



Jefferson Village Apartments  
222 East 2nd Street  
Watkins Glen, NY 14891

**Mission Statement:** Jefferson Village is dedicated to creating a stimulating environment that fosters new beginnings for tenants so they can enjoy life in a relaxing and comfortable atmosphere. Jefferson Village holds the tenant's safety and happiness as their highest priority.

Dear Applicant:

Thank you for your interest in Jefferson Village! Jefferson Village Apartments is a Section 8 Senior Housing Complex for those 62 years of age and older and/or those who are disabled. We offer 48 one-bedroom units with a few select that are ADA compliant. We give preference to seniors, US Veterans and those who are displaced.

Enclosed is the application for residency at Jefferson Village Apartments. In order for you to be placed on the waiting list or for you to be considered for an apartment at Jefferson Village, it is necessary for you to complete the following forms and return them to the office at the address written above.

Please make sure that:

- The Release of Information and the Criminal Background Release, needs to be completed for EVERY adult member of the household.
- All items are filled in to the best of your ability.
- The items that do not apply to you write N/A next to that item so we know that you have read the entire application.
- You answer every question on the application or risk your application being returned.
- The application is returned to our office, and if there are changes in your household income, composition or contact information, you must notify us in writing within two weeks of any changes.
- **Include a copy of your photo ID, Social Security Card and proof of income. If you are a veteran include a copy of your DoD ID card or form DD214. Without this your application will be considered incomplete.**

Sincerely,

*Jennifer Tanner*

Jennifer Tanner  
Executive Director | Property Manager  
(t) 607-535-2640 | (f) 607-535-2089  
J.Tanner@WatkinsGlenHA.org

"The Village of Watkins Glen Housing Authority does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Fair Housing Statement: "We are pledged to the letter and spirit of U. S. policy for achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, or national origin."







Jefferson Village Apartments  
222 East 2nd Street  
Watkins Glen, NY 14891  
(t) 607-535-2640 | (f) 607-535-2089  
[Info@WatkinsGlenHA.org](mailto:Info@WatkinsGlenHA.org) | [www.WatkinsGlenHA.org](http://www.WatkinsGlenHA.org)

**OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_

TIME RECEIVED \_\_\_\_\_

INITIALS \_\_\_\_\_

**OWNERS ASSURANCE TO APPLICANT: The information contained in this application will be confidential.**

**A. QUALIFYING QUESTIONS:**

Do you currently use Marijuana for Medicinal Purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or a member of your household registered as a Lifetime Sex Offender? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 62 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

In order to be considered eligible for our housing program, an applicant who is under the age of 62 must meet the definitions of disabled/handicapped person. If you are applying for eligibility under this provision? Yes \_\_\_\_\_ No \_\_\_\_\_

*A statement by a qualified individual will be required as proof of handicap or disability. The nature of the handicap/disability does not need to be disclosed.*

Is your household at or below the median income limit of very low (50%) for Schuyler County, NY? Yes \_\_\_\_\_ No \_\_\_\_\_

**B. APPLICANT INFORMATION**

- Is any member of your household a Veteran of the Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you currently displaced or homeless or will be? Yes \_\_\_\_\_ No \_\_\_\_\_
- Will you or anyone in your household benefit from the special design features of a handicap unit or reasonable accommodation due to a disability Yes \_\_\_\_\_ No \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Name of Housemate: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you currently enrolled in an educational facility? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain below:  
\_\_\_\_\_

Have you or another member of your household ever been convicted of a violent crime or drug related activity? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain below:  
\_\_\_\_\_

Have you or any member of your household lived in any assisted housing including Section 8 or Public Housing? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate where and the length of time below:  
\_\_\_\_\_

Have you or another member of your household ever committed fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information in a housing program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain below:  
\_\_\_\_\_

### C. HOUSING HISTORY

What is your present address? \_\_\_\_\_

How long have you resided at your present address? \_\_\_\_\_

Do you own? \_\_\_\_\_ If yes, current market value: \_\_\_\_\_

Do you rent? \_\_\_\_\_ If yes, monthly rent: \_\_\_\_\_

Is this federally assisted housing? \_\_\_\_\_

Are you currently under eviction? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain why?  
\_\_\_\_\_

List up to two landlord references or a rental history for the past five years. These landlords must not be related to you or any member of your household.

Current Landlord \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Prior Landlord \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

If you do not have at least 2 landlord references or 5 years of rental history, you must provide at least 2 personal references that you have known for at least 5 years. These references must not be related to you or any member of your household.

