



Moffat County Housing Authority

633 Ledford St, Craig, CO 81625

(970) 824-3660

Thank you for your interest in our properties known as Sunset Meadows I and Sunset Meadows II. Each building contains 44 units dedicated to serving people 62 years of age or older, and the disabled population. If you wish to apply for an apartment, you will need to fill out the attached application answering each question completely.

You will be placed on our waiting list once we receive your completed application. Please be aware that we may not be able to tell you, with certainty, how long it will take before you are placed into an apartment should you qualify and be approved.

There are many documents you will need to supply to us prior to moving into an apartment. The two most important items we need when you return your application is:

1. A picture Identification Card such as your Driver's License or state issued ID card, and
2. Your social security card.

As we process your application, there will be additional information we will need from you. You may choose to bring these documents with you when you submit your application. These include:

1. A copy of your birth certificate or another document verifying your age.
2. Proof of your current income.
 - a. If you receive a monthly benefit such as Social Security, SSI or Veteran's Benefits, we will need your **current year** benefit statement.
 - b. Proof of your current income from all IRA, PERA, Railroad and retirement benefits.
 - c. In some cases, we may also need the most recent tax or year-end statement concerning your income.
 - d. Any other documentation concerning other income you may receive.
3. The most recent, consecutive six (6) months of bank statements for all your bank accounts, including checking, savings, and certificate of deposits (CD).
4. Some of your medical expenses may qualify as a deduction when calculating your rent. If you wish for us to consider them, you will need to provide receipts or proof of medical expenses that you pay or have paid in the last twelve (12) months.
5. Other documents that may be relevant to answers you supplied on the application or during an interview with us, such as proof of a life insurance policy's cash value, and stock statements.

If our waiting list is long and your application is on hold longer than 120 days, you will, unfortunately, need to resupply current verification of your income, assets, expenses and an updated application.

SCREENING

We screen applicants for residency while considering your credit history, rental history, and criminal history.

If your current landlord cannot verify your history of good housekeeping and care for your current residence, we may choose to conduct a home visit. This also applies to homeowners. Home visits will only be conducted for residences within a five (5) mile radius of our offices, and only for the purpose of

verifying the applicant will care for the home with safe, clean and satisfactory housekeeping habits in compliance with the following:

Creating any health or safety hazard through acts of neglect, and/or causing or permitting any damage to, or misuse of premises and equipment; causing or permitting infestation, foul odors or other problems injurious to other persons' health, welfare or enjoyment of the premises; disposing of garbage improperly; failing to reasonably and properly use all utilities, facilities, services, appliances and equipment within the dwelling unit, or failing to maintain them in a clean condition; or any other conduct or neglect which could result in health or safety problems or damage to the premises.

Residence must be free from signs of hoarding.

If an applicant is denied for failing to meet the housekeeping standards, applicant will be notified of decision in writing. Applicant may request a reinspection. If applicant chooses to have a reinspection, applicant will be given at least fourteen (14) days to correct the conditions which did not meet standards.

If you would like a copy of our Tenant Selection Plan (TSP), which is a comprehensive policy we use to determine if an applicant will be accepted as a resident, please let us know. This document is available in print and electronic format.

RESOURCES

The following agencies are available if you need assistance completing this application, obtaining documents or locating supportive services.

Northwest Colorado Center for Independence (NWCCI) supports people with disabilities and seniors by connecting them with providers of housing, transportation, employment, assistive technology, access to benefits and independent living services.

775 Yampa Avenue #102
Craig, CO 81625
(970) 871-4838

Open Hearts Advocates offers supportive services for people in need including the LGBTQ+ community, crime victims, sex trafficking victims, domestic violence victims and individuals or families facing immigration and legal issues, or who need interpretation support.

750 Hospital Loop,
Craig, CO 81625
24-Hour Crisis Line (970) 824-2400
Office Line (970) 824-9709

Health Partnership connects individuals facing barriers, such as poverty, isolation and health issues, with resources to achieve optimal health and well-being.

555 Breeze St, Ste #250
Craig, CO 81625
(970) 875-3630



Application for Admission and Rental Assistance Section 8 & Disabled

For Office Use Only:

Date application received _____

Time application received _____

By _____

Date: _____

| | | | |
|-------------------|---|------------|---------------------------|
| Property Name: | Sunset Meadows | Telephone: | 970-824-5811 |
| Address: | 633 Ledford St. | Fax: | 970-824-1199 |
| City and State: | Craig, CO 81625 | TTD/TTY: | 711 National Voice Relay |
| Property Web Site | https://moffatcounty.colorado.gov/services/housing-authority | Email | agallosa@moffatcounty.net |

(Please return this form to the above address)

The information on this form is needed to certify your household. Please complete this **entire** form and **leave no blanks**. If there are any questions that you do not understand, please call the Housing Coordinator. Thank you for your cooperation.

