

HUD Rental Application

Unit Size Desired: \_\_\_\_\_

Management Resources Development, Inc.  
 MI TDD/TTY: 7-1-1  
 TX TDD/TTY: 800-735-2989

Date Received  
 Time Received  
 Received By: \_\_\_\_\_

a.m. ☒ p.m. ☐

Property Name: Presque Isle Apartments  
 Address: 256 Wenonah Dr. Suite 100  
 City: Rogers City State: Mi Zip: 49779  
 Phone: 989-734-7416 Fax: 989-734-7916

Please Print



Equal Housing  
 Opportunity

(1) Full Name of Applicant \_\_\_\_\_ Soc. Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you have no Social Security number, you claim you are exempt because:

☐ You are an ineligible non-Citizen Or

You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010

Present Address \_\_\_\_\_ How Long \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License # \_\_\_\_\_ ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Message # (\_\_\_\_) \_\_\_\_\_

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

May we contact you at work? ☐ Yes ☐ No Are you a Student enrolled in an institute of higher education? Yes ☐ No ☐If yes, where do you attend school? \_\_\_\_\_ full-time ☐ part-time ☐

## Rental History:

Present Landlord: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ How long did you live at this address: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you given this landlord notice that you will be moving? Yes or No \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ How long did you live at this address: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Did you give this landlord notice that you were moving? Yes or No \_\_\_\_\_

Complete if applicable: I, \_\_\_\_\_, certify that I have never rented any dwelling in my own name, nor have resided in any rented dwelling after obtaining legal age. If my application is approved based on this information and it is found to be false or misleading, I understand that I could be evicted from the leased premises.

This institution is an equal opportunity provider.

Equal Housing Opportunity



(2) Full Name of Co-Applicant \_\_\_\_\_ Soc. Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you have no Social Security number, you claim you are exempt because:

☐ You are ineligible non-Citizen Or

☐ You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010

Present Address \_\_\_\_\_ How Long \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License # \_\_\_\_\_ ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Message # (\_\_\_\_) \_\_\_\_\_

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

May we contact you at work? ☐ Yes ☐ No Are you a Student enrolled in an institute of higher education? Yes ☐ No ☐

yes, where do you attend school? \_\_\_\_\_ full-time ☐ part-time ☐

**Rental History:**

Present Landlord: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ How long did you live at this address: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you given this landlord notice that you will be moving? \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ How long did you live at this address: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Did you give this landlord notice that you were moving? \_\_\_\_\_

Complete if applicable: I, \_\_\_\_\_, certify that I have never rented any dwelling in my own name, nor have resided in any rented dwelling after obtaining legal age. If my application is approved based on this information and it is found to be false or misleading, I understand that I could be evicted from the leased premises.

**You may not live in the unit unless you can establish utilities in the unit. Please check yes or no.**

Do you have any current outstanding balances owed to any utility provider?	Yes <input type="checkbox"/>	Which Provider/Company	No <input type="checkbox"/>
Will you be able to establish utilities in your unit?		Which Provider/Company	
Electric.....	<input type="checkbox"/>		<input type="checkbox"/>
Gas .....	<input type="checkbox"/>		<input type="checkbox"/>
Water.....	<input type="checkbox"/>		<input type="checkbox"/>

**Household Composition and Characteristic:** List the Head of Household and all other people who will be living in the unit. You must indicate one of the HUD approved relationship codes for each household member. Because residents who live on this property are subject to citizen/non-citizen eligibility requirements please indicate the citizen/non-citizen eligibility status. Please provide a complete list of states where each member has lived. This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed. Failure to provide a complete and accurate list will result in the rejection of the application. Live in aids must complete a live in aid questionnaire which is different than the standard application for housing and rental assistance; please contact the property staff if a live in aid will live in the unit.

