

Cherry Hill Apartments



1449 West Villard * PO Box 107 * Dickinson, ND 58602-0107
Phone (701) 225-3120 * Fax (701) 225-6160 * TDD 1-800-366-6888

Dear Applicant:

Attached to this letter, you will find various forms used to make application with Cherry Hill Apartments. Please take the time to read this letter over to determine what action you must take.

It is very important that you complete each item that is requested as we cannot process your application without this information. If you should have any questions, please feel free to contact this office at (701) 225-3120.

Complete the attached Application form. Make sure you answer each question. Again, please feel free to call if you have any questions.

Student Certification Form: Even if you are not a student, please complete the top box of the form, answer the first question and sign, print and date the form on the back. If you are a student, please complete the form in its entirety.

Criminal & Sex Offender Background Information Form: All questions must be answered.

Supplement to Application for Federally Assisted Housing Form: This form is optional. If you choose not to provide the contact information, please sign the form and check the box above the signature line.

Social Security Cards: Please bring your social security cards for all family members with you when returning the application. We will need to make copies to attach to your application.

Birth Certificates: Please bring in driver license and/or birth certificates for all family members to verify date of birth.

Return all forms to the Housing Authority office located at 1449 West Villard, PO Box 107, Dickinson, ND 58601. If you do not return all of the attached forms, your application cannot be considered valid.

Sincerely,

Lynette Dillinger
Program Manager



APPLICATION FOR ADMISSION IN FEDERALLY SUBSIDIZED HOUSING



IF YOU ARE HANDICAPPED OR DISABLED, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL US TO SCHEDULE ASSISTANCE. APPLICATIONS MUST BE FILLED OUT COMPLETELY IN ORDER TO BE ACCEPTED FOR PROCESSING.
INCOMPLETE APPLICATIONS WILL BE RETURNED.

Project Name _____ Unit # _____ # of Bedrooms _____

Date Application Received: _____ By (Agent Signature): _____

APPLICANT NAME: _____

CO-APPLICANT NAME: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

	Member's Full Name	Relationship	Birth Date	Age	Social Security Number
1		HEAD			
2					
3					
4					
5					
6					

If you are expecting a child, please list unborn child as a household member.

ELDERLY HOUSEHOLD ALLOWANCE

An elderly household is one in which the head, spouse, or sole-member is 62 or older, disabled or handicapped. Such households qualify for \$400 deduction in computing the rent. Would you like to apply for this deduction? Yes _____ No _____. If yes is indicated, proof you are eligible for this deduction will be required.

Are you requesting a special handicapped accessible unit? Yes _____ No _____.



CURRENT ANNUAL INCOME:

For each type of income that your household receives, list the source of the income and the amount of income expected from that source during the next 12 month.

FAMILY MEMBER	SOURCE/TYPE OF INCOME ADDRESS & PHONE NUMBER	ANNUAL INCOME

ASSETS

List all checking and savings accounts (including IRA, Keogh Accounts, and Certificates of Deposits) of all household members, including amounts disposed of during the past two years.

FAMILY MEMBER	FINANCIAL INSTITUTION	TYPE OF ACCOUNT	CURRENT BALANCE

List value of all stocks, bonds, trust, pension contributions, or other assets.

TYPE OF ASSET	VALUE OF ASSET

Do you NOW own a home or property? Yes _____ No _____ Value _____

Do you receive income from rental property? Yes _____ No _____ Amt. \$ _____ per _____. (Mo/year)

Have you disposed of any assets during the past two years preceding the date of this application?

Yes _____ No _____

If yes, please explain: _____

EXPENSES: (Additional information regarding expenses may be attached)

Do you have expenses for child care of a child age 12 and under or a handicapped or disabled family member (attendant care/auxiliary apparatus for care necessary to enable a family member to work) for which you are not reimbursed? Yes _____ No _____ If yes, provide the following:

Name, address and telephone number of the care provider:

Weekly Cost:

Complete the following **ONLY** if you meet the "Elderly Household" definition in which the head of household or co-head/spouse is 62 or older, disabled or handicapped):

- Do you have Medicare? Yes _____ No _____ If yes, what is the monthly premium? \$ _____
- Do you have any other kind of medical insurance? Yes _____ No _____ If yes provide the following:

Insurance Carrier Name

Address

Policy Number

Monthly Premium

_____ \$ _____

_____ \$ _____

- Do you have any outstanding medical bills not covered by insurance? If yes, please list them.

