

Please do not leave anything blank on the application. If the question does not apply to you please mark it N/A. Nothing can be left blank.

Date: _____

AuSable Valley Apartments

1441 Maple Drive

Fairview, MI 48621

Phone: 989-848-2104

Fax: 989-848-5261

www.wellspringlutheran.com

www.ausablevalleyapartments.com

For Office Use Only:

Date application received:

____/____/____ Time application received: _____ By: _____

Applicant Name: _____

Current Address: _____

Address Line 2: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ May we contact you at work? ____ Yes ____ No

Gender: ____ Male ____ Female ____ Prefer not to disclose

Birth Date: _____ Social Security #: _____

Marital Status: ____ Married ____ Single ____ Divorced ____ Separated ____ Widowed

Personal References: (List Three) No Relatives

1. _____ Address _____ Phone #: _____

2. _____ Address _____ Phone #: _____

3. _____ Address _____ Phone #: _____

Number of Automobiles: _____

Model: _____ Year: _____ Color: _____ License #: _____

Model: _____ Year: _____ Color: _____ License #: _____

Is the head of household or co-head/spouse 62 or older? ☐ Yes ☐ No

If the head-of-household or co-head is not 62 or older, do you claim eligibility because the head-of-household or co-head is disabled and requires the features of an accessible unit? ☐ Yes ☐ No

Are you a student enrolled in an institute of higher education? ☐ Yes ☐ No

Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military? ☐ Yes ☐ No

Are you a victim of a recent presidentially declared disaster? ☐ Yes ☐ No

Are you currently receiving housing assistance from HUD or a PHA? ☐ Yes ☐ No

Are you homeless? ☐ Yes ☐ No

Do you know that this property exist as a **smoke free campus**? This means smoking is prohibited in the unit, on the porches and in all indoor and outdoor common areas. This includes the sidewalks, hallways, multi-purpose room, laundry rooms, billiards room, all common areas? ☐ Yes ☐ No

Do you agree that you, your guest and service providers hired by you will abide by the Smoke Free Policy? ☐ Yes ☐ No

Do you understand that failure to comply with the Smoke Free Policies as described in the House Rules will result in termination of tenancy (eviction)? ☐ Yes ☐ No

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

If yes, when _____

Have you ever had a violation of the Controlled Substance Act within the past seven (7) years? ☐ Yes ☐ No

Do you or anyone in your household use Marijuana? ☐ Yes ☐ No

Are you or any member of the household subject to a State Lifetime Sex Offender Registration in "any" State? ☐ Yes ☐ No

PREFERENCES: The owner/agent places household in units on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for a unit transfer preference.

I currently live on this property _____ Yes _____ No
Unit Number _____
Are you a victim of a recent presidentially declared disaster? _____ Yes _____ No
Do you require a barrier-free unit? _____ Yes _____ No

Rental History:

Are you currently homeless? If yes, please skip questions about your current landlord and answer questions related to your most recent landlord. _____ Yes _____ No

Current Landlord	_____
Address	_____
Address	_____
City, State, Zip	_____
Contact Name (if known)	_____
Phone Number	_____
How long did you live at this address?	_____
Reason for leaving	_____
How much is your current rent? \$	_____
Previous Landlord #1	_____
Address	_____
Address	_____
City, State, Zip	_____
Contact Name (if known)	_____
Phone Number	_____
How long did you live at this address?	_____
Reason for leaving	_____
Previous Landlord #2	_____
Address	_____
Address	_____
City, State, Zip	_____
Contact Name (if known)	_____
Phone Number	_____
How long did you live at this address?	_____

Reason for leaving _____

Were you ever asked to allow or participate in extermination of pest other than regularly scheduled pest control? (Includes roaches, bedbugs, rodents, etc.) _____ Yes _____ No

Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord? _____ Yes _____ No

Are you currently receiving housing assistance from HUD? _____ Yes _____ No

Have you given this landlord notice that you will be moving? _____ Yes _____ No

Have you been evicted or is this landlord attempting to evict you or another person living with you? _____ Yes _____ No

