other Family Member 18 and over	Date
_____	_____
Other Family Member 18 and over	Date

Additional Signatures, if needed:

_____	_____
Other Family Member 18 and over	Date
_____	_____
Other Family Member 18 and over	Date
_____	_____
Other Family Member 18 and over	Date
_____	_____
Other Family Member 18 and over	Date

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 wages 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

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 Plan W2-G

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

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Penalties for Misusing this Consent:

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

Use of the information collected 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.

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

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

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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.