

**APPLICATION FOR HOUSING
HUD & HUD w/ LIHTC**

Aldersgate II Apartments

1100 Killmaster Dr.

Oscoda, MI 48750

989-739-3631

OFFICE USE ONLY: DATE: _____ **TIME:** _____ **RECV'D BY:** _____ **INCOME LEVEL: (CIRCLE ONE) ELI VLI LI**

HEAD OF HOUSEHOLD INFO. : List head of household in box 1 with citizenship status and states & counties of previous residency.

No. #	FULL NAME			RELATION TO HEAD	SEX: M/F (OPTIONAL)	DATE OF BIRTH	SOCIAL SECURITY NUMBER #
	LAST	FIRST	INITIAL				
1				HEAD			

Citizenship Status (check one): U.S. Citizen Eligible non-citizen Ineligible non-citizen

List previous states & counties in which head of household has resided including all out of state residency that applies:

CURRENT ADDRESS:

CITY/COUNTY:

STATE / ZIP:

HOME PHONE:

ALTERNATE/CELL PHONE:

EMAIL:

HOW DID YOU HEAR ABOUT US?: (CHECK ALL THAT APPLY) NEWSPAPER WEBSITE INTERNET SEARCH REFERRAL SIGNAGE

OTHER HOUSEHOLD MEMBERS: List all other occupants in boxes 2 through 12 (if applicable) with citizenship status and states & counties of previous residency.

No. #	FULL NAME			RELATION TO HEAD	SEX: M/F (OPTIONAL)	DATE OF BIRTH	SOCIAL SECURITY NUMBER #
	LAST	FIRST	INITIAL				
2							

Citizenship Status (check one): U.S. Citizen Eligible non-citizen Ineligible non-citizen

List previous states & counties in which member #2 has resided including all out of state residency that applies:

3							
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Citizenship Status (check one): U.S. Citizen Eligible non-citizen Ineligible non-citizen

List previous states & counties in which member #3 has resided including all out of state residency that applies:

4							
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Citizenship Status (check one): U.S. Citizen Eligible non-citizen Ineligible non-citizen

List previous states & counties in which member #4 has resided including all out of state residency that applies:

5							
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Citizenship Status (check one): U.S. Citizen Eligible non-citizen Ineligible non-citizen

List previous states & counties in which member #5 has resided including all out of state residency that applies:

6							
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Citizenship Status (check one): U.S. Citizen Eligible non-citizen Ineligible non-citizen

List previous states & counties in which member #6 has resided including all out of state residency that applies:



HOUSEHOLD MEMBERS (Continued): all occupants including citizenship status and states & counties of previous residency.

No. #	FULL NAME			RELATION TO HEAD	SEX: M/F (OPTIONAL)	DATE OF BIRTH	SOCIAL SECURITY NUMBER #
	LAST	FIRST	INITIAL				

7							
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Citizenship Status (check one): U.S. Citizen Eligible non-citizen Ineligible non-citizen

List previous states & counties in which member #7 has resided including all out of state residency that applies:

8							
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Citizenship Status (check one): U.S. Citizen Eligible non-citizen Ineligible non-citizen

List previous states & counties in which member #8 has resided including all out of state residency that applies:

9							
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Citizenship Status (check one): U.S. Citizen Eligible non-citizen Ineligible non-citizen

List previous states & counties in which member #9 has resided including all out of state residency that applies:

10							
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Citizenship Status (check one): U.S. Citizen Eligible non-citizen Ineligible non-citizen

List previous states & counties in which member #10 has resided including all out of state residency that applies:

OCCUPANCY POLICY: *Millennia Housing Management Ltd.'s policy is to allow accommodations in federally funded housing, the use of no more than two people per one bedroom and that no child should have to share a bedroom with a parent and/or another child of the opposite sex at which such requests will allow for separate bedrooms. MHM, Ltd. recognizes that applicant families may prefer a small unit to limit time on a waiting list. However, no acceptations will be made that will violate any local occupancy ordinances. Bedroom assignments are based on this table.*