How did you hear about us? ☐ Newspaper ☐ Radio ☐ Internet ☐ HUD ☐ Other

| | | | |
|-----------------------------|--|---------------|--|
| Head of Household Name | | | |
| Head of Household Address | | | |
| City, State, Zip | | | |
| Mailing Address | | | |
| City, State, Zip | | | |
| Home Phone | | Cell Phone | |
| Work Phone | | Email address | |
| May we contact you at work? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part1 Household composition

| Hh mbr | Full Name | Relationship to head of household (hoh) | Date of birth | Gender | Social security number | Citizenship Status |
|--------|-----------|---|---------------|--------|------------------------|--------------------|
| 1 | | HoH | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

Do you expect any additions to the household within the next 12 months?(check one) [] YES [] NO If yes, please explain:

If you have no Social Security Number, you claim you are exempt because
☐ You are an ineligible non-citizen
☐ You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10 (if you claim this exemption you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059)

If the head of household or co-head/spouse is not 62 or older, do you claim eligibility because the head-of-household or co-head/spouse is disabled? ☐ NA ☐ Yes ☐ No





Application for Admission and Rental Assistance Section 8 & Disabled

| | | |
|---|---------------------------------|--------------------------------------|
| Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a victim of a recent presidentially declared disaster? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently receiving housing assistance from HUD or a PHA? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently using marijuana? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? <i>This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted of a crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both. | <input type="checkbox"/> Felony | <input type="checkbox"/> Misdemeanor |
| Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry or has any member been convicted of a sexual offense? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, when | | |
| Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i> | | |
| <input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C | | |

PETS & ASSISTANCE/COMPANION ANIMALS: Please review the property pet/assistance animal rules. The presence of any animal must be approved **before** housing the animal in the unit.

| | | |
|---|------------------------------|---|
| Do you plan to house an animal in the unit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ANIMAL TYPE (I.E. DOG, CAT, TURTLE, ETC.) | BREED (IF APPLICABLE) | HEIGHT (MEASURED AT WITHERS IF APPLICABLE) |
| | | |
| | | WEIGHT |
| | | |

UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements into consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preferences below. Please indicate any necessary special features below.

| | | |
|--|---|---|
| Unit Size | | Special Features |
| <input type="checkbox"/> 1 Bedroom Unit | <input type="checkbox"/> Mobility Accessible Unit | <input type="checkbox"/> Special features: Please list: |
| <input type="checkbox"/> Communication Accessible Unit (Hearing) | <input type="checkbox"/> Communication Accessible Unit (Visual) | |





Application for Admission and Rental Assistance Section 8 & Disabled

Part 2 Current/previous residency

| Current address [provide previous address(es) if less than two years] | Dates of residency | Rent or own? | Monthly payment | Landlord/mortgage co. name and phone number |
|---|--------------------|--------------|-----------------|---|
| | From: To: | | | |
| | From: To: | | | |
| | From: To: | | | |
| | From: To: | | | |

Part 3 household income

| Does your household have income, assistance, or benefits from the sources listed below? | Monthly income/ assistance amount | Hh mbr # |
|---|-----------------------------------|----------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Self-employment (list nature of self-employment) | \$ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Employment with a third-party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. If yes list the information in Part 4 below. | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you (exclude food stamps, groceries, and/or day care costs when the day care center is paid directly by the gift-giver) | \$ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment benefits | \$ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran's Administration, GI Bill, or National Guard/military benefits/income | \$ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships (exclude student loan awards that must be repaid) | \$ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Retirement benefits from Social Security | \$ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) | \$ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.) | \$ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Disability or death benefits other than Social Security | \$ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing assistance: | \$ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No I/we receive public assistance income (example: Colorado Works/TANF) | \$ | |





Application for Admission and Rental Assistance Section 8 & Disabled

| | | | |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | Child support payments. If yes, for how many children do you receive support? I am entitled to receive child support payments and am currently making efforts to collect child support owed to us. Describe efforts being made to collect child support: | \$ Anticipated Amount: \$ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Alimony/spousal support payments | \$ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources: 1. 2. | \$ \$ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Income from real or personal property | \$ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Other: List type | \$ | |

