

Bay City Housing Authority
3012 Sycamore Ave.
Bay City, TX 77414
Phone: (979) 245-2652 **ext.** 100

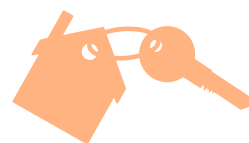
The following documents are required at the time of submission; **if you do not have them, you will be turned away.**

Public Housing Application

- Application is 100% complete
- Current I.D.** for **ALL adults** 18 years old and older
- ORIGINAL** social security cards **for everybody** in the household
- ORIGINAL** birth certificates **for everybody** in the household
- Background check form signed
- Fully completed Authorization for Release of Information **for all adults 18 years old and older**
- Personal reference form (for applicants with no previous rental history)
- Proof of Income:** Any award letters for TANF, SNAP, SSI, Pension, Unemployment, VA, Child Support, Paychecks, etc.
- If Self Employed:** Please bring your tax transcripts for the HA to verify from IRS

Applications must be submitted in person; if they are dropped off in the drop box, they will be shredded.

You may pick up an application any day of the week; **Tuesdays and Thursdays from 9 a.m. - 2 p.m. are the only times they will be accepted.**



APPLICATION FOR PUBLIC/ PHA-OWNED HOUSING

Instructions: Please read carefully; incomplete applications will not be processed.

This application is valid for all Public Housing Properties operated by the **Bay City Housing Authority**, hereinafter referred to as "**BCHA**".

To be qualified for admission to Public Housing, an applicant must:

- 1.** Be a family as defined in the BCHA's Admission and Continued Occupancy policy
- 2.** Document citizenship or eligible immigration status, or pay a higher rent
- 3.** Have an annual income at the time of admission that does not exceed the income limits established by HUD and posted in the BCHA office
- 4.** Provide documentation of Social Security numbers **for all family members**
- 5.** Meet or exceed the Applicant Selection Criteria
- 6.** Pay any money owed to BCHA or any other housing authority
- 7.** Not have had a lease terminated by the BCHA within the past 12 months
- 8.** Be able and willing to comply with the BCHA lease
- 9.** Not have any family members engaged in any drug related/ criminal activity that threatens the life, health, safety, and/ or right to peaceful enjoyment of the premises by other residents
- 10.** Not have any family members subject to a lifetime sex offender registration in any state

Complete applications will be entered on the waiting list as they are received. The waiting list will then be processed in order according to unit type and size.

Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and will not be permitted to reapply for 12 months.

Applicants with disabilities will be given assistance, if requested, with the completion of the application at the BCHA's office, addressed above.

BCHA will conduct a criminal record check on all adult applicants or those for whom adult records are available.

BAY CITY HOUSING AUTHORITY
Criminal Background Check Release Form

Federal law requires us to verify certain information regarding all members of families living in or applying for admission to our developments. The Bay City Housing Authority requires all applicants or participants (Head of Household and listed household members) 18+ to submit to a criminal background screening. The background screening must be conducted prior to admission, at any recertification, prior to moves, or at any time relating to any alleged criminal violation for the purposes of determining your initial or continuing eligibility. BCHA will exercise all rights according to HUD guidelines to deny or evict/terminate any applicant/tenant who fails background screening according to BCHA policies and procedures. Federal law also requires you to cooperate by supplying information regarding the criminal activity of any adult members of your household.

Warning: 18 U.S.C. 1001 provides that any individual who, knowingly and willfully falsifies, conceals, or covers up a material fact, or; makes any materially false, fictitious or fraudulent statements or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or representation ; or makes or uses any false writing or document knowing the same to contain any material false, fictitious, or fraudulent statement or entry shall be fined no more than \$10,000 or imprisoned for not more than five years, or both.

Last Name	First Name	Middle Name
Date of Birth	Social Security Number	Maiden Name
DL or ID #	Race	Gender

1. Have you ever been evicted/ terminated from subsidized Housing or Public Housing for engaging in drug related or other criminal activity? () Yes () No
2. Have you been arrested or convicted within the last 5 years, or do you have pending criminal charges? () Yes () No
3. If you answered yes to question #2, what level? () Misdemeanor () Felony
4. Have you ever used any name other than your birth name or married name? () Yes () No
5. If you answered yes to question #4, please list any alias names you've used in the past:

I certify that the above information and answers provided are true and correct. I also understand that if any of this information is found to be false, my application or lease may be terminated at any time.

Applicant/ Participant Signature	Date
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STOP For Office Use ONLY		
Client #	Approved/ Denied	Date
Signed	Title	

ALL THINGS HIGHLIGHTED IN YELLOW MUST BE READ AND ANSWERED ACCORDINGLY

Date of Application: ____/____/____ Time of Application: ____:____

1. Head of Household Name: _____ Co-Head Name: _____

2. Current Address (Street & Apartment/House #):

Is this address also used as a reliable mailing address? Yes () No ()

If no: Mailing Address:

3. City: _____ State: _____ Zip Code: _____

4. Reliable Phone Number: () _____ - _____ Work/ Home Phone Number: () _____ - _____

FOR STATISTICAL PURPOSES ONLY

5. Race of Head:

- Caucasian/ White Native American/ Alaska Native
 African American/ Black Pacific Islander/ Hawaiian Native
 Asian/ Pacific Islander

6. Ethnicity of Head:

- Hispanic/ Latino Non-Hispanic/ Non-Latino

FAMILY INFORMATION

7. List all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member).
No one except those listed on this form may live in the unit.

