

Farrow Place

1098 Ebinport Rd
Rock Hill, SC 29732
803-328-8955

Dear Applicant:

Thank you for your interest in living at FARROW PLACE. FARROW PLACE is recognized nationally as a Community of Quality by the National Affordable Housing Management Association (NAHMA). For the health and safety of our residents, staff, and guest FARROW PLACE is a 100% smoke free inside buildings and apartments.

FARROW PLACE is designed for persons who are 62 years of age or older with 10% designated for mobility impaired persons who are 18 or older. We are a modern Garden-Type apartment facility that was constructed with the assistance of the U.S. Department of Housing and Urban Development. Senior facilities such as FARROW PLACE have been attractive additions to their communities and popular residences for those who may otherwise have difficulty in obtaining affordable housing, FARROW PLACE also provides Equal Housing Opportunity for all who apply.

FARROW PLACE is a ground-level community with 33 one-bedroom apartments and 12 efficiency apartments. Each has carpeted or vinyl plank bedroom and living/dining areas. The amount of rent paid by an eligible resident is determined by his or her income. Resident pay 30% of their adjusted income after taking into consideration certain medical expenses paid out of pocket. Residents pay for their telephone and cable services. Electricity, water, and trash services are included in the monthly rent.

Our community welcomes pets, limited to 15 pounds in weight. There are other applicable requirements that need to be met prior to authorizing a pet into any home. These will be discussed during your interview if you have a pet. Our pet deposit is \$300 and can be broken down into a \$50 initial deposit and then a minimum of \$10/mo. for 25 months.

The items listed below are commonly needed at the time of application. Bringing them to your initial interview will speed the processing of your application.

INCOME

- Employment-6 most recent check stubs
- Social Security/SSI-Call 1-800-772-1213-No more than 120 days old
- Pension, Other Income-Current benefits letter or statement



This Property does not discriminate on the basis of race, religion, color, sex, sexual orientation, creed, age, familial status, national origin, disability, or handicap. This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Mansermar, Inc's Section 504 Coordinator, Viveca Callahan (3237 Satellite Blvd., Ste 310, Duluth, GA 30096 / Tel. 678-330-2000 / TTY 1-800-367-8939), has been designated to coordinate Limited English Proficiency and compliance with the non-discrimination requirements contained in the Department of Housing and Urban Development's Section 504 (24CFR, part 8 dated June 2, 1988).



ASSETS

- Checking Account- Last six months statements
- Savings Account-Most recent statement
- 401/K Retirement-Most recent statement
- Direct Express-ATM receipt or print out with balance

IDENTITY DOCUMENTS

- Proof of Identity-Driver's license/State-issued Picture ID (All adult Household Members)
- Birth Certificate-(State-issued) All household members
- Documentation of Social Security Number must be provided within 90 days of the offer a unit. You cannot be housed until the documentation is provided.

MEDICAL

- Verification of current monthly medical bills paid out-of-pocket
- Verification of current monthly health insurance premiums paid out-of-pocket

CONTACT INFORMATION

- Landlord Contact Info-Phone and email for 3 years
- Emergency Contact Info-Phone and email

Once you have completed the enclosed application, please contact us to schedule an appointment to complete the application process and have a face-to-face interview with us. **DO NOT MAIL THE APPLICATION BACK TO US. PLEASE WAIT TO SIGN AND DATE PAGES UNTIL YOUR IN-PERSON INTERVIEW.** If you qualify, after your interview, your name will then be placed on our waiting list, with available units being offered to the first name on the waiting list according to the application date. We look forward to meeting you and you making FARROW PLACE your new home.

If you have any questions, please call us at 803-328-8955 We thank you for your interest in FARROW PLACE and look forward to speaking with you.

Sincerely,

Angel Estridge

Angel Estridge
Property Manager

"Affordable Senior Living"



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Ready to schedule your in-person interview?