Part 4 Current employment information (please attach a separate form for additional employment, if needed)

| | | | | | |
|------------------|--------------------------|--|-------------------------|------------|----------|
| Resident Name | | | Occupation/Title | | |
| Employer Name | | | Contact Person | | |
| Employer Address | | | | | |
| City | | State | | Zip Code | |
| Date Hired | Salary/Rate of Pay \$ | <input type="checkbox"/> 2x a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Hourly <input type="checkbox"/> Annually | # Hours worked Per Week | Work Phone | Work Fax |

| | | | | | |
|------------------|--------------------------|--|-------------------------|------------|----------|
| Resident Name | | | Occupation/Title | | |
| Employer Name | | | Contact Person | | |
| Employer Address | | | | | |
| City | | State | | Zip Code | |
| Date Hired | Salary/Rate of Pay \$ | <input type="checkbox"/> 2x a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Hourly <input type="checkbox"/> Annually | # Hours worked Per Week | Work Phone | Work Fax |





Application for Admission and Rental Assistance Section 8 & Disabled

| | | | | | |
|------------------|--------------------------|--|-------------------------|------------|----------|
| Resident Name | | | Occupation/Title | | |
| Employer Name | | | Contact Person | | |
| Employer Address | | | | | |
| City | | State | | Zip Code | |
| Date Hired | Salary/Rate of Pay \$ | <input type="checkbox"/> 2x a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Hourly <input type="checkbox"/> Annually | # Hours worked Per Week | Work Phone | Work Fax |

Part 5 Previous employment information (not required for retired persons)

| | | | | | |
|------------------|--------------------------|--|-------------------------|------------|----------|
| Resident Name | | | Occupation/Title | | |
| Employer Name | | | Contact Person | | |
| Employer Address | | | | | |
| City | | State | | Zip Code | |
| Date Hired | Salary/Rate of Pay \$ | <input type="checkbox"/> 2x a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Hourly <input type="checkbox"/> Annually | # Hours worked Per Week | Work Phone | Work Fax |

| | | | | | |
|------------------|--------------------------|--|-------------------------|------------|----------|
| Resident Name | | | Occupation/Title | | |
| Employer Name | | | Contact Person | | |
| Employer Address | | | | | |
| City | | State | | Zip Code | |
| Date Hired | Salary/Rate of Pay \$ | <input type="checkbox"/> 2x a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Hourly <input type="checkbox"/> Annually | # Hours worked Per Week | Work Phone | Work Fax |





Application for Admission and Rental Assistance Section 8 & Disabled

Part 6 Household asset information

| Do you have assets as listed below? | | Hh mbr # | Account#(s) | Interest Rate | Cash value |
|---|---|----------|-------------|---------------|------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Checking account(s). If yes, list bank(s). | | | | |
| | 1. | | | % | \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. | | | % | \$ |
| | Savings Account(s). If yes, list bank(s). | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. | | | % | \$ |
| | 2. | | | % | \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Trust(s). If yes, please indicate which type (Revocable or Non-Revocable), bank, and/or trustee's name. | | | | |
| | 1. | | | % | \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. | | | % | \$ |
| | I/we own real estate(or hold a mortgage or Deed of Trust). If yes, provide description. | | | | \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Personal property that is being held as an investment. (Personal property held for investment purposes may include, but not limited to, gem or coin collections, art, or antique cars. Do not include such items as household furniture, daily-use autos, clothing, active business assets, or special equipment for use by the disabled.) If yes, describe:. | | | % | \$ |
| | Stocks, bonds, Treasury bills, or Capital investments. If yes, list sources/bank name(s) | | | % | \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. | | | % | \$ |
| | 2. | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Certificate(s) of Deposit (CD) or Money Market account(s). If yes, list source(s)/bank name(s). | | | % | \$ |
| | 1. | | | % | \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. | | | | |
| | IRA/Lump Sum Pension/Keogh Account/401k. If yes, list bank(s). | | | % | \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. | | | % | \$ |
| | 2. | | | % | \$ |





Application for Admission and Rental Assistance Section 8 & Disabled

| | | | | | |
|---|--|--|--|--------|----------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Benefit Cards (Direct Express Debit, Colorado Works/Temporary Assistance to Needy Families (TANF), and/or unemployment benefits) | | | | \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I/we have a life insurance policy(exclude term policies).(Cash value is defined as market value less the cost of converting the asset to cash. Costs may include broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.) If yes, list company. | | | % % | \$ \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I/we have cash on hand or cash in a safe deposit box. | | | % | \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I/we have disposed of assets(i.e. gave away money/assets) for less than the fair market value in the past two years. If yes, list items and date disposed. | | | | \$ \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I/we have income from assets or sources other than those listed above. If yes, list type below. | | | % | \$ |

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).