Were you ever asked to sign a re-payment agreement to return money to HUD? _____ Yes _____ No

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: 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.**

Household Member	Household Member's Full Name	Relationship to Head of Household	Birthdate
1	_____	_____	_____
Citizenship Status: _____ U.S. Citizen _____ Eligible non-citizen _____ Ineligible non-citizen			
Social Security Number _____			

Please indicate each state when this person has lived:

_____ Alabama _____ Alaska _____ Arizona _____ Arkansas _____ California _____ Colorado _____ Connecticut _____ Delaware _____ Florida _____ Georgia _____ Hawaii _____ Idaho _____ Illinois _____ Indiana _____ Iowa _____ Kansas _____ Kentucky _____ Louisiana _____ Maine _____ Maryland _____ Massachusetts _____ Michigan _____ Minnesota _____ Mississippi _____ Missouri _____ Montana _____ Nebraska _____ Nevada _____ New Hampshire _____ New Jersey _____ New Mexico _____ New York _____ North Carolina _____ North Dakota _____ Ohio _____ Oklahoma _____ Oregon _____ Pennsylvania _____ Rhode Island _____ South Carolina _____ South Dakota _____ Tennessee _____ Texas _____ Utah _____ Vermont _____ Virginia _____ Washington _____ West Virginia _____ Wisconsin _____ Wyoming _____ Washington DC

Household Member	Household Member's Full Name	Relationship to Head of Household	Birthdate
2	_____	_____	_____
Citizenship Status: _____ U.S. Citizen _____ Eligible non-citizen _____ Ineligible non-citizen			
Social Security Number _____			

Please indicate each state when this person has lived:

____ Alabama ____ Alaska ____ Arizona ____ Arkansas ____ California ____ Colorado ____ Connecticut
____ Delaware ____ Florida ____ Georgia ____ Hawaii ____ Idaho ____ Illinois ____ Indiana ____ Iowa
____ Kansas ____ Kentucky ____ Louisiana ____ Maine ____ Maryland ____ Massachusetts ____ Michigan
____ Minnesota ____ Mississippi ____ Missouri ____ Montana ____ Nebraska ____ Nevada ____ New Hampshire
____ New Jersey ____ New Mexico
____ New York ____ North Carolina ____ North Dakota ____ Ohio ____ Oklahoma ____ Oregon ____ Pennsylvania
____ Rhode Island ____ South Carolina ____ South Dakota ____ Tennessee ____ Texas ____ Utah ____ Vermont
____ Virginia ____ Washington ____ West Virginia ____ Wisconsin ____ Wyoming ____ Washington DC

Pets & Assistance/Companion Animals: Please review the property per/assistance animal rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an animal in the unit? ____ Yes ____ No

If No, please move on to the next section. If Yes, please provide the following information.

Animal Type (i.e. Dog, Cat, Turtle, etc.)	Breed (if applicable)	Height (Measured at withers if applicable)	Weight

Is the animal required to alleviate the symptom(s) of a disability for a household member?

____ Yes ____ No

Unit Size: 1 Bedroom Unit

____ Mobility Accessible Unit

____ Accessibility Features: Please list below:

Income and Asset Information: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information:

Are you employed?

____ Yes ____ No

If yes, please provide the name and address of your present employer below.

Employee #1

Address

Address

City, State, Zip:

Phone:

How much employment income to you expect to receive in the next 12 months? \$

Employee #2

Address

Address

City, State, Zip:

Phone: _____

How much employment income to you expect to receive in the next 12 months? \$ _____

Employee #3 _____

Address _____

Address _____

City, State, Zip: _____

Phone: _____

How much employment income to you expect to receive in the next 12 months? \$ _____

How much do you expect to receive in other income in the next 12 months? \$ _____

Please write in 0.00, NA or None if you will receive no income from these sources.

THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.

Monthly Social Security?