	First & Last	DOB	Sex	SSN	Relation to Head	Disabled?	Birthplace	Full-time Student?
H		/ /	M/ F	____-____-____	Head	Yes/ No		Yes/ No
2		/ /	M/ F	____-____-____		Yes/ No		Yes/ No
3		/ /	M/ F	____-____-____		Yes/ No		Yes/ No
4		/ /	M/ F	____-____-____		Yes/ No		Yes/ No
5		/ /	M/ F	____-____-____		Yes/ No		Yes/ No
6		/ /	M/ F	____-____-____		Yes/ No		Yes/ No
7		/ /	M/ F	____-____-____		Yes/ No		Yes/ No
8		/ /	M/ F	____-____-____		Yes/ No		Yes/ No

FAMILY INCOME

8. Please list the source & amount of all income expected in the next 12 months for all family members. Include earnings & benefits received from TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Comp, Child Support, etc. Example: Wages, \$150/ week, SSI, \$421/ month

Income Source	Amount	Frequency
	\$ _____.	Weekly/ Monthly/ Yearly
	\$ _____.	Weekly/ Monthly/ Yearly
	\$ _____.	Weekly/ Monthly/ Yearly
	\$ _____.	Weekly/ Monthly/ Yearly

9. Do you have a checking/ savings account, or own Certificates of Deposit, stocks, bonds, etc? () Yes () No

If yes, describe type asset(s): _____ What is the total value?: _____

10. Do you own any real estate? () Yes () No

If yes, what is the address?: _____

City: _____ State: _____ Zip Code: _____

11. Do you currently have a landlord? () Yes () No

If yes, what is their name?: _____ Phone Number: () _____ - _____

Date your family moved into the location: ____/____/____

SCREENING

A "yes" answer will NOT automatically disqualify you for admission

12. Have you ever been evicted from housing? () Yes () No

If yes, why?: _____

13. Have you ever lived in housing before? () Yes () No

If yes, where?: _____

When?: From: ____/____/____ To: ____/____/____

Name of Lessee: _____

Do you owe any money to the HA? () Yes () No

14. Do you have any past due utility bills? () Yes () No

If yes, please describe and provide amount owed: _____

15. Have you or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? () Yes () No

If yes, explain the problem and who was involved:

16. Is anybody in your household currently on parole or probation? () Yes () No

If yes, explain:

DEDUCTIONS FOR CALCULATING RENT

17. Is the head of household age 62 or older, or a person with a disability? () Yes () No

If no, skip to question #19 on the next page. If yes, please answer the following:

18. Does your household have any medical expenses? (These include insurance, Medicare deduction, doctor bills, dentist bills, hospital bills, clinic costs, medicine, therapy, supplies, medical transportation, etc.) () Yes () No

If yes, please describe the expense:

Frequency of expense:

() Daily () Weekly () Monthly () Quarterly () Semi Annually () Annually

Name of person who can verify expense: _____

Phone Number: () _____ - _____

Address: _____

19. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work?

() Yes () No

If yes, describe the expense:

Monthly amount: _____

Name of person who can verify expense: _____

Phone Number: () _____ - _____

Address: _____

20. Do you have child care expenses for children under the age of 13 so an adult in the family can work, go to school, or attend job training? () Yes () No

If yes, what is the monthly unreimbursed child care cost?: _____

Name of person who can verify expense: _____

Phone Number: () _____ - _____

Address: _____

21. Is any member of the household age 18 or older (other than the head of the family or spouse) a full time student or a person with a disability? () Yes () No

If yes, name of the family member: _____

Name of person who can verify: _____

Phone Number: () _____ - _____

Address: _____

22. Driver's License or State ID #

Applicant Name: _____ ID Number: _____

Co-Applicant Name: _____ ID Number: _____

23. Automobile Information

Year: _____ Make: _____ Model: _____ License: _____

PHA will be contacting all former landlords for the period of three years from the date of application.

I/ we certify that the statements on this application are true to the best of my/ our knowledge and belief, and understand that they will be verified. I/ we authorize the release of information to the Housing Authority by my/ our employer(s), the Texas Health and Human Services Commission, the Social Security Administration, and/ or other business or government agencies. I/

WE UNDERSTAND THAT ANY FALSE STATEMENT MADE ON THIS APPLICATION WILL CAUSE ME/ US TO BE DISQUALIFIED FOR ADMISSION.

Applicant Signature: _____ **Date:** ____/____/____

Co-Applicant Signature: _____ **Date:** ____/____/____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing fables, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of a department of an agency of the United States shall be fined not more than \$10,000, shall be imprisoned for not more than five years, or both.