APPLICANT 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. False, misleading or incomplete information will result in the denial of Application or termination of the lease agreement.





Application for Admission and Rental Assistance Section 8 & Disabled

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

☐ No ☐ Yes If yes, which option do you prefer? ☐ Paper copy ☐ Electronic copy

Print Name of Applicant

Signature

Date

Print Name of Applicant

Signature

Date

Print Name of Other Adult Household Member

Signature

Date

Print Name of Other Adult Household Member

Signature

Date

Reviewed by (Signature of Owner/Representative)

Date

All household members ages 18 or over must sign and date.

Equal Housing Opportunity Statement

Moffat County Housing Authority is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. Moffat County Housing Authority will not discriminate against any person because of race, color, religion, national origin, sex, familial status, disability, or any other specific classes protected by applicable laws.





certification of student status

| | |
|------------------------|-------------|
| Head of Household Name | Unit Number |
|------------------------|-------------|

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

please choose **one** option below that best describes your household

| | |
|--------------------------|---|
| <input type="checkbox"/> | The household contains at least one occupant who is not a student and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). |
| | List non-student here: <hr/> |
| <input type="checkbox"/> | The household contains all students , but is qualified because at least one occupant is a part time student . Verification of part time student status is required. |
| | List part time student here: <hr/> |
| <input type="checkbox"/> | The household contains all students who were, are, or will be full time for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If yes, you must answer all five questions below. |

| | yes | no |
|--|--------------------------|--------------------------|
| Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return) | <input type="checkbox"/> | <input type="checkbox"/> |
| Is at least one student a single parent with child(ren), and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than the parent(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is at least one student receiving Temporary Assistance to Needy Families (TANF)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation) | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the household consist of at least one student who was previously under foster care? (provide verification of participation) | <input type="checkbox"/> | <input type="checkbox"/> |

signatures

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

This form must be signed by each household member age 18 and older.

| | |
|--------------------|------|
| Resident Signature | Date |
| Resident Signature | Date |
| Resident Signature | Date |
| Resident Signature | Date |

Exhibit 3-5 Citizenship 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:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 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:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as 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 Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (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 (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

- (6) 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.
- (7) Form I-151 Alien Registration Receipt Card.

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 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR 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 if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and 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: _____

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div> | |
| 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.

| | |
|--|--|
| | |
|--|--|

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.

MOFFAT COUNTY HOUSING AUTHORITY

SUNSET MEADOWS I
633 Ledford Street
Craig, Colorado 81625
Phone: (970) 824-3660
Fax: (970) 824-1199

SUNSET MEADOWS II
595 Ledford Street
Craig, Colorado 81625
Phone: (970) 824-5893
Fax: (970) 824-1199

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any federal, state or local agency, organization, business, or individual to release to the Moffat County Housing Authority any information or materials needed to complete and verify my application for housing assistance and/or to maintain my continued occupancy of housing furnished by or through the Housing Authority. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Housing Authority in administering and enforcing program rules and policies.

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be requested; this includes but is not limited to:

| | | |
|----------------------------------|--------------------------------|--------|
| Identity and Marital Status | Residences and Rental Activity | Income |
| Medical or Child Care Allowances | Credit and Criminal Activity | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and continued participation in a housing assistance program.

The groups or individuals that may be asked to release the above information (depending on admission and program requirements) includes but are not limited to:

| | | |
|-------------------------------|------------------------------|--------------------------------|
| Previous Landlords | Veteran's Administration | Retirement/Pensions |
| Law Enforcement Agencies | Welfare Agencies | Courts and Post Offices |
| Support and Alimony Providers | Schools and Colleges | Social Security Administration |
| Medical Providers | Credit Bureaus and Providers | Financial Institutions |

I understand that the Housing Authority or the agency supplying information may conduct computer-matching programs to verify the information that is supplied for my application or re-certification. If a computer match is done, I understand that I have a right to exchange such automated information with other federal, state, or local agencies, including but not limited to State Employment Security agencies; U.S. Postal Services; Social Security Agency; and State Welfare and food stamp agencies.