BEDROOM RATIO:		
NUMBER OF PERSONS ALLOWABLE PER BEDROOM		
Number of Bedrooms	Minimum Number of Household Members	Maximum number of household Members
Studio/Efficiency	1	2
1	1	2
2	2	4
3	3	6
4	4	8
5	8	10

LIST NUMBER OF BEDROOMS NEEDED IN BOX BELOW:	CHECK SPECIAL FEATURES NEEDED BY HOUSEHOLD
	<input type="checkbox"/> MOBILITY Accessible
	<input type="checkbox"/> HEARING Accessible
	<input type="checkbox"/> VISUAL Accessible
	<input type="checkbox"/> OTHER Accessible Feature



LANDLORD REFERENCES: Applicant must list current & previous landlords, dates resided, rents paid, including residency at any out of state or county locations.				
Landlord(s) Name & Phone #	Rental Address, City, State Zip	MO/YR	Rent/Amt.	County
1.				
2.				
3.				

CRIMINAL HISTORY: answer all questions do not leave any blanks YES NO

Have you committed fraud in any federally subsidized housing program?		
Have you or any family member been charged or convicted of a crime? <input type="checkbox"/> Felony or <input type="checkbox"/> Misdemeanor		
Have you ever been evicted from federally funded housing for a lease violation including drug use or failure to report a crime?		
Are you or any household member subject to state or national lifetime sex offender registration in any state?		

CREDIT HISTORY: answer all questions do not leave any blanks YES NO

Have you ever filed for a Bankruptcy?		
Have you ever had a foreclosure on Real Estate?		
Have you ever been evicted, or are currently under an eviction?		
Do you owe any previous landlord any money or currently have an outstanding balance?		
Have you ever signed to a repayment agreement to return money to HUD?		
Have you ever used any other name or Social Security number other than current one used?		

UTILITY PROVIDERS: IF APPLICABLE TO THE PROPERTY IN WHICH YOU APPLY YES NO

Do you have any current outstanding balances owed to any utility provider?		
Are you able to establish utilities in your name if you are approved and PRIOR to moving into a rental units for the following utilities? <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water		

LIVING CONDITIONS & PREFERENCES: answer all questions, do not leave any blanks YES NO

Are you expecting a change in family size in the future?		
Are there any temporary absent family members?		
Are you currently homeless and or living in a homeless shelter?		
Are you currently living in a government subsidized rental unit now?		
Are you currently living in unsafe or unhealthy standards?		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (Includes roaches, bed bugs, rodents, etc.)		
Do you agree to a Home Interview/Inspection from our Management staff?		
Are you less than 62 yrs. old and believe to be eligible for occupancy based on your handicaps or disability?		
Are you 62yrs or older as of Jan 31, 2010 do not have a SSN# to disclose but have received rental assistance at another location since Jan 31, 2010 ? If yes, previous landlord information is needed to qualify for exemption from disclosing SSN#.		
Do you have a live in care attendant?		
Are you an orphan or ward of the courts until age 18?		
Are you a Veteran or currently enlisted in any of the US Armed Forces?		
Are you being displaced from your home by a government declared disaster or private action?		



STUDENT STATUS	YES	NO
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Are you a Student enrolled in an institution of a higher education (anything higher than K-12)?

If Yes, check one: Part Time Full Time List Name of college/university: _____

Have you established and maintained a household separate from your parents or legal guardians and not claimed as dependent on their tax returns for at least one year?

To qualify as student household do you meet any of the following criteria? If yes, check all that apply:

Eligible to file a joint tax return Have a dependent child Participate in a Title 6 work program

RACE & ETHNICITY

- Hispanic or Latino
 Not Hispanic or Latino

**** Information is voluntary; you are not obligated to disclose race & ethnic information**

- American Indian/Alaskan Native Asian
 White Black or African American
 Native Hawaiian/Pacific Islander Other
 I CHOOSE NOT TO DISCLOSE RACE & ETHNIC INFORMATION