**Other than those household members listed below, do you expect any new additions to the household in the next 12 months?**

New Adult \_\_\_\_\_ Child \_\_\_\_\_ Child (adoption) \_\_\_\_\_ Child (foster) \_\_\_\_\_

Household Member #	Household Member's Full Name	Relationship to Head of Household	Birth date	Social Security #
1).		Head of Household		
Citizenship Status	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Eligible Non-Citizen	<input type="checkbox"/> Ineligible Non-Citizen	
Please provide a complete list of states where this person has lived:				
2).		<input type="checkbox"/> Co-head/spouse <input type="checkbox"/> Child <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live in-aid <input type="checkbox"/> None of the above		
Citizenship Status	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Eligible Non-Citizen	<input type="checkbox"/> Ineligible Non-Citizen	
Please provide a complete list of states where this person has lived:				
3).		<input type="checkbox"/> Co-head/spouse <input type="checkbox"/> Child <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live in-aid <input type="checkbox"/> None of the above		
Citizenship Status	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Eligible Non-Citizen	<input type="checkbox"/> Ineligible Non-Citizen	
Please provide a complete list of states where this person has lived:				
4).		<input type="checkbox"/> Co-head/spouse <input type="checkbox"/> Child <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live in-aid <input type="checkbox"/> None of the above		
Citizenship Status	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Eligible Non-Citizen	<input type="checkbox"/> Ineligible Non-Citizen	

Please provide a complete list of states where this person has lived:				
5).		<input type="checkbox"/> Co-head/spouse <input type="checkbox"/> Child <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live in-aid <input type="checkbox"/> None of the above		
Citizenship Status	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Eligible Non-Citizen	<input type="checkbox"/> Ineligible Non-Citizen	
Please provide a complete list of states where this person has lived:				

**Unit Size:** The owner/agent will take your unit preferences/requirements into consideration. The owner/agent occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance to HUD Handbook 4350.3 Revision 1. Please indicate unit size preference below. If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

<b>Unit Size</b> <input type="checkbox"/> 1 Bedroom Unit <input type="checkbox"/> 2 Bedroom Unit <input type="checkbox"/> 3 Bedroom Unit	<b>Special Features</b> <input type="checkbox"/> Mobility Accessible Unit <input type="checkbox"/> Communication Accessible Unit (Hearing) <input type="checkbox"/> Communication Accessible Unit (Visual) <input type="checkbox"/> Special Features: Please List: _____
---	--

**General Information:** Please list emergency contacts of your choosing (for applicant and co-applicant).

Name _____	Phone # _____
Address _____	Relationship _____
Name _____	Phone # _____
Address _____	Relationship _____

Is anyone in your household enrolled in the U.S. Military or is anyone a veteran of the U.S. Military? ☐ Yes ☐ No  
 If yes, please explain \_\_\_\_\_

Is anyone in your household a victim of a recent presidentially declared disaster? ☐ Yes ☐ No  
 If yes, please explain \_\_\_\_\_

Have you or anyone in the household ever been evicted or been requested to vacate a residence? ☐ Yes ☐ No  
 If yes, please explain including dates and addresses: \_\_\_\_\_

Has anyone in the household been convicted of a crime? ☐ Yes ☐ No  
 If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.  
 Felony \_\_\_\_\_ Misdemeanor \_\_\_\_\_  
 Have you or anyone in the household subject to a lifetime state sex offender registration in any state? ☐ Yes ☐ No  
 If yes, please explain \_\_\_\_\_

Have you ever been evicted from federally funded housing program for a lease violation including drug use or failure to report a crime? ☐ Yes ☐ No

If yes, When \_\_\_\_\_

Have you or anyone in the household ever broken an apartment or residential lease contract? ☐ Yes ☐ No

If yes, please explain including dates: \_\_\_\_\_

Have you or anyone in the household ever been sued or served for non-payment of rent? ☐ Yes ☐ No