_____ Check _____ Direct Deposit _____ Pre-Paid Debit Card \$ _____

Monthly Retirement Benefits?

_____ Check _____ Direct Deposit _____ Pre-Paid Debit Card \$ _____

Monthly VA Benefit?

_____ Check _____ Direct Deposit _____ Pre-Paid Debit Card \$ _____

Monthly Unemployment Benefits?

_____ Check _____ Direct Deposit _____ Pre-Paid Debit Card \$ _____

Are you entitled to Child Support?

_____ Check _____ Direct Deposit _____ Pre-Paid Debit Card \$ _____ Yes _____ No

Monthly Child Support Amount? \$ _____

Are you entitled to Alimony? _____ Yes _____ No

Monthly Alimony Amount? \$ _____

Monthly Public Assistance?

_____ Check _____ Direct Deposit _____ Pre-Paid Debit Card \$ _____ \$ _____

Income from a pension or annuity or other assets? \$ _____

Regular contribution from organizations or from individuals not living in the unit? \$ _____

Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits? \$ _____

Contributions from family for rent, child care, or other bills? \$ _____

Any lump sum amounts from delay of payments for SSI or VA Disability? \$ _____

Do you receive financial aid for education assistance? _____ Yes _____ No \$ _____

Annual amount of education assistance? _____ Yes _____ No

Other? _____ Yes _____ No

Assets

Have you sold or given away real property or other assets valued at \$1000.00 or more (Including cash donations) in the past two (2) years? _____ Yes _____ No

Have you given any money to charities in the past two (2) years? _____ Yes _____ No

Are any benefits deposited into a Direct Express Debit Card account? _____ Yes _____ No

Do you have a checking account? _____ Yes _____ No

If you answered yes, you will be required to provide the most recent six (6) months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save you bank statements.

Do you have a savings account?	☐ Yes ☐ No
Current Balance – Please write in 0.00, NA or None if the account balance is zero.	\$ _____
Do you have cash that is not deposited in an account?	☐ Yes ☐ No
Current Value – Please write in 0.00, NA or None if the account balance is zero.	\$ _____
Do you have a 401-K or other employment savings account?	☐ Yes ☐ No
Current Value – Please write in 0.00, NA or None if the asset value is zero.	\$ _____
Do you own an IRA or other retirement account?	☐ Yes ☐ No
Current Value – Please write in 0.00, NA or None if the asset value is zero.	\$ _____
Do any of your retirement accounts have a Required Minimum Distribution?	☐ Yes ☐ No
Amount	\$ _____
Do you own a home or other property?	☐ Yes ☐ No
Current Value – Please write in 0.00, NA or None if the asset value is zero.	\$ _____
Do you have a business income?	☐ Yes ☐ No
Current Value – Please write in 0.00, NA or None if the asset value is zero.	\$ _____
Do you own stocks/bonds/certificates of deposit (CD)?	☐ Yes ☐ No
Current Value – Please write in 0.00, NA or None if the asset value is zero.	\$ _____
Do your own a Life Insurance Policy?	☐ Yes ☐ No
Current Value – Please write in 0.00, NA or None if the asset value is zero.	\$ _____
Do you own an annuity?	☐ Yes ☐ No
Current Value – Please write in 0.00, NA or None if the asset value is zero.	\$ _____
Is there a Trust Fund in your name or have you established a Trust Fund for someone else?	☐ Yes ☐ No
Current Value – Please write in 0.00, NA or None if the asset value is zero.	\$ _____
Do you have a Safety Deposit box?	☐ Yes ☐ No
Are assets stored in the Safety Deposit Box such as US Savings Bonds, cash, stock, etc.?	☐ Yes ☐ No
Do you have access to any other assets, property, insurance policies, businesses, etc?	☐ Yes ☐ No
If yes, please provide a description of the asset(s) and the current asset value below:	

Deductions: Household items can be reduced based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expenses for the following:

Medical Expenses: Households in which the **head-of-household, co-head of household of spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket expenses for the following:

Health Insurance -1-annual premium	\$ _____
Health Insurance-1-annual deductible	\$ _____

Health Insurance -2-annual premium \$ _____

Health Insurance-2-annual deductible \$ _____

Dr. Visits/Medical treatments-annual out-of-pocket expense \$ _____

Prescription Drugs-annual out-of-pocket expense \$ _____

Do you have an **HMO**, a **medical plan**, or **health insurance policy**, which pays all or part of the cost of your medication? \$ _____

If yes, please give the name of the **HMO**, plan, or insurance company.

What amount or percentage of the cost must YOU pay? \$ _____ %

If you pay for the medicines yourself, are you later reimbursed all of part of the cost? _____ Yes _____ No

If yes, who reimburses you? _____

Over-the-counter medical expenses to treat a specific medical condition – annual out-of-pocket expense. (i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis) \$ _____

Personal use items annual out-of-pocket expense (i.e. glasses, incontinent supplies hearing aids, hearing aid batteries. Please ask the property manager if you have ANY questions) \$ _____

Cost/Care for Assistance/Companion Animals – annual out-of-pocket expense \$ _____

Mileage to and from medical appointments \$ _____

Other \$ _____

Other \$ _____

Are there any other medical expenses, which you pay, that we should consider when calculating your rent? \$ _____

Other? \$ _____

Please answer the following questions considering each member of your household:

- Has any member been evicted from a federally assisted property for drug-related criminal activity within the past three (3) years? _____ Yes _____ No Explain _____
- Does any household member currently use illegal drugs or abuse controlled drugs or alcohol? _____ Yes _____ No Explain _____
- Has any household member ever been convicted of a felony? ? _____ Yes _____ No
- Is a household member on probation? _____ Yes _____ No Explain _____
- Is any household member subject to any state or jurisdictional sex offender registration requirement? _____ Yes _____ No Explain _____

Which states or jurisdictions? _____

PENALTIES FOR MISUSING THIS FORM

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 State Government, HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of 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 \$5,000.00. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Application Certification

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's selection criteria.

_____ No _____ Yes _____ Paper Copy _____ Electronic Copy

Applicant Name (please print) _____

Signature _____ Date _____

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through its Rural Housing Service that Federal Law prohibition discrimination against tenant applications on the basis of 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 visual observation in surname.

Gender: _____ Male _____ Female

Race: _____ American Indian or Alaskan Native _____ Asian _____ Black or African American
_____ Native Hawaiian or Other Pacific Islander _____ White

Ethnicity: _____ Hispanic or Latino _____ Non-Hispanic or Latino

Application received by Management: Date _____/_____/_____ Time: _____:_____





AuSable Valley Apartments

An affordable senior living community to suit your every need.

Fairview, Michigan

Call today to
schedule a tour.

989.848.2104



Amenities

- Rent based on income - HUD subsidized
- Full kitchen
- One-bedroom
- Wall-to-wall carpet
- Coin-operated laundry facilities
- Cable television package
- Scheduled activities
- Additional secured storage
- Hair salon
- Billiards room
- Room for private parties
- Utilities included
- Small pets welcome