HOUSEHOLD INCOME: list sources of income for all household members

NAME	Employer and/or Source of Income	Income/Gross Amount
List person(s) working or receiving income and/or benefits including income received by minors	Include Agency or Employer Name, address, phone number and name person to verify	(Monthly)
<i>Example. John Doe, Jr Jane Doe, A.</i>	Wal-Mart- 1234 Anywhere Street, OH 44123 Phone # 216-123-4567 Social Security Disability- Social Security Admin, 123 Local Street, Washington DC	<i>\$580 /month \$650 / month</i>
1		
2		
3		
4		
5		



ELIGIBILITY QUESTIONNAIRE: INCOME/ASSETS/EXPENSES: Answer all questions do not leave any blanks

INCOME SOURCES: check all questions do not leave any blank		YES	NO
1	Are you employed? <input type="checkbox"/> part time <input type="checkbox"/> full time <input type="checkbox"/> seasonal		
2	Did you work in the past year?		
3	Will you receive any of the following in next 12 months?: <input type="checkbox"/> tips <input type="checkbox"/> bonuses <input type="checkbox"/> commission <input type="checkbox"/> overtime		
4	Are you self-employed? If yes, list type of business:		
5	Do you receive unemployment? <input type="checkbox"/> check <input type="checkbox"/> direct deposit <input type="checkbox"/> pre-paid debit card		
6	Do you receive Workers Compensation benefits? <input type="checkbox"/> check <input type="checkbox"/> direct deposit <input type="checkbox"/> pre-paid debit card		
7	Railroad Retirement Act Income? <input type="checkbox"/> check <input type="checkbox"/> direct deposit <input type="checkbox"/> pre-paid debit card		
8	Do you receive Social Security, SSD, or SSI? <input type="checkbox"/> check <input type="checkbox"/> direct deposit <input type="checkbox"/> pre-paid debit card		
9	Do you receive quarterly payments for the State paid portion of a SSI grant?		
10	Do you receive disability or survivor benefits under another Social Security not your own?		
11	Do you receive cash benefits in public assistance? <input type="checkbox"/> check <input type="checkbox"/> direct deposit <input type="checkbox"/> pre-paid debit card		
12	Do you receive court ordered and/or informal Child Support? <input type="checkbox"/> check <input type="checkbox"/> direct deposit <input type="checkbox"/> pre-paid debit card		
13	Are you a Veteran or widower of a Vet receiving VA benefits? <input type="checkbox"/> check <input type="checkbox"/> direct deposit <input type="checkbox"/> pre-paid debit card		
14	Do you receive military employment income, active duty allotments, or GI Bill benefits?		
15	Do you receive alimony?		
16	Do you receive informal cash contributions or gifts on an ongoing basis?		
17	Do you receive periodic payments from annuities, inheritance, or non-revocable trust funds?		
18	Do you receive regular payments from insurance policies?		
19	Do you receive income from one or more retirement pensions?		
20	Do you receive income from rental of real estate or personal property?		
21	Do you receive periodic payments from lottery winnings?		
22	Have you received or expecting to receive cash or lump sum settlement in the past or next 12 months?		
23	Are you receiving any income from any other source not listed?		
ASSETS & DEBIT CARD ACCOUNTS			
24	I have a pre-paid debit card where I receive wages and/or payments of benefits; i.e. SS, SSI, Child Support, etc.		
25	Do you have cash on hand, held at home or in a safety deposit box? If Yes, how much: \$ _____		
26	Do you have any bank accounts: Checking, savings, CD, money market? If yes, list name of institution(s): _____ Acct# _____		
27	Do you have any IRA, KEOGH, Stocks, Bonds, Treasury Bills or Revocable Trusts?		
28	Do you have a 401K or a retirement pension account?		
29	Do you own any Real Estate, Mobile Home, Or land held as investment?		
30	Have you sold or given away any assets (including cash) in the past (2) years?		
31	Do you own a life insurance policy? If yes, check one: <input type="checkbox"/> whole life <input type="checkbox"/> universal life <input type="checkbox"/> term		
32	Do you own a pre-paid revocable burial or funeral account? If yes, cash value? _\$ _____		
33	Do you own any personal property held as investment? (i.e. coins, stamps, gems, jewelry)		
EXPENSES & STUDENT STATUS (Expenses apply to HUD/RD only)			
34	Do you pay out of pocket medical expenses for prescriptions, vision care, medical devices etc.?		
35	Do you pay out of pocket for over the counter medicines to treat a medical condition?		
36	Do you pay for medical insurance?		
37	Do you pay for an attendant adult care services?		
38	Are you elderly /disabled and need to claim an income deduction based on a disabling condition?		
39	Do you have dependent children?		
40	Are you employed or attend school, or looking for employment and pay child care expenses?		
41	Are you a student or anticipate being a student? If YES indicate if : <input type="checkbox"/> part-time <input type="checkbox"/> full-time <input type="checkbox"/> I was student in last 12 months <input type="checkbox"/> I anticipate being a student next 12/mo.		