To Whom Owed

Amount Owed

Monthly Payment

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- What medical expenses do you expect to incur in the next 12 months? (This could include dental, medical, optical, hearing, prescriptions and prescribed counter drugs)

Type of Expense

Estimated Amount

_____	_____
_____	_____
_____	_____
_____	_____

UTILITY EXPENSES:

What are your monthly costs for utilities? \$ _____

RENTAL HISTORY:

Please enter the information requested for your current address and the two most recent prior addresses. Include places where you were not listed on the lease and places where you lived under a different name:

<u>Applicant's Current Address</u>	<u>Landlord's Name & Address</u>	<u>Landlord's Phone Number</u>
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_____	_____	_____
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_____	_____	_____
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Move – In Date: _____	Move – Out Date: _____
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<u>Applicant's Previous Address</u>	<u>Landlord's Name & Address</u>	<u>Landlord's Phone Number</u>
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_____	_____	_____
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_____	_____	_____
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Move – In Date: _____	Move – Out Date: _____
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<u>Applicant's Previous Address</u>	<u>Landlord's Name & Address</u>	<u>Landlord's Phone Number</u>
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_____	_____	_____
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_____	_____	_____
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Move – In Date: _____	Move – Out Date: _____
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Are you now or have you lived in a federally subsidized housing unit Yes _____ No _____ If yes:

Name of Complex: _____ Phone Number: _____

Name of Manager: _____ Address: _____

Dates: _____ Reason For Leaving: _____

Has the family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures? Yes _____ No _____

If yes is indicated, please explain: _____

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:

Name _____

Relationship _____

Address _____

Phone Number _____

Please provide the name, address and phone number of another contact in case of emergency:

Name _____

Relationship _____

Address _____

Phone Number _____

APPLICANT CERTIFICATION: I/We certify that the information provided above is true and correct to the best of my/our knowledge and belief. Inquiries may be made to verify this information. I/We certify that the unit applied for will be my/our household's permanent residence and I/we do not/will not maintain a separate subsidized rental unit in a different location.

(Signature of Head of Household)

(Date)

(Signature of Co-Tenant)

(Date)

(Signature of Adult Member)

(Date)

(Signature of Adult Member)

(Date)

AUTHORIZATION FOR RELEASE OF INFORMATION

I **authorize** any Federal, State, or Local Agency, Organization, Business or Individual to release to Cherry Hill Apartments/Stark County Housing any information needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Federally Subsidized Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or Farmers Home Administration (FmHA) in administering and enforcing program rules and policies. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program. I further understand and agree to the usage of this authorization as an ongoing and perpetual one. **This consent form is valid for 15 months from the date it is signed.**

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purposes stated above as though it were the original. The original of this authorization is on file with the housing project manager. This authorization will stay in effect as long as I am a resident of this project. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD, or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

SIGNATURES:

_____ Head of Household	_____ (Print Name)	_____ Date
_____ Spouse or Co-Tenant	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

To Third Party Verifier: Applicable section(s) of the attached verification form is indicated for your convenience. If remitting the requested information via computer printout(s), please sign and date them. A self-addressed stamped envelope is attached.

Thank you -- Project Manager

STUDENT CERTIFICATION

Owners must determine a student's eligibility for Section 8 assistance at move-in, annual recertification, initial certification (when an in-place tenant begins receiving Section 8), and at the time of an interim recertification if one of the family composition changes reported is that a household member is enrolled as a student.

All applicants or tenants that are under 24 years of age must be screened for Student Eligibility.

NAME: _____ SOCIAL SECURITY #: _____ DATE: _____

ARE YOU A STUDENT ENROLLED AT AN INSTITUTION OF HIGHER EDUCATION? Y N

IF you answered NO, proceed to the signature line on page 2

PART A – STUDENT ELIGIBILITY

Are you 24 years of age or older? Y N

Please enter your date of birth: / /
Month Day Year

Are you married? Y N

Are you a veteran of the United States Military? Y N

Do you have a dependent child? Y N

Are you a person with disabilities as defined below? Y N

A person with disabilities, as such term is defined in section 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was receiving Section 8 assistance as of November 30, 2005.

IF you answered YES to at least ONE question in Part A, skip Parts B & C, proceed to page 2.

PART B – STUDENT INDEPENDENCE

Are you of legal contract age under state law (18)? Y N

Did your parents or guardians claim you as a dependent on their latest tax return? Y N

Have you established a separate household from parents or legal guardians for at least one year prior to application for occupancy? Y N

(Or do you meet the following criteria for the Dept. of Education's definition of an independent student?)

- Will you be at least 24 years old by December 31 of the current year? Y N
- Were you an orphan or a ward of the court through the age of 18? Y N
- Are you a veteran of the U.S. Armed Forces? Y N
- Do you have legal dependents other than a spouse (for example, dependent children or an elderly dependent parent)? Y N
- Are you a graduate or professional student? Y N
- Are you married? Y N

IF you are 18 or older and you were NOT claimed on your parents tax return OR you answered YES to at least ONE of the boxed questions in Part B, skip Part C and proceed to page 2.