1441 Maple Dr.
Fairview, MI 48621

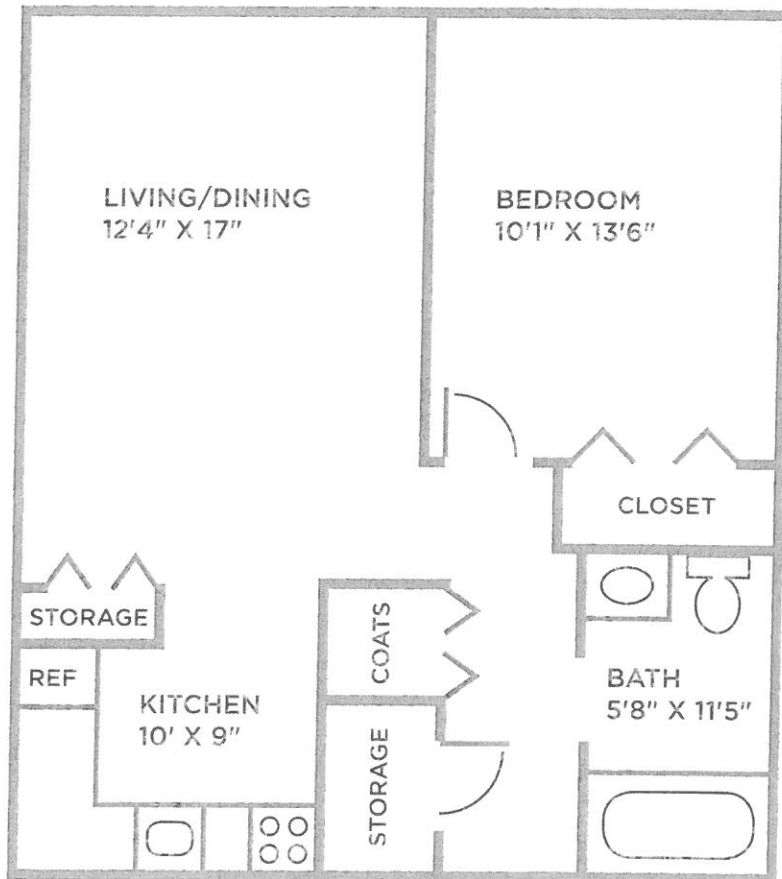
989.848.2104
info@wellspringlutheran.com

wellspringlutheran.com

FLOOR PLAN

AuSable Valley Apartments

1 Bedroom Apartment | 626 SQ. FT.





CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

SECTION A

Owner/Agent requesting release of information
(Owner should provide the full name and address of
the Owner):

AuSable Valley Apartments
1441 Maple Drive
Fairview, MI 48621

Michigan State Housing Development Authority (MSHDA)
Director of Asset Management/Director of Compliance
735 E Michigan Ave
PO Box 30044
Lansing, MI 48909

Notice to Tenant: Do not sign this form if the space above naming the organizations requesting your consent to release of information is left blank. You do not have to sign this form when you receive it. 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/agent.

SECTION B

Name	Social Security #	Relationship to Head	Birth Date	Age	Sex M/F

CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

Purpose of Requiring Consent to the Release of Information: In signing this consent form, you are authorizing the Owner/Agent (O/A) of the housing project to which you are applying for eligibility to request information from third parties, including but not limited to the Office of Child Support (OCS), about the persons named above. MSHDA requires the O/A to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible and that the eligibility is set at the correct levels. The O/A may provide MSHDA with the information you have submitted and the information the O/A receives under this consent. The undersigned authorize the O/A and MSHDA to contact any agencies, offices, groups, organization, or employers for the purpose of obtaining information pertinent to eligibility and/or housing assistance and authorize the release of the requested information. O/A or MSHDA may use this authorization to obtain information on wages, unemployment compensation, child support, other income, and eligibility information through a computer matching operation. Use of this authorization is subject to the conditions below.

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 this certification and authorization of release of information.

Conditions: The O/A may not take action to terminate, deny, suspend, or reduce the eligibility your household receives based on information obtained about you under this consent until the 1) O/A has independently verified the information you have provided with respect to your eligibility and 2) with respect to income (including both earned and unearned income), and levels of benefits, the O/A has verified whether you actually received such income, wages, or benefits.

If a member (or members) of the household is/are required to sign the consent forms and is/are unable to sign on time, due to extenuating circumstances; the O/A may document the file as to the reason for the delay and specify the plans to obtain the proper signature(s) as soon as possible.

Individual consents to the release of information expire 15 months after the earliest signature date on the form. The O/A may use these individual consent forms during the 120 days prior to 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 the information you have provided may be incorrect. Unauthorized uses are prohibited.