APPLICANT CERTIFICATION OF INFORMATION & STATEMENT OF UNDERSTANDING

Providing True and Complete Information

- I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

- I know I am required to report immediately in writing any changes in income/assets and any changes in the household size, while waiting on the wait list and prior to moving in.

Reporting on Prior Housing Assistance

- I certify that I have disclosed where I received any previous Federal Housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence of Assistance

- I certify that the apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying management immediately in writing. I will not sublease my assisted residence.

Criminal Background and Termination of Housing Assistance for False Information

- I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy. I understand that Millennia Housing Management has a Zero Tolerance Sex Offender Policy and does not house anyone registered under any state or national sexual offender database.

Social Security Number Disclosure

- I/We understand that all members of a household do not need to disclose or provide verification of SSN at time of application and for placement on waiting list. However, applicants must disclose and provide verification of a SSN for all non-exempt household members before they can be housed. Applicants who do not disclose verification of a SSN for all household members 90 days from the date they are offered a unit will be determined ineligible and removed from the wait list.

I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law and are reason for rejection of my/our application. I/we certify and understand that if selected to move into this project the above information will be collected to determine my/our eligibility for rental assistance. I/we certify and understand the owner will verify all information provided on this application, contact previous or current landlords if applicable, verify sources for credit, criminal and sexual offender verification information which may be released to appropriate Federal, State, or Local agencies that subsidize or fund this housing program.

Signature of Head:	Date:
Signature of Co-Head:	Date:
Signature:	Date:
Signature:	Date:

PENALTIES FOR MISUSE OF THIS CONSENT: Title 18, section 10001 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 employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).



RESIDENT SELECTION CRITERIA (HUD or HUD with LIHTC)

Millennia Housing Management, Ltd. and its agents support and provide availability of equal housing throughout its communities and administers affirmative fair housing marketing in which there are no barriers in obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin. It is the policy of Millennia Housing Management, Ltd. to accept and process applications for residency without discrimination throughout the screening process by which such applications are approved or rejected. MHM, Ltd. will at all times conform to local, state, and Federal Fair Housing Laws.

Applications will be reviewed within the rules and guidelines of the Department of Housing and Urban Development for the particular program available. All applicants will be reviewed in regards to: credit, income, assets and other financial data, which reflect the ability of the applicant to pay the required rent and adhere to the lease requirements. Criminal and sex offender screening will be reviewed of all applicants. Rental history and landlord references will be applicable to those with conditional credit issues.

It is the policy of Millennia Housing Management, Ltd. to accept only one application at a time for each available apartment on a first come first serve basis. An apartment will be considered rented and not available while an application is pending. Only when an application is rejected will the apartment then be available for rental on a first come first serve basis. It is the policy of MHM, Ltd. to place all eligible applicants on a waiting list when no unit of appropriate size is available.