PART C – PARENTAL ELIGIBILITY

Are you legal contract age under state law (18)? Y N

Do you meet eligibility requirements for section 8 assistance? (Ask the management agent if in doubt.) Y N

IF you answered YES to BOTH questions above, continue. If not, proceed to the signature line on page 2.

STUDENT CERTIFICATION

PART C – PARENTAL ELIGIBILITY (Continued)

Your parents, individually or jointly, must be income eligible for section 8 assistance per the applicable low income limit for the parents' family size for the locality where the parents live. If your parents refuse to provide a copy of the first page of their income tax return, they (your parents) must provide a signed declaration and certification of income, which includes a penalty of perjury clause or you are not eligible for Section 8 assistance. Owners must verify parents' income each time they determine the eligibility of the student to receive Section 8 assistance.

**§ ALL ELIGIBLE STUDENTS MUST PROVIDE THE FOLLOWING DOCUMENTS
ATTACH DOCUMENTS TO THE STUDENT CERTIFICATION**

1. A certification of the amount of financial assistance that will be provided by parents signed by the individual providing the support. This certification is required even if no assistance will be provided. Must be provided **ANNUALLY** unless the student is at least 23 years of age with a dependent.
2. A statement from the institution of higher education in which the student is enrolled which includes the amount of tuition only and the period covered. Must provide **ANNUALLY**.
3. The applicant or tenant is required to disclose and provide copies of details for all financial assistance and the period covered. Must provide **ANNUALLY**.
4. Proof of qualifying State, Local or Federal work study program (if applicable) by providing a copy of the contract. Any income in excess of tuition for qualifying work study programs is included as annual income. If the applicant or tenant cannot provide proof of a qualifying program, all income is included. Must provide **ANNUALLY**.

§ QUALIFIED UNDER PART A – STUDENT ELIGIBILITY

Provide **ONE TIME** only.

- ❖ Proof of age such as a driver's license, non-driver ID or birth certificate.
- ❖ Proof of veteran status if claimed.
- ❖ Proof of qualifying disability if claimed.
- ❖ Marriage or dependent information is obtained during the move-in process.

§ QUALIFIED UNDER PART B – STUDENT INDEPENDENCE

- ❖ A copy of the top portion only of your parent's prior year tax return (listing the dependent information). Must provide **ANNUALLY** until the tenant reaches age 24.
- ❖ Proof of age such as a driver's license, non-driver ID or birth certificate. Provide **ONE TIME** only.
- ❖ Proof of any item which you answered yes to. (Example: Proof of separate household can be obtained through previous landlord verification or if the property requires a credit report, address information provided on the report.) Provide **ONE TIME** only.

§ QUALIFIED UNDER PART C – PARENTAL ELIGIBILITY

IF THE STUDENT IS CLAIMED ON THE PARENTS' PRIOR YEAR TAX RETURN OR IS NOT ELIGIBLE UNDER PART A OR B

- ❖ A copy of the first page of your parents' prior year tax return, which includes annual income to determine eligibility. Must provide **ANNUALLY** unless the student qualifies under Part A or B.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud.

False, misleading or incomplete information will result in termination
and repayment of assistance payments.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

FEDERAL LAW REQUIRES US TO VERIFY DRUG AND CRIMINAL BACKGROUND AND SEX OFFENDER REGISTRATION INFORMATION FOR ALL ADULT HOUSEHOLD MEMBERS APPLYING FOR ASSISTED HOUSING. TO ENABLE US TO DO THIS, EACH HOUSEHOLD MEMBER AGE 18 OR OVER MUST ANSWER THE FOLLOWING QUESTIONS AND SIGN BELOW TO CONSENT TO A BACKGROUND CHECK. **EACH HOUSEHOLD MEMBER AGE 18 OR OVER MUST COMPLETE A SEPARATE FORM.** THE QUESTIONS ASK ABOUT DRUG-RELATED AND OTHER CRIMINAL ACTIVITY THAT COULD ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELFARE OF OTHER RESIDENTS. **WE WILL DENY THE APPLICATION OF ANY APPLICANT WHO DOES NOT PROVIDE COMPLETE AND ACCURATE INFORMATION ON THIS FORM OR DOES NOT CONSENT TO A BACKGROUND CHECK.**