Should the owner or manager receive information from a third party that is inconsistent with the information you have provided or information is received that would prevent your admission to the housing unit or units, the owner is required to notify you in writing the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for so long as I remain an applicant/participant/resident in any housing program administered by Moffat County Housing Authority.

| | | |
|---------------------|-------------------|-------------|
| <u>Signature</u> | <u>Print Name</u> | <u>Date</u> |
| Head: _____ | _____ | _____ |
| Spouse: _____ | _____ | _____ |
| Adult Member: _____ | _____ | _____ |

Instructions for Using this Form

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor child, you may complete this form to release only the minor's non-medical records. We may charge a fee for providing information unrelated to the administration of a program under the Social Security Act.

NOTE: Do not use this form to:

- Request the release of medical records on behalf of a minor child. Instead, visit your local Social Security office or call our toll-free number, 1-800-772-1213 (TTY-1-800-325-0778), or
- Request detailed information about your earnings or employment history. Instead, complete and mail form SSA-7050-F4. You can obtain form SSA-7050-F4 from your local Social Security office or online at www.ssa.gov/online/ssa-7050.pdf.

How to Complete this Form

We will not honor this form unless all required fields are completed. An asterisk (*) indicates a required field. Also, we will not honor blanket requests for "any and all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form. We may charge a fee to release information for non-program purposes.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the requested information pertains.
- Fill in the name and address of the person or organization where you want us to send the requested information.
- Specify the reason you want us to release the information.
- Check the box next to the type(s) of information you want us to release including the date ranges, where applicable.
- For non-medical information, you, the parent or the legal guardian acting on behalf of a minor child or legally incompetent adult, must sign and date this form and provide a daytime phone number.
- If you are not the individual to whom the requested information pertains, state your relationship to that person. We may require proof of relationship.

PRIVACY ACT STATEMENT

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. We will use the information you provide to respond to your request for access to the records we maintain about you or to process your request to release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent. We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, the Privacy Act (5 U.S.C. § 552a(b)) permits us to disclose the information you provide on this form in accordance with approved routine uses, which include but are not limited to the following:

1. To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and or coverage;
2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level;
3. To comply with Federal laws requiring the disclosure of the information from our records; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. We use information from these matching programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of incorrect payments or overpayments under these programs. Additional information regarding this form, routine uses of information, and other Social Security programs is available on our Internet website, www.socialsecurity.gov, or at your local Social Security office.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

Consent for Release of Information

You must complete all required fields. We will not honor your request unless all required fields are completed. (*Signifies a required field. **Please complete these fields in case we need to contact you about the consent form).

TO: Social Security Administration

***My Full Name**

***My Date of Birth**
(MM/DD/YYYY)

***My Social Security Number**

I authorize the Social Security Administration to release information or records about me to:

***NAME OF PERSON OR ORGANIZATION:**

***ADDRESS OF PERSON OR ORGANIZATION:**

Sunset Meadows

633 Ledford ST.

ATTN: Sherry

Craig, CO 81625

***I want this information released because:** low-income housing

We may charge a fee to release information for non-program purposes.

***Please release the following information selected from the list below:**

Check at least one box. We will not disclose records unless you include date ranges where applicable.

1. ☐ Verification of Social Security Number
2. ☒ Current monthly Social Security benefit amount
3. ☒ Current monthly Supplemental Security Income payment amount
4. ☐ My benefit or payment amounts from date _____ to date _____
5. ☐ My Medicare entitlement from date _____ to date _____
6. ☐ Medical records from my claims folder(s) from date _____ to date _____
If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
7. ☐ Complete medical records from my claims folder(s)
8. ☐ Other record(s) from my file (We will not honor a request for "any and all records" or "the entire file." You must specify other records; e.g., consultative exams, award/denial notices, benefit applications, appeals, questionnaires, doctor reports, determinations.)

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

***Signature:** _____

***Date:** _____

****Address:** _____

****Daytime Phone:** _____

Relationship (if not the subject of the record): _____

****Daytime Phone:** _____

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness

2. Signature of witness

Address(Number and street, City, State, and Zip Code)

Address(Number and street, City, State, and Zip Code)

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

This Package contains the following documents:

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

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, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

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

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (02/2007)

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.): Denver Regional Office - HUD 1670 Broadway Denver, CO 80202 (303)672-5440 | O/A requesting release of information (Owner should provide the full name and address of the Owner.): Moffat County Housing Authority (MCHA) 633 Ledford Street Craig CO 81625 | 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.): CHFA 1981 Blake St, Denver, CO 80202 |
|--|---|---|

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Moffat County Housing Authority

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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