YOU MAY BE DENIED HOUSING IF:

- You misrepresent any information or fail to supply required information on the application. If misrepresentation is found after a lease agreement has been executed, management reserves the right to use all administrative remedies at its disposal.
- You fail to provide proof of Social Security numbers for all household members within 90 days of unit offer date.
- You fail to submit evidence of citizenship or eligible immigration status at the time of application.
- Your credit history is not satisfactory.
- Your home visit is not satisfactory.
- You are unable to demonstrate ability to obtain utility service in your name at properties with utility allowance.
- You are determined ineligible and do not meet program requirement of the housing which you are applying for.
- You may be temporarily denied housing if your income is above 30% of the area median income adjusted for household size (extremely low income) and less than 40% of the applicants for housing to date in that calendar year have extremely low income. You will be removed from the waiting list and you will be offered housing once the 40% threshold is again achieved.
- If you or any household member has been convicted of illegal manufacturing or distribution of a controlled substance or any drug related criminal activity.
- If you or any household member is currently engaging in the illegal use of drugs.
- If there is reasonable cause to believe that you or a household member's illegal use or a pattern of use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- If at any time you or any household member has been convicted of a crime using a weapon against an individual.
- If you or any household member has a history of violence against other persons.
- If you or any household member has been convicted of a crime involving sexual offenses.
- If you or any household member has been subject to registration of a sexual offender database.
- If you or any household member has been convicted of a felony in the last 7 years.
- Landlords indicate failure to pay rent on time or currently have rent in arrears.
- Landlord reports repeated disturbance of neighbor's peaceful enjoyment or damage to property beyond normal wear and tear.
- Landlord reports any violence or threats to landlords or neighbors or any other criminal activity.
- Landlord reports your inability to abide by lease with regard to unauthorized occupants.
- Landlord reports they would not rent to you again for any reason pertaining to the behavior of any household members during your tenancy.

My signature below certifies that I have read and understand the Millennia Housing Management, Ltd. Resident Selection Policy.

Signature of Head:	Date:
Signature of Co-Head:	Date:
Signature:	Date:
Signature:	Date:

I WOULD LIKE TO REQUEST A COMPLETE COPY OF THE OWNER/AGENT TENANT SELECTION PLAN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PAPER COPY <input type="checkbox"/> ELECTRONIC COPY
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NOTIFICATION FOR PLACEMENT ON WAITING LIST

Date: _____

Name: _____

Address: _____

City/State: _____

Dear Applicant:

Thank you for applying for housing, at this time, we are filling all our vacancies from the waiting list. The average length of wait is: _____ but your wait may be longer or shorter depending upon unit turnover and your eligibility for admission priorities and preferences. We will contact you when your application is near the top of the waiting list to begin processing your application for an apartment.

If at time of your application you did not provide proof of social security you will have 90 days to disclose from the date of your unit offer. Failure to disclose your social security number will result from removal of the waiting list.

You should notify us immediately in writing or equal method **at the above listed address if any changes occur to the following information that may affect your admission:

- You move to a new address
- You get a new telephone number
- A household member moves out
- A new person is added to your household
- Your income changes

If we do not hear from you and cannot reach you, we must remove your application from the waiting list and place it in the inactive file

Sincerely,

Property Manger

Applicant Signature of Receipt:	Date:
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Cc: applicant file

****Persons with disabilities have the right to request reasonable accommodations. Owner/Agent does not discriminate on the basis of disability status in the admission to or access or treatment of employment in its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the non-discrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). If you are disabled and wish to speak with a 504 Coordinator, you may contact: Mr. Alan G. Weckerly at: (216) 520-1250, TTY (800)750-0750, or send requests marked "reasonable accommodation" and mail to: Millennia Housing Management, Ltd. 8111 Rockside Road, Valley View, Ohio 44125**



**AUTHORIZATION OF RELEASE
CREDIT /CRIMINAL / SEXUAL OFFENDER SCREENING
(HUD OR HUD with LIHTC)**

PURPOSE:

Screening of credit, criminal and sexual offender registry is used to administer and enforce the resident selection policy, regulations governing federally subsidized housing, and rules related to the rental of property owned/managed by **Millennia Housing Management Ltd.** It is a standard procedure required of all adults' household members 18 years and older.

INQUIRIES:

Background screening will include all of the following methods:

Credit: All (3) major credit bureaus: Trans Union, Equifax, and Experian

Criminal: Using Multi-State, State wide, All Counties

Sexual Offender: National Sex Offender Registries with US Department of Justice's Dru Sjodin website.