The O/A may not make inquiries into information you have provided 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 covering the last 5 years of your participation in a housing assistance program.

Certification and Authorization of release of information by Head of Household, Spouse, Co-Head: In addition to consenting to the above certification of release of information, I certify that only the people listed in Section B of this form will occupy the unit. I hereby attest that I have reviewed this entire form and that all of my family information, income, assets and expenses have been accurately reported to the O/A and/or MSHDA. I understand that providing false information may result in denial or termination of eligibility and/or benefits.

Signature of Head of Household: _____
Name (type or print): _____

Date

Signature of Spouse: _____
Name (type or print): _____

Date

Signature of Co-Head: _____
Name (type or print): _____

Date

Certification and Authorization of release of information by Other Adult Members: In addition to consenting to the above certification and authorization of release of information, I hereby attest that I have reviewed these entire form and that all of my information, income, assets and expenses have been included and accurately reported. I understand that providing false information will result in denial or termination of eligibility and/or benefits.

Adult Signature: _____
Name (type or print): _____

Date

Adult Signature: _____
Name (type or print): _____

Date

Adult Signature: _____
Name (type or print): _____

Date

The applicant/resident certifies that the information given to O/A or MSHDA regarding household members, income, net family assets, allowances, and deductions is accurate. The applicant/resident understands that providing false statements or information is punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of eligibility and/or housing assistance under State and Federal Law.

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

Use of the information based on this consent form is restricted to the purposes on the consent form. Any persons, 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 that \$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 O/A or MSHDA responsible for the unauthorized disclosure or improper use.

Original is retained on file at the project site.

AFFIDAVIT OF MARITAL STATUS

Property Name:
Address:
City, State, Zip:
Fax:
Phone:

Applicant Name:
Address:
City, State, Zip:
SS #:
Phone:

In order to determine eligibility for our housing community, the housing provider identified above is required by federal regulations to verify family composition.

When completing this form please keep in mind the following program restrictions:

*Complete this form in its entirety. Yes, No and if a question does not apply N/A or 0 may be used.

* If an error or mistake is made strike it out and initial. Correction fluid/White Out may NOT be used

* This form must be signed and dated by the person completing.

Choose and complete the appropriate numbered statement below:

- ____ 1. I am currently legally separated from my spouse.
Attach a copy of legal separation paperwork if #1 is marked.
- ____ 2. I am currently, but not legally, separated from my spouse. I began the legal process on ____ (date) and I anticipate this separation to be permanent.
Attach documentation from Attorney or Legal Aid showing pursuit or inquiry regarding divorce or legal separation if #2 is marked.
- ____ 3. I am currently, but not legally, separated from my spouse and I have not begun the legal process for the following reason(s) ____.
My spouse and I operate separate households, our separation is permanent and my spouse will not reside in the unit.
- ____ 4. I am Widowed and was widowed on ____ (date)
- ____ 5. I am divorced and was divorced on ____ (date)

I verify that the information provided above is true and accurate to the best of my knowledge, information, and belief. I understand that intentionally providing false information could result in penalties of fraud punishable under State and Federal Regulations. I further understand and agree that any misrepresentation herein will be considered a material breach of my lease agreement and could lead to eviction, financial and other penalties. Prior to move - in, I will notify management of any changes to these circumstances.

I also hereby swear that I understand that my estranged spouse will not be allowed to move into this property to live with me within the next 6 months without re-qualifying as an initial certification.

Applicant Signature

Date

Witness Signature

Date



Affidavit of Marital Status

Please select the Disclosure(s) that apply to your community.

☒ HUD Disclosure

"Title 18, Section 1001 of the U.S. Code states that a person 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 owner) may be subject to penalties for unauthorized disclosures or improper use of the 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 pretences 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 relief, as may be appropriate, against the office 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

☐ Rural Development Disclosure

"This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."