Please review and make sure that all of the following have been gathered:

- _____ Completed application (Do not sign or date forms until your meeting with us.)
- _____ Valid Photo ID (State-issued)
- _____ Signed Social Security Card
- _____ Birth Certificate or Passport showing date of birth
- _____ Current Social Security Benefit Awards Letter (Dated within 120 days)
- _____ All contact information of all landlords for the last 3 years
- _____ All contact information, **if** there are any regular **out-of-pocket** medical expenses and/or insurance premiums that you currently pay
- _____ All contact information for all sources of income and/or the last 6 paystubs of all income sources
- _____ All contact info & account numbers for all financial accounts and other assets (Checking, savings, CDs, MMA's, stocks, bonds, IRAs, etc.)
- _____ Last 6 month's checking account statements & current savings account statement
- _____ Information on any Real Estate or Homes owned
- _____ Information on Home/Land sold for less than fair market value in the last two years

All contact info: Name, address, phone, fax, email or any other means of contact.

If you have all the items listed above, call us to schedule your interview!

Interviews usually take at least an hour to complete; please schedule accordingly.





Bringing Excellence to Community Living

MANSERMAR

RENTAL APPLICATION

Property Name: Farrow Place

Address: 1098 Ebinport Rd, Rock Hill, SC 29732

Telephone/TTY: 803-328-8955

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

*** For OFFICE Use Only ***
Date Received: _____
Time Received: _____
Staff Initials: _____

It is the policy of the company to use a "FULL" application requiring detailed information needed to process and to make a determination of ELIGIBILITY.

INSTRUCTIONS TO APPLICANT

- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- ALL information should be completed and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information. Write the correct information above and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us every 6 months in writing requesting to remain on the waiting list. Also, you need to notify us whenever your address, telephone number, or income situation changes or whenever you need to add or remove a household member from your application.
- Your completed application will be placed on a Waiting List. This does not guarantee that your household will be offered an apartment. If processing establishes that your household is eligible or ineligible you will be notified in writing.
- We will process your application according to our standard procedures, which are summarized in the Tenant Selection Plan posted in the Management Office.
- This property does not participate in any statutory, state, local, HUD regulatory and/or property adopted preferences.
- Each additional adult who will live in the apartment must sign this application.

Household Information –SSNs must be disclosed and verification provided for any household member(s) who have not previously disclosed a SSN as of January 31,2010, at the time of the next interim or annual recertification except for those individuals who do not contend eligible immigration status and tenants age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, MUST disclose and provide verification of the complete and accurate SSN assigned to each household member.

Full Name of Household Members as listed with SS Administration	Relationship	*Marital Status* M - Married N - Never Married D - Divorced S - Separated W - Widow	OPTIONAL Sex: M / F	** Student Full/Part time Y/N – F/P	Age	Date of Birth (mm/dd/yyyy)	Social Security #
1.	Head of Household						
2.							
3.							
4.							



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Household Information (continued)

- Are you currently receiving Section 8? YES NO
- Do you have any pets? YES NO (Please see the leasing office for more information regarding our pet policy)
- Will any of the household members live anywhere except in your apartments? YES NO
- Are there any other persons who will live in your apartment on a less than full-time basis? YES NO
- Do you expect any additions to the household within the next twelve months and/or are there any absent household members who under normal conditions would live with you? (For example, a spouse away in the military.) YES NO
- Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using? YES NO If yes, please list: _____
- Do you or anyone in your household plan to attend an institution of higher education full or part-time? YES NO N/A
- If you answered "YES" to any question above, please explain: (If additional space is required, use the back of this page.)
- Do you have a need for an Accessible Unit and/or Live-in-Aide? (This applies **ONLY** to persons with a disability or to persons with a particular type of disability; please see our Reasonable Accommodation/Modification policy details.) YES NO
- Do you have a need for Accessible Features? Accessible features (grab bars, vision impaired, hearing impaired 1st floor, service animals, etc.) are requested as an accommodation to disability YES NO
- Are you under the age of 62? YES NO
- Are you or any member of your household a military veteran? Yes No
If yes who? Please provide name: _____

Residential History

You must report **ALL STATES** you have lived for the **past three (3) years**. (If additional space is required, use the back of this page.)