ELECTRONIC SCREENING NOTICE: Electronic screening will be conducted by Core Logic or Real Page two of the authorized agents for applicant screening contracted with Millennia Housing Management, Ltd.

- CORE LOGIC:** 7300 Westmore Road, Suite #3 Rockville, Maryland 20850-5223 or call Toll Free # (800) 999-0350. Website: www.FADVSAFERENT.com
- REAL PAGE, INC.:** 4000 International Parkway, Carlton, TX 75007 at (866) 934-1124 or http://www.realpage.com/consumer_dispute or Equifax, P.O. Box 105873, Atlanta, GA 30348 at (800) 685-1111 for a free consumer/credit report.

AUTHORIZATION & CONDITIONS:

My signature below authorizes Millennia Housing Management, Ltd. and/or its agent permission to obtain full disclosure of my credit history and criminal history. I also give permission to obtain and verify my criminal history from any public records and sexual offender databases. I understand the information obtained within my credit & criminal reports will be subject to policies related to the rental of property and may be subject to approval/denial of admission as outlined in the managements' resident selection policy.

I hereby acknowledge this consent is effective for (1) one year from date of my signature below. I understand that if after 120 days (4 months) I am not housed, **Millennia Housing Management Ltd.** has permission to conduct a secondary credit/criminal background check to obtain more current and up to date information prior to my move in. If I am not housed within one year at which time this consent expires, I will be obligated to sign a new consent.

APPLICANT INFORMATION		
First Name:	Last Name:	Maiden Name:
Social Security #	D.O.B.	Driver's License #
Current Address:	Previous Address:	Previous Address:
Note: MHM strictly upholds a zero tolerance policy for sexual offenders. Every Adult members 18 years or older will be subject to a criminal background screening and must complete and sign their individual release form.		

SIGNATURE:	DATE:
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PENALTIES FOR MISUSE OF THIS CONSENT: Title 18, section 10001 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 employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).



**AUTHORIZATION FOR RELEASE OF INFORMATION
INCOME & ASSETS
(LIHTC FILE ONLY)**

I understand that I have applied for residency and/or currently reside in a community that was developed under Section 42 Low Income Housing Tax Credit (LIHTC) of the IRS code which is administered by the State. I further understand that Federal regulations require the housing owner and/or managing agent to verify the income and assets of all persons within my household at time of application and annually thereafter to determine my continued eligibility while residing in this program.

The information verified will be used only for the purpose of determining eligibility requirements for the specified program and will be kept in strict confidence.

I hereby authorize Millennia Housing Management, Ltd. to obtain information about me that is pertinent to determining eligibility from individuals and/or organizations as listed:

<i>Employers past/present</i>	<i>Banks & Financial Inst.</i>	<i>Local, State, Federal Courts</i>	<i>Landlords, past & present</i>
<i>US Social Security Admin.</i>	<i>Dept. Of Veterans Affairs</i>	<i>Utility Companies</i>	<i>Welfare Agencies</i>
<i>Schools, Universities</i>	<i>Providers of Alimony</i>	<i>Child Support Agencies</i>	<i>Retirement Pensions</i>
<i>Life Insurance Companies</i>	<i>Identity & Marital Status</i>	<i>Real Estate Appraisals</i>	<i>Handicap Assistance</i>
<i>Federal/State/Local/Tribal Benefits</i>			

Computer Matching & Notice Consent:

I agree that the above named organization may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The government agencies include: U.S. Office of Personnel Management, U.S. Social Security Administration, U.S. Department of Defense, U.S. Postal Service, State Employment Security Agencies, & State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

Applicant/Resident Signature:	Date:
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PENALTIES FOR MISUSE OF THIS CONSENT: Title 18, section 10001 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 employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).

****NOTE:** This "Authorization of Release of Information Form"(pg 10) is reserved for use with projects layered with tax credits and should be filed with the tax credit folder only. This does not replace the HUD 9887-9887A Form as an Authorization of Release, a copy of the 9887 & 9877A is still required in a HUD tenant file to comply with HUD regulations.