☐ LIHTC – Tax Credit - None Applicable at this time



TDD/TTY 711



WRITTEN NOTICE TO TENANT OF OPTION TO PROVIDE CONTACT INFORMATION

Date: _____

Dear Resident:

Recent changes in Michigan law modify the rights and obligations of landlords and tenants with respect to possession of a unit upon the death of a tenant. You have the option under the current law to provide contact information for an authorized person the landlord could contact in the event of your death.

If you would like to provide us with that contact information, please complete the following:

Tenant(s) name(s): _____

Tenant(s) Address: _____

Authorized contact person name: _____

Authorized person address: _____

Authorized person telephone number: _____

Authorized person e-mail: _____

Please complete and return to the office: AuSable Valley Apartments
1441 Maple Drive
Fairview, MI 48621



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

AuSable Valley Apartments 048EH002

1441 Maple Dr., Fairview, MI 48621

Name of Property

Project No.

Address of Property

Kendra Linseman

202/8

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Citizen/Non-citizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



Citizen/Non-citizen Declaration

DECLARATION

I, _____, hereby declare, under penalty of perjury that

_____ is:
(print or type first name, middle initial, last name of member)

☐ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

☐ Check here if adult signed for a child.

☐ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

c. One of the following documents:

- 1. Form I-551, Permanent Resident Card.
- 2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a Refugee Pursuant to Section 207";
 - b. "Section 208" or "Asylum";
 - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
- 3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or



Citizen/Non-citizen Declaration

- d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

Signature

Date

☐ Check here if adult signed for a child.

EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

☐ Check here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

☐ Check here if adult signed for a child.



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.):

Dept. of HUD
McNamara Fed. Bldg.
477 Michigan Ave.
Detroit MI 48226

O/A requesting release of information (Owner should provide the full name and address of the Owner.):

AuSable Valley Apartments
1441 Maple Drive
Fairview, MI 48621

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.):

MSHDA
735 East Michigan Ave.
P.O. Box 30044
Lansing MI 48909

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.

HUD-9887/A Fact Sheet

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 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.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

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

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Kendra Linseman

Name of Project Owner or his/her representative

HUD Site Manager

Title

Kendra Linseman

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.

Single Residency Criteria Acknowledgement – Move In

I understand that I my application to move to **AuSable Valley Apartments** with the rest of my household members has met preliminary eligibility requirements.

I have indicated, on my application, that I:

☐ am currently receiving HUD assistance in another unit

☐ If I am living in a community and receiving HUD project-based assistance, I understand that, according to the current HUD lease, I must provide 30 days notice to the agent currently managing the property where I live.

☐ am not currently receiving HUD assistance in another unit

☐ am the recipient of a housing voucher

☐ If I am currently using a housing choice voucher to pay a portion of my rent, I understand that HUD prohibits residents from benefiting from Housing Choice Voucher assistance in a unit assisted through project-based Section 8, Rent Supplement, RAP, Section 202 PAC or Section 202 and 811 PRAC.

If I fail to move out of my/our current residence before I move to **AuSable Valley Apartments** I understand that no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after I move out of my current unit. I will be responsible for paying the market rent of **\$659.00** until I qualify to receive HUD assistance on this property.

"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 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Print Name

Signed

Dated



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)	
☐ Emergency	☐ Assist with Recertification Process
☐ Unable to contact you	☐ Change in lease terms
☐ Termination of rental assistance	☐ Change in house rules
☐ Eviction from unit	☐ Other: _____
☐ 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.	

☐ 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.

Michigan State Housing Development Authority
CHECKLIST MSHDA PROGRAMS

(Issued under P.A. of 1966 as amended and Section 8 of the U.S. Housing (program) Act of 1937.)

Complete a separate form for each household member who is age 18 or older or an emancipated minor.