Present Address	Street Address:				From:	Landlord Name:			
	City:	County:	State:	Zip:	To:	Landlord Phone:			
	Reason for Moving:						Street Address:		
	Is this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent:	City:	State:	Zip:	
Previous Address	Street Address:				From:	Landlord Name:			
	City:	County:	State:	Zip:	To:	Landlord Phone:			
	Reason for Moving:						Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent:	City:	State:	Zip:	
Previous Address	Street Address:				From:	Landlord Name:			
	City:	County:	State:	Zip:	To:	Landlord Phone:			
	Reason for Moving:						Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent:	City:	State:	Zip:	

Current Housing: Please check one: Substandard Standard Conventional Public Housing

Lacking a Fixed Nighttime Residence Fleeing/Attempting to Flee Violence

Please list ALL the "STATES" in which each household member has resided: _____



- | | | | |
|--|--------------------------|--------------------------|--|
| | <u>Yes</u> | <u>No</u> | If "Yes" you must answer the following: |
| • Have you or any member of your household ever been evicted? | <input type="checkbox"/> | <input type="checkbox"/> | From Where? _____
When? _____ Why? _____ |
| • Have you or any member of your household been evicted from federally assisted housing for drug-related criminal activity within the last three (3) years? | <input type="checkbox"/> | <input type="checkbox"/> | From Where? _____
When? _____ |
| • Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord? | <input type="checkbox"/> | <input type="checkbox"/> | To Whom? _____
How Much? \$ _____ |
| • Have you or any member of your household committed any FRAUD in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs? | <input type="checkbox"/> | <input type="checkbox"/> | Explain: _____

_____ |

Asset Questionnaire

Complete **ONE** form per household; include assets of children, except foster children. Also exclude assets held by foster adults or live-in assistants for household members with disabilities. Do not leave blanks. Use **"NONE"** or **"NO"** if a box is not applicable.

1. I/we do not have any assets at this time.
2. **If #1 is NOT CHECKED**, I/we have the following assets:
 - **Note: Be sure to include the value of any cash or other asset in a safe deposit box or any other means of storage.**
 - * **Cash value** is market value minus cost to convert an asset to cash, such as broker's fees, settlement costs, outstanding loans, and penalties for early withdrawal, etc.

Non-Necessary Personal Property

Type of Asset	Cash Value*	Int. Rate	Annual Income	Type of Asset	Cash Value*	Int. Rate	Annual Income
Checking account 6 month Average	\$		\$	Annuities current balances	\$		\$
Checking account 6 month Average	\$		\$	Money market accounts current balances	\$		\$
Savings account current balance	\$		\$	Life Insurance current cash value (not term life)	\$		\$
Savings account current balance	\$		\$	Cryptocurrency (Bitcoin, etc.)	\$		\$
Cash on Hand	\$		\$	Stocks/Bonds current balance (Not Baby Bonds)	\$		\$
Debit cards (not linked to an account that is listed above)	\$		\$	CD/Money Market current account balance	\$		\$
Internet-based assets current balance (Cash App, Venmo, PayPal, ApplePay, etc.)	\$		\$	Revocable Trust accounts current balances (if under control of the household)	\$		\$
Brokerage accounts current account balance (mutual funds, etc.)	\$		\$	Lump sum amounts received not listed in above accounts (lottery/inheritance, etc.)	\$		\$
Crowd Funding Account (eg. GoFundMe, Kickstart, etc.)	\$		\$	Vehicles not used for regular transport. (RVs, Campers, etc.)	\$		\$
Investments (metals, stamp collections, etc)	\$		\$	Other Description:	\$		\$
Retirement Accounts 401K/IRA/Keogh, etc	\$		\$	Other Description:	\$		\$

Real Property

1. Do you or any household member have property, land, or any real estate?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Property	Cash Value		Income
	\$		\$
	\$		\$
	\$		\$

Disposition of Assets

3. YES NO Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). If "NO" proceed to Income Section.

Income Information: Please indicate each source of income received or anticipated for the next 12 months.

All questions **must** be answered. Please list the amount of expected income on an ANNUAL basis.
All forms & verifications must be dated & no older than 120 days

Source of Income	Receives or Anticipated	Member Receiving Income (Initials)	Gross Annual Income (Pre-Taxes/Deductions)	Management to Complete Type of Verification Required	✓
Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Employment Verification or Check stubs	
Self-Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Tax Return w/ Sched. C or Profit & Loss Statement from accountant	
Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Pension Verification or Provider Letter	
Social Security, SSI, SSD, Dual Entitlement	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ _____ SS \$ _____ SSI \$ _____ Dual	Letter from SSA	
Social Security, SSI, SSD, Dual Entitlement	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ _____ SS \$ _____ SSI \$ _____ Dual	Letter from SSA	
Regular Pymts from IRA/401K/retirement	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Provider letter	
V.A. Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Provider Letter	
Disability, Worker's Comp.	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Provider Letter	
Unemployment Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Letter from Dept. of Labor	
Recurring Cash Contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Provider Letter	
Court ordered child support/alimony List full amount	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Proof of Amount Actual Received	
Child support/alimony not court ordered (include non-monetary support such as diapers, clothing, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Provider Letter	
Military Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Leave and Earning statement	
TANF (AFDC) (Do not count food stamps)	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Welfare Benefits Verification	