Name	Address	Telephone Number	Years Acquainted
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**D. NAME ALL OF THE STATES OTHER THAN NY THAT YOU HAVE LIVED IN**

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**E. INCOME**

Social Security Gross Monthly Amount \$ \_\_\_\_\_

Pension Monthly Amount \$ \_\_\_\_\_

Source of Pension \_\_\_\_\_

Pension Monthly Amount \$ \_\_\_\_\_

Source of Pension \_\_\_\_\_

SSI Benefits Gross Monthly Amount \$ \_\_\_\_\_

Wages Gross Monthly Amount \$ \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Unemployment Compensation Monthly Amount \$ \_\_\_\_\_

Social Services Monthly Amount \$ \_\_\_\_\_

Are you or a member of your household a full time student over the age of 18 receiving wages, financial assistant, and/or student loans? Please specify which is being received along with the amount that is being received monthly \$ \_\_\_\_\_

Alimony Amount \$ \_\_\_\_\_

Child Support Monthly Amount \$ \_\_\_\_\_

Earned Income Tax Credit Monthly Amount \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

Source \_\_\_\_\_

Income from Investments Monthly \$ \_\_\_\_\_

Interest Income Monthly \$ \_\_\_\_\_

Real Estate/ Rental Property Income Monthly \$ \_\_\_\_\_

**Total Amount of Monthly Income \$ \_\_\_\_\_**

Do you anticipate any changes in this income during the next 12 months? Yes \_\_\_ No \_\_\_  
If yes, please explain below:

Does anyone in the household receive any regular contributions or gifts from non-household members? Yes \_\_\_ No \_\_\_ If yes, please explain below:

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**F. ASSETS**

List below all assets for all household members (Checking/Savings/Stocks/Bonds/Treasury Bills/CD's/Money Market/IRA/Pension/Annuity/401k/Real Estate//Direct Access Debit Card). Please use an additional sheet if necessary.

Name of Financial Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Do you own property? Yes | No

If yes, type of property: \_\_\_\_\_ Appraised Value: \_\_\_\_\_  
Address: \_\_\_\_\_

Have you sold or disposed of property in the last 2 years? Yes | No

If yes, Asset Type: \_\_\_\_\_ Date of transaction: \_\_\_\_\_  
Market Value: \_\_\_\_\_ Amount Sold/Disposed for: \_\_\_\_\_

Do you have Life Insurance? Yes | No

Type of policy: Whole | Term | Life      Cash surrender before death: \_\_\_\_\_  
Name of Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Type of policy: Whole | Term | Life      Cash surrender before death: \_\_\_\_\_  
Name of Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**G. APPLICANT(S) STATEMENTS:**

I (We) the undersigned hereby submit an application to rent an apartment in the above apartment complex. I (we) declare that all of the information and representations contained herein are to the best of my (our) knowledge and I (we) believe to be true and correct. I (we) understand that any Lease Agreement I (we) enter into for an apartment may be canceled at any time without liability by the Owner or its Agent if any information I (we) relayed and indicated in this application is misleading, incorrect or untrue regardless of my (our) intent.

I (We) consent to any inquiry by the Owner or its Agent necessary to obtain personal & landlord references and to verify the information in this application for residency and agree upon request to provide documentary evidence of income of all proposed occupants including federal income tax information.

I (We) hereby agree to notify you in writing of any change of address or telephone number, which may occur before the notification of a vacancy.

I (We) do hereby authorize the Watkins Glen Housing Authority and its staff of authorized representatives to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my (our) application for housing in this property managed by the Watkins Glen Housing Authority.

I (We) agree that photocopies of this authorization may be used for the purpose stated above.

\*Do not leave any questions unanswered. If they do not apply to your household put N/A next to the question.

This application will not be processed if all questions are not answered and all areas are not signed.

\_\_\_\_\_  
(Signature of Head of Household)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Co-Head of Household)

\_\_\_\_\_  
(Date)

The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through the United States Department of Housing and Urban Development, the Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with.

Please note that this is only an application and does not give lease or rent rights. Additional information will be required at a later date to complete processing of tenant eligibility/ suitability.

This application will not be processed if you have not signed this Authorization.

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

*The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).*

Name: Watkins Glen Housing Authority  
c/o Jefferson Village Apartments  
Address: 222 East Second Street  
City: Watkins Glen State: NY Zip:14891  
Telephone – 607-535-2640

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 use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposed cited above. Any persons who knowingly or willingly requests, obtains or discloses any information under false pretense 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 and contained in the \*\*SOCIAL SECURITY ACT AT 208 (a) (6), (7) AND (8) Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



# WATKINS GLEN HOUSING AUTHORITY

## JEFFERSON VILLAGE APARTMENTS

222 E. 2<sup>ND</sup> STREET  
WATKINS GLEN, NEW YORK 14891-1254  
PHONE (607) 535-2640  
FAX: (607) 535-2089

### CRIMINAL BACKGROUND/ CREDIT CHECK (Please print all information)

I, the undersigned, understand that a national criminal background and credit check will be performed and I hereby authorize The Village of Watkins Glen Housing Authority dba Jefferson Village Apartments to perform these searches in order to qualify for residency at Jefferson Village Apartments.

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

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

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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“We do business in accordance with the Federal Law”





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)**

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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.): HUD Buffalo Field Office Lafayette Court 465 Main St 2 <sup>nd</sup> Floor Buffalo, NY 14203	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Watkins Glen Housing Authority Jefferson Village Apartments 222 East Second St Watkins Glen, NY 14891	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.): Housing Trust Fund Corporation Hampton Plaza, Attn: PBCA Director 38-40 State Street Albany NY, 12207
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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

## 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.

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

## 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.**

\_\_\_\_\_  
Jennifer Tanner

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Executive Director, Property 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.