Authorization for Release of Information
(Non-Employment)

BCHA

Bay City

Head of Household

Head of Household Last 4 Digits of SSN

BCHA Representative

To process your Change of Income request, we must verify the change. By signing this form, you are authorizing the Bay City Housing Authority to obtain verification of the change you reported regarding any of the following:

- Welfare Agencies
- Child Support/ Alimony Providers
- Verteran’s Benefits
- Workman’s Compensation
- Domestic Employment
- Educational Institutes
- Utility Companies
- Pension/ Retirement System
- Medical Providers/ Pharmacy
- Childcare Providers
- Landlord Verification
- Insurance Companies
- Public Housing Agencies

Note: This authorization is in addition to HUD Form 9886, which you sign each year at recertification and is valid for 15 months. HUD Form 9886 is applicable for salary and wages from current and previous employers, wage and unemployment compensations, Social Security wage, employment and retirement information, and unearned income (interest and dividends) reported by financial institutions.

This form can be sent to any applicable third-party source regarding the information specified above to verify the change you report. This information will only be used to determine that your housing benefits assistance are set at the correct level.

Applicant/ Participant Release (MUST be signed by all household members, ages 18 and over)

I hereby authorize the release of information pertaining to the above listed benefits or sources of income to the Bay City Housing Authority (BCHA).

Head of Household Signature (First, Middle, Last)

Date

Household Member Signature (First, Middle, Last)

Date

Household Member Signature (First, Middle, Last)

Date

Household Member Signature (First, Middle, Last)

Date

Any individual with a disability or other medical need who requires accomodation with respect to this form should contact the Bay City Housing Authority at (979) 245-2652

Consent: I consent to allow HUD or the HA to request information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HA's that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signing.

Signatures:

Head of Household:

_____	_____	_____	_____
First	Middle	Last	Date
_____	_____	_____	_____
Head of Household SSN	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. Seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other uses: HUD uses your family income and other information to assist in managing and monitoring HUD – assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of 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. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the office or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

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.

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Notice and Consent for the Release of Information

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

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

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

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 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.

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 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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

-Section 214-

**DECLARATION OF U.S. CITIZENSHIP OR NONCITIZENS
WITH ELIGIBLE IMMIGRATION STATUS**

Part 1: Applies to all Family Members

In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States determined by the U.S. Department of Housing and Urban Development and the U. S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I'm a noncitizen w/eligible imm. status	Signature of Adult Listed to the Left or Signature of Guardian of Minors
_____	_____	_____	()	or	()	_____
_____	_____	_____	()	or	()	_____
_____	_____	_____	()	or	()	_____
_____	_____	_____	()	or	()	_____
_____	_____	_____	()	or	()	_____
_____	_____	_____	()	or	()	_____
_____	_____	_____	()	or	()	_____
_____	_____	_____	()	or	()	_____

Warning: Title 18 U.S.C.1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving assistance.

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form

Part 2: Applies to Noncitizens of Family Members Only

All family members who claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

1. Form I-551, Alien Registration Receipt Card
2. Form I-94, Arrival-Departure Record with appropriate annotations or documents
3. Form I-688, Temporary Resident Card
4. Form I-688B, Employment Authorization Card
5. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above- Listed categories has been made and the applicant's entitlement to the document has been verified

Please call to arrange for delivery and copying the original documents. Do not mail original documents to this office. If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided. In regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As of head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1, of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature: _____ Date: _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

<u>First Name Last Name Age</u>	<u>Signature of Adult Listed to Left/ Guardian for Minors</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing Urban Development is not responsible for the further use or transmission of the evidence or other information.

1. **Warning: 18 U.S.C. 1001 provides, amongst other things, that whoever knowingly and willfully makes or uses a document, or writing, containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department of agency of the United States, shall be fined more than \$10,000 or imprisoned not more than 5 years, or both.**

The following pertains to non-citizens who declare eligible immigration status in one of the following categories:

2. **Eligible immigration status and 62 years of age or older: For non-citizens who are 62 years of age or older, or who will be 62 years of age or older and receiving assistance under a section 214 covered program on June 19,1995. If you are eligible and elect to select this category you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.**
3. **Immigrant status under §101(a)(15) or 101(a)(2) of INA: A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(15) of the Immigration and Nationality Act (INA), as an immigrant as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15) respectively [*immigrant status*]. This category includes a non-citizen admitted under §210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agriculture worker status*], who has been granted lawful temporary resident status.**
4. **Permanent residence under §249 of INA: A non-citizen who entered the U.S. before January 1, 1972, or such a later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 INA (8 U.S.C. 1259) [*Amnesty granted under INA 249*].**
5. **Refugee, asylum, or conditional entry status under §207, 208, 203 in INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under the 208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].**
6. **Parole Status under §212(d)(5) of INA: A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].**
7. **Threat to life or freedom under §243(h) of INA: A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].**
8. **Amnesty under §245A of INA: A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].**

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Members for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date bottom of page. Place an "X" or "✓" below the signature if the signature is by the adult residing in the unit who is responsible for the child.