If yes, please explain including dates: \_\_\_\_\_

Do you have now or ever had pests (roaches, bed bugs, rodents, etc?) ☐ Yes ☐ No

If yes, please explain including dates: \_\_\_\_\_

How did you hear about our community? \_\_\_\_\_

**Income and Expense Information** (All applicable forms of income and expense will be verified.)

**Employment Information:**

Applicant's Employer \_\_\_\_\_ How long \_\_\_\_\_ Monthly Income \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Co-applicant's Employer \_\_\_\_\_ How long \_\_\_\_\_ Monthly Income \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Income					
Please list total wages, commission, fees, tips and bonuses (before deductions) of all adult members of the household (complete the category that best fits the way your household is paid)					
Head	Hour \$	Hours per week	Week\$	Month\$	Yearly \$
Co-Head	Hours\$	Hours per week	Week\$	Month\$	Yearly \$
If you operate a business or have rental income, Please list the net earned income: (A copy of your tax return will be necessary)					
Head \$			Co-Head \$		
Please list any interest or any other income from household assets:					
Head \$			Co-Head \$		
The full amount received from Social Security (including payments received by adults on behalf of minors or by minors for their support), annuities, insurance policies, retirement funds, pensions, disability or death benefits (excluding lump sum payments).					
Head \$ (per month)			Co-Head \$ (per month)		
Please indicate the amount received from unemployment, disability, workers compensation or severance pay.					
Head \$ (per month)			Co-Head \$ (per month)		
Does an order for child support or alimony (paid to a household member) exist? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, please indicate the amount ordered to be paid. (A copy of the court order will be necessary.)					
Head \$ (per month)			Co-Head \$ (per month)		
List all regular pay, special pay (except for person exposed to hostile fire) and allowances of a member of the armed forces who is head of the family or spouse.					
Head \$			Co-Head \$		
Any other income not listed above, including regularly recurring gifts or contributions from outside the household listed above:					
Head \$			Co-Head \$		
Adjustments to Income					
Do you qualify for Medical adjustments or other income adjustments:					
Head: <input type="checkbox"/> YES <input type="checkbox"/> NO			Co-Head: <input type="checkbox"/> YES <input type="checkbox"/> NO		

## HUD Rental Application

If Yes, do you have medical expenses that are not covered by insurance?	
Head \$ _____	Co-Head \$ _____
Does anyone in your household pay childcare expenses that allow you to work or attend school? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please list the amount of child-care expense:	
Head \$ _____ <input type="checkbox"/> per week <input type="checkbox"/> per month	Co-Head \$ _____ (per week or per month)
<b>Adjustments to Income (continued)</b>	
This expense can only be deducted if paid for a member of the household, age 12 or under, and it enables any adult members of the household to work or to attend school. Child-care costs paid by agencies or others outside the household are not deductible.	
Do you pay expenses for care of a minor or an individual with disabilities that allow you to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Head \$ _____ (per week or per month)	Co-Head \$ _____ (per week or per month)
Please list the amount of medical deductions. (Costs that are paid by others or outside agencies are not deductible.)	
Head \$ _____ (per month)	Co-Head \$ _____ (per month)

Elderly households qualify for certain deductions. (Definition- A household where the tenant or co-tenant is at least 62 years old or older disabled of any age.) Does your household fit this definition? ☐ Yes ☐ No (Must be verified)

**Animals are not allowed without approval through the Reasonable Accommodation process. If you or a member of your household are disabled or handicapped, and require an accommodation, please obtain a copy of the policy from the manager.**

**Additional Information:** I/We agree to provide copies of picture identification for all adult members of the proposed household, copies of birth certificates for minors of the proposed household and copies of Social Security Cards for all members of the proposed household prior to obtaining occupancy.

**Current Residence Information:** Does this household or any member of the proposed household (as listed above) currently reside in any subsidized rental unit? Yes or No (circle one). This includes minors who might be included on another parent's lease. If yes, please provide the address of the rental unit and any management company/owner information you may know. If a minor of the proposed household might be included on another parent's lease, please provide the name of the other parent.

**Violence Against Women Act:** The owner/agent understands that, regardless of whether state or local laws protect victims of domestic violence, rape, dating violence, sexual assault or stalking, people who have been victims of violence have certain rights under the Violence Against Women Act. If any resident wishes to exercise the protections provided in the VAWA, he/she should contact the owner/agent immediately. The owner/agent is committed to ensuring that the Privacy Act is enforced in this and all other situations.

The owner/agent will not assume that any act is a result of abuse covered under the Violence Against Women Act. In order to receive the protections outlined in the VAWA, the applicant/resident must specify that he/she wishes to exercise these protections.