Name:	Unit Number:
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	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: ☐ Full-time ☐ Part-time ☐ Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.
INCOME			
4			I have a job and receive money/wages, tips or bonuses. (List the businesses or companies that pay you.) _____
5			I am self-employed or operate my own business. (List the types of jobs you do.) _____
6			I earn income from periodic, temporary, seasonal or contractual employment /work.
7			I receive Social Security or Rail Road Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHS for the State-paid portion of a SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider. _____
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance. (does not include food stamps or Medicaid)
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from trust, annuity or inheritance. If yes, from how many sources? ____
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active duty allotments or regular pay as a member of the National Guard or Reservist pay.
25			I am a member of an Indian Tribe receiving gaming payments.

	Yes	No	COMPLETE EACH ITEM:
26			I receive periodic payments from insurance policies or any type of settlement, if yes, how many policies or settlements? _____
27			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.
28			I receive other recurring or periodic income not listed above. Describe _____
29			I receive student financial assistance. (does not include student loans)
CHILD SUPPORT			
30			I receive child support. If yes, from how many parents do you receive support? If yes, is child support paid directly to DHS? ☐ Yes ☐ No
31			I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.
32			I anticipate filing a claim for child support within the next twelve months.
ASSETS (Include all assets held or owned either in or outside of the United States)			
33			I have a savings account(s) at: _____ (List name(s) of institution)
34			I have a checking account(s) at: _____ (List name(s) of institution)
35			I have certificates of deposit at: _____ (List name(s) of institution)
36			I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or other agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____
37			I have cash held in my home or in a safety deposit box.
38			I have savings bonds. If yes, how many? _____
39			I have Treasury Bills. If yes, how many? _____
40			I have stocks.
41			I have bonds
42			I have mutual funds or securities.
43			I have IRA's or Keogh account(s) at: _____ (List name(s) of institution)
44			I have time certificate(s) at: _____ (List name(s) of institution)
45			I own real estate and/or receive income from the rental of real estate. If yes, how many properties? _____
46			I own a mobile home.
47			I have land contracts. If yes, how many? _____
48			I hold a mortgage or deed of trust.
49			I have revocable trusts. If yes, how many trusts? _____
50			I have whole life or universal life insurance policy(ies). If yes, Somehow many policies? _____
51			I have personal property held for investment purposes (gems, jewelry, collections, etc.).
52			I have lump sum receipts or one-time receipts.
53			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.

	Yes	No	COMPLETE EACH ITEM:
54			I have joint ownership on one or more of the above assets.
55			I have income/assets from sources other than those listed above. (Describe) _____
56			A member of my household is under the age of 18 and has assets. (Describe) _____
ALLOWANCES / DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)			
57			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
58			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
59			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
60			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
61			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
62			The Department of Human Services (DHS) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pays ☐ full ☐ partial.
63			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
64			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.
OTHER ITEMS			
65			I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
DISPOSAL / DIVESTITURE OF ASSETS (all tenants and prospective residents in all types of projects must complete the section below)			
66			I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): _____ _____ <i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i>

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature _____

Date _____

FACT SHEET

For HUD ASSISTED RESIDENTS

Project-Based Section 8

“HOW YOUR RENT IS DETERMINED”

Office of Housing

September 2010

This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

OAs' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What is Annual Income?

$\text{Gross Income} - \text{Income Exclusions} = \text{Annual Income}$

What is Adjusted Income?

$\text{Annual Income} - \text{Deductions} = \text{Adjusted Income}$

Determining Tenant Rent

Project-Based Section 8 Rent Formula:

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
- 10% of the family's monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.

OR

- \$25.00 Minimum Rent

Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except for lump-sum additions to

family assets, see Exclusions from Annual Income, below Welfare assistance

- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant

or are held in an individual's name but:

- The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
- that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
 - Foreclosure
 - Bankruptcy
 - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and

benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)

- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes

- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product liability litigation*
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time.
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Legislation:

- Quality Housing and Work Responsibility Act of 1998, Public Law 105-276, 112 Stat. 2518 which amended the United States Housing Act of 1937, 42 USC 2437, et seq.

Regulations:

- General HUD Program Requirements; 24 CFR Part 5

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

"Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>