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Regular Payments from Trust Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Provider Letter	
Financial Aid (grants, scholarships, etc.) Section 8/202 only	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Financial Aid Award Letter	
Does anyone, such as friends or family members pay any bills for you (utilities, car, medication etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Only count regular payments	
Recurring Non-Cash Contributions (bills paid for you: car, medication, clothing ect.)	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Provider Letter	
Temporarily Absent Family Member	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	Self-Affidavit	
Other: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		

Automobiles and Other Vehicles

List all motor vehicles, including motorcycles owned by or registered to household members. (If additional space is required, use the back of this page.)

Make and Model Number:		License Plate Number:		State:	
Color:	Year:	License Expiration Date:			
Name on Registration:		VIN #			
Phone:	City:	State:	Zip:		

Elderly / Handicapped / Disabled Status

We are required by HUD to request the following information if you are applying for residency, or currently live, on our HUD-assisted property. In addition to giving special considerations with regards to allowances in determining rent, we also will make reasonable accommodations or modifications based on disability. Please check any box that applies to you:

Head of Household and/or Spouse is: 62 years of age or older Handicapped Disabled

What Physician and/or Medical Professional should be contacted to verify your need for the features you have identified?

Name: _____ Telephone: _____

Address: _____

If you checked one of the boxes above, complete this section. List payments made on outstanding medical bills; medical insurance premiums; Medicare prescription card, medical and dental costs that are NOT covered by insurance. (Use additional sheets if necessary)

Name of Provider:		Street Address:			Description of Expense: _____ _____
Phone:	Policy No:	City:	State:	Zip:	
Amount you pay: \$ _____ per _____					
Name of Provider:		Street Address:			Description of Expense: _____ _____
Phone:	Policy No:	City:	State:	Zip:	
Amount you pay: \$ _____ per _____					

Handicap Care Expenses

If you pay for care of a Handicapped or Disabled household member, list name of provider(s) below.

Name of Provider:		Street Address:			Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:		City:	State:	Zip:	Amount you pay: \$ _____ per _____
Name of Provider:					
Name of Provider:		Street Address:			Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:		City:	State:	Zip:	Amount you pay: \$ _____ per _____



Criminal History

This property's eligibility criteria exclude housing to individuals and households with specific types of criminal activity in their history. You must answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected.

- | | <u>Yes</u> | <u>No</u> | <u>If "Yes" you must answer the following:</u> |
|---|--------------------------|--------------------------|---|
| • Have you or any member of your household been convicted of drug-related criminal activity? | <input type="checkbox"/> | <input type="checkbox"/> | Who? _____
When? _____
Details: _____ |
| • Have you or any member of your household been convicted of violent criminal activity? | <input type="checkbox"/> | <input type="checkbox"/> | Who? _____
When? _____
Details: _____ |
| • Are you or any member of your household a current, illegal user of or addicted to a controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> | Who? _____
Details: _____ |
| • Have you or any member of your household been convicted of illegal manufacture or distribution of a controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> | Who? _____
When? _____
Details: _____ |
| • Have you or any member of your household been evicted from federally assisted housing for drug-related criminal activity? | <input type="checkbox"/> | <input type="checkbox"/> | From Where? _____
When? _____ |
| • Is there reasonable cause to believe that the behavior of any member of the household, from abuse or pattern of abuse of alcohol, may interfere with the health, safety and right to peaceful enjoyment by other residents? | <input type="checkbox"/> | <input type="checkbox"/> | Who? _____
When? _____
Details: _____ |
| • Have you or any member of your household ever been on parole or are now on parole? | <input type="checkbox"/> | <input type="checkbox"/> | Who? _____
When? _____
Details: _____ |
| • Have you or any member of your household currently or in the past used illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> | Who? _____
Details: _____ |
| • Are you or any member of your household subject to lifetime registration under any State sex offender registration program? | <input type="checkbox"/> | <input type="checkbox"/> | Who? _____
When? _____
Details: _____ |

Applicant Certification

Read each statement below and initial that you understand and agree.