**Permission for Release of Information:**

I/We hereby give my/our permission to Management Resources Development, Inc. and their staff to contact any individuals or businesses that they deem necessary for the purpose of verification of the above information and my abilities to pay rental payments. I/We understand that this may include creditors and credit bureaus, criminal background check, current and past employers, current and past landlords and any other agencies, private or government. It is my/our understanding that this application is preliminary only and involves no obligation of the owner or its agents to approve this application or to deliver occupancy of the proposed premises.

**Affidavit of Residency:**

I/We certify to the apartment owner and to Rural Development that if I/we become a resident that it will be my/our permanent and primary residence and that I/we do not and will not maintain a separate rental unit in a different location.

## HUD Rental Application

**WARNING:**

**WARNING:** Title 18 Section 1001 of the U.S. Codes 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 purpose 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 the \*\*Social Security Act of 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). \*\*

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

**I would like to request a complete copy of the owner/agents resident selection criteria.**

☐ Yes                      Paper Copy ☐  
☒ No                        Electronic copy ☐

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_

## HUD Rental Application

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Complete for each member of the proposed household as numbered on the first page of this application.

( Check one )

( Check all that apply )

A P P L I C A N T	Hispanic or Latin o	Non-Hispanic or Non-Latino	American Indian/Alaska Native	Asian	Black or African American	Native Hawaiian / Pacific Islander	White
1							
2							
3							
4							
5							
6							

Management Resources Development 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, 1998)

Name: Marcy Lang  
Address: 321 Woodland Pass Suites 100  
City: East Lansing State: MI Zip code: 48823  
Telephone- Voice: 1-517-708-2169  
Telephone- TTY: 1-800-649-3777



# Supplemental and Optional Contact Information for HUD-Assisted

OMB Control # 2502-0581

Exp. (02/28/2019)

## SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

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))

(Applicant Sign Only)

Authorization for Landlord Reference  
INTERNAL USE ONLY

Name of Landlord _____  Address _____  Address _____  Telephone Number _____	<input type="checkbox"/> Current Landlord <input type="checkbox"/> Previous Landlord  Name of Applicant/Co-Applicant _____  Rental Unit Address _____
<p>The individual(s) listed above has/have completed an application for housing with our apartment community and has listed you as a previous or current Landlord. Please answer each question and return the form to the address shown below or via fax. Thank you in advance for your cooperation and prompt return. The signature below provides you permission to provide information regarding the residency</p>	
Applicant's Signature _____ Please return form to:	Co-Applicant's Signature _____ Manager's Signature _____

Fax (989) 734-7916

Applicant's Name _____		Dates of Residency	
Street: _____		From: _____	To: _____
City: _____	State: _____	Zip: _____	
Please list all members living with household:			
<b>RENT PAYMENT HISTORY</b>			
How much is (was) applicant rent? _____		\$ _____	
Is (was) applicant current on Rent?		Yes	No
Is (was) applicant ever late paying rent? _____		How Often? _____	
If this property received federal assistance, did the applicant and his/her family fully and accurately disclose employment, income and changes in family composition as required?		Yes	No
If no, describe: _____			
Has this tenant had 2 or more NSF's within the last 24 months?		Yes	No
Have you ever had to evict this tenant?		Yes	No
Have you ever filed against this tenant (with the courts) within the last 24 months?		Yes	No
Does this applicant have an outstanding balance with MRD that cannot be paid prior to application being accepted		Yes	No
<b>CARE OF UNIT</b>			
Does (did) the applicant or guests keep the unit clean?		Yes	No
Has (had) the applicant or guest damaged the unit or common area?		Yes	No
If yes, how extensive? _____		How Often? _____	
Describe: _____			
Does the resident have now or had in the past Bed Bugs issues?		Yes	No
Has (had) the applicant paid for the damage(s)?		Yes	No
Will (did) you keep any Security Deposit for damages?		Yes	No
How much does the applicant owe for damages or is it for Break Lease Fee?			
<b>GENERAL INFORMATION</b>			
Does (did) the applicant or guest create any physical hazards to the premises or residents?		Yes	No
Does (did) the applicant or guest interfere with the rights and quiet enjoyment of residents?		Yes	No
If yes, describe: _____			
Has (had) the applicant given you any false information?		Yes	No
Does (did) the applicant have a pet? If Yes what kind and how many?		Yes	No
Did (does) the applicant satisfy the requirements of tenancy such as notice to vacate, ect?		Yes	No
If no, why not: _____			
Has the tenant received any lease violations within the last 24 months?		Yes	No
Are you related to this applicant family?		Yes	No
Would you rent to this applicant again?		Yes	No
If no, why not: _____			
Signature: _____		Date: _____	



## RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# ELIV & You

### ENTERPRISE INCOME VERIFICATION



**What YOU Should Know**  
 if You are Applying for or are Receiving  
 Rental Assistance through the Department of  
 Housing and Urban Development (HUD)

### What is ELIV?

ELIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure the right benefits go to the right persons.

### What income information is in ELIV and where does it come from?

The Social Security Administration (SSA), Social Security (SS) benefits, Supplemental Security Income (SSI) benefits, and Unemployment Compensation (UC) are all in ELIV.

The Department of Health and Human Services (HHS), National Directory of New Hires (NDNH), Wages, Unemployment Compensation, and New Hire (NH) are all in ELIV.

### What is the information in ELIV used for?

The ELIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and income when you reapply for continued rental assistance. Calling the information from the ELIV system is more accurate and less time consuming and costly to the property manager than contacting your income source directly for verification.

Property owners and managers are able to use the ELIV system to determine if you are receiving rental assistance through the Department of Housing and Urban Development (HUD).

They will also be able to determine if you:

- Used a false social security number
- Failed to report or underreported the income of household members
- Received rental assistance at another property

### Is my consent required to get information about me from ELIV?

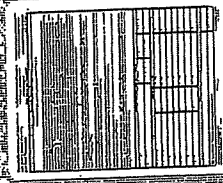
Yes. When you sign form HUD-9887, Notice and Consent to the Release of Information, and form HUD-9887-A, Applicant's Rental's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits.

### Who has access to the ELIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in ELIV pertaining to you.

### What are my responsibilities?

As a tenant in a HUD-assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also subject to the tenant's rights and responsibilities procedure that you must sign when you rent a property where you live.





### Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of the assistance received, fines, up to \$10,000 in prison, and up to 10 years prohibition from receiving any future rental assistance and/or state and local government benefits.

### Protect yourself: follow HUD reporting requirements

When completing applications and certifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
  - Welfare payments
  - Unemployment benefits
  - Social Security (SS) or Supplemental Security Income (SSI) benefits
  - Veteran benefits
  - Pensions, retirement, etc.
  - Income from assets
  - Money received on behalf of a child, such as child support
  - AFCO payments
  - Social security for children, etc.
- If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition:



Immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the rules that describe how your rental assistance is determined, which includes a list of what is included or excluded from income.

### What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must let your property owner or manager, your property owner's manager, or HUD know. You must let them know you will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner, manager, or HUD receives the information from the income source, you will be notified in writing of the results.

### What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: (1) You can agree with the EIV report if it is correct. (2) You can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third-party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as the (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

### What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered on your list, notify the Social Security Administration by calling the toll-free toll number 1-800-772-6272. All the information disclosed there is available on the Social Security Administration website at <http://www.ssa.gov/606310664.html>.

### Who do I contact if my income or rental assistance is not being calculated correctly?

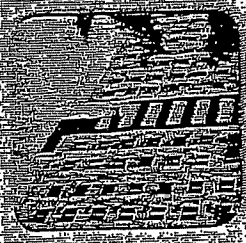
First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in.

If this is not resolved to your satisfaction, you may contact HUD.

For help locating the HUD office nearest you, which can also provide you with contact information, contact the Multifamily Housing Clearinghouse.

Please call the Multifamily Housing Clearinghouse at 1-800-685-8470.



### Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at [www.hud.gov/offices/hsg/mfh/eiv/eivhome.htm](http://www.hud.gov/offices/hsg/mfh/eiv/eivhome.htm).



July 2009