1. HAVE YOU BEEN EVICTED FROM A FEDERALLY ASSISTED SITE FOR DRUG-RELATED CRIMINAL ACTIVITY? ☐ YES ☐ NO
(IF YES, PROVIDE DATE AND EXPLANATION) _____
2. DO YOU CURRENTLY USE ILLEGAL DRUGS OR ABUSE ALCOHOL? ☐ YES ☐ NO
3. ARE YOU OR ANY MEMBER OF THE HOUSEHOLD SUBJECT TO A REGISTRATION REQUIREMENT UNDER ANY STATE SEX OFFENDER REGISTRATION PROGRAM? ☐ YES ☐ NO
4. HAVE YOU BEEN CONVICTED OF ANY DRUG-RELATED CRIME? ☐ YES ☐ NO
5. HAVE YOU BEEN CONVICTED OF ANY FELONY? ☐ YES ☐ NO
6. HAVE YOU BEEN CONVICTED OF ANY CRIME INVOLVING FRAUD OR DISHONESTY? ☐ YES ☐ NO
7. HAVE YOU BEEN CONVICTED OF ANY CRIME INVOLVING VIOLENCE? ☐ YES ☐ NO
8. ARE YOU CURRENTLY CHARGED WITH ANY OF THE ABOVE CRIMINAL ACTIVITIES? ☐ YES ☐ NO

PROVIDE DETAILS FOR EACH "YES" ANSWER LISTED ABOVE: _____

9. LIST ALL STATES IN WHICH YOU OR ANY HOUSEHOLD MEMBER HAS LIVED: _____
10. HAVE YOU EVER USED ANY OTHER NAME? ☐ YES ☐ NO PLEASE LIST: _____

I UNDERSTAND THAT THE ABOVE INFORMATION IS REQUIRED TO DETERMINE MY ELIGIBILITY FOR RESIDENCY. I CERTIFY THAT MY ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MAKING FALSE STATEMENTS ON THIS FORM IS GROUNDS FOR REJECTION OR TERMINATION OF MY LEASE. I AUTHORIZE _____ TO VERIFY THE ABOVE INFORMATION AND I CONSENT TO THE RELEASE OF THE NECESSARY INFORMATION TO DETERMINE MY ELIGIBILITY. I HEREBY AUTHORIZE LAW ENFORCEMENT AGENCIES TO RELEASE CRIMINAL RECORDS AND/OR SEX OFFENDER REGISTRATION INFORMATION TO _____, TO A PUBLIC HOUSING AUTHORITY, OR TO AN AGENCY CONTRACTED BY _____ TO CONDUCT CRIMINAL BACKGROUND CHECKS. *THIS CONSENT IS VALID FOR 15 MONTHS FROM THE DATE IT IS SIGNED.

Applicant's Signature _____ Date _____

Applicant's Name (Please Print) _____

Date of Birth _____ SS# _____

PENALTIES FOR MISUSING THIS CONSENT: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT. HUD AND ANY OWNER (OR ANY EMPLOYEE OF HUD OR THE OWNER) MAY BE SUBJECT TO PENALTIES FOR UNAUTHORIZED DISCLOSURES OR IMPROPER USES OF INFORMATION COLLECTED BASED ON THE CONSENT FORM. USE OF THE INFORMATION COLLECTED BASED ON THIS VERIFICATION FORM IS RESTRICTED TO THE PURPOSES CITED ABOVE. ANY PERSON WHO KNOWINGLY OR WILLINGLY REQUESTS, OBTAINS, OR DISCLOSES ANY INFORMATION UNDER FALSE PRETENSES CONCERNING AN APPLICANT OR PARTICIPANT MAY BE SUBJECT TO A MISDEMEANOR AND FINED NOT MORE THAN \$5,000. ANY APPLICANT OR PARTICIPANT AFFECTED BY NEGLIGENT DISCLOSURE OF INFORMATION MAY BRING CIVIL ACTION FOR DAMAGES AND SEEK OTHER RELIEF, AS MAY BE APPROPRIATE, AGAINST THE OFFICER OR EMPLOYEE OF HUD OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSURE OR IMPROPER USE. PENALTY PROVISIONS FOR MISUSING THE SOCIAL SECURITY NUMBER ARE CONTAINED IN THE SOCIAL SECURITY ACT AT 208 (A) (6), (7) AND (8). VIOLATIONS OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 USC408 (A), (6), (7) AND (8).

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

This Package contains the following documents:

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

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

OMB Approval #2502-0204
HUD form 9887-9887A OMB exp.(06/30/2012)

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-9 887:** Allows the release of information between government agencies.
3. **Form HUD-9 887-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

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): US Department of HUD Office of Multifamily, 24th Floor 1670 Broadway Denver, CO 80202-4801	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Cherry Hill Apartments PO Box 107 Dickinson, ND 58602-0107	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.): NDHFA PO Box 1535 Bismarck, ND 58502-1535
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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 HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

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

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

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

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

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

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

Lynette Dillinger

Name of Project Owner or his/her representative

Community Manager

Title

Signature & Date

cc:Applicant/Tenant

Owner file

Penalties for Misusing this Consent:

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

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

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.