- _____
(Initial) I/We have read and understand the information in this application, in particular the Instructions to Applicant, and agree to comply with all information and instructions.
- _____
(Initial) I/We have been notified that the Tenant Selection Plan summarizes the procedures for processing applications and is posted in the management office.
- _____
(Initial) I/We certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.
- _____
(Initial) I/We understand that **ALL CHANGES in the income, telephone numbers, and address** of any member of the household, as well as any **changes in the household composition** must be reported to Management **in writing immediately**.
- _____
(Initial) I/We understand that if I or any household member needs Reasonable Accommodation or Reasonable Modification, I must inform management of our needs.
- _____
(Initial) If my application is approved and move-in occurs, I/We certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.



(Initial) I/We understand that if this application is placed on a Waiting List, I/We may request sample copies of the Rental Agreement and House Rules. If this application is approved and a move-in occurs, I/We certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.

(Initial) I/We authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.

(Initial) I/We understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purpose of securing a lower rent in a subsidized housing development.

(Initial) If this application is for a household of more than one person, we consider ourselves as stable household, and all of our income provided and is available for its needs.

Emergency Contact -- COMPLETE HUD FORM 92006

Provide the name of the person and an alternate we should contact in case of an emergency.

Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:

Signatures (to be signed at the time of application interview)

Applicant's Signature

Date

Applicant's Signature

Date

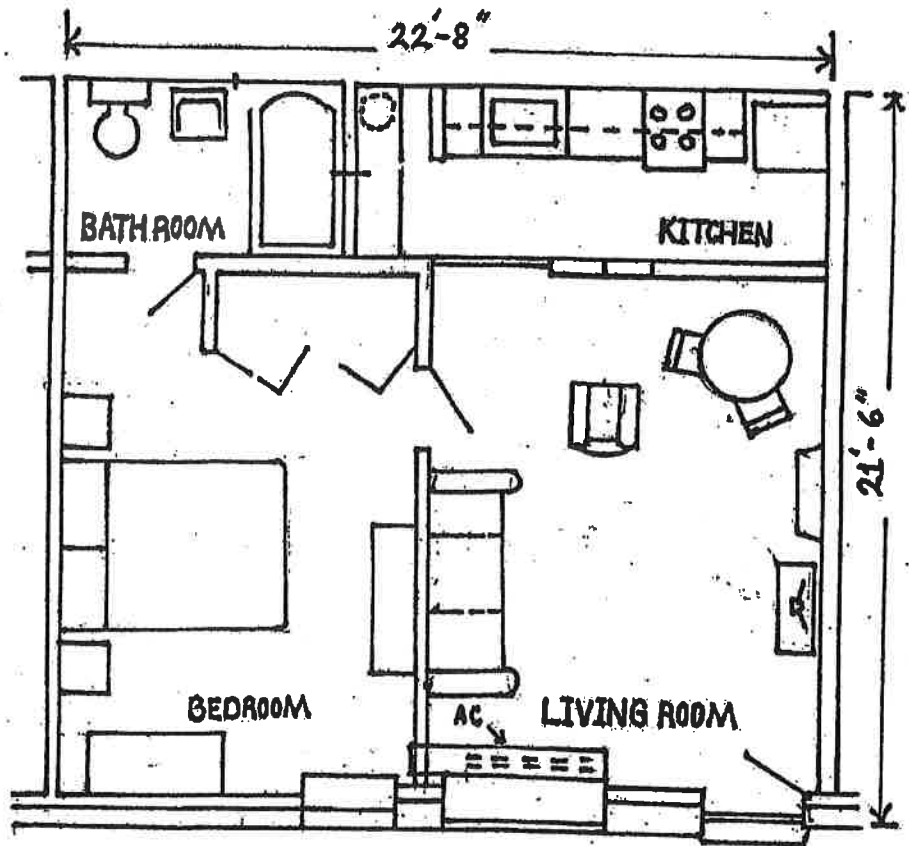
PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper 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 willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a)(6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a)(6), (7) and (8).

For Marketing Purposes Only: How Did You Hear About Us? (Please check all that apply)
Internet ___ Newspaper ___ Drove By ___ Yellow Pages ___ Sign ___ Other _____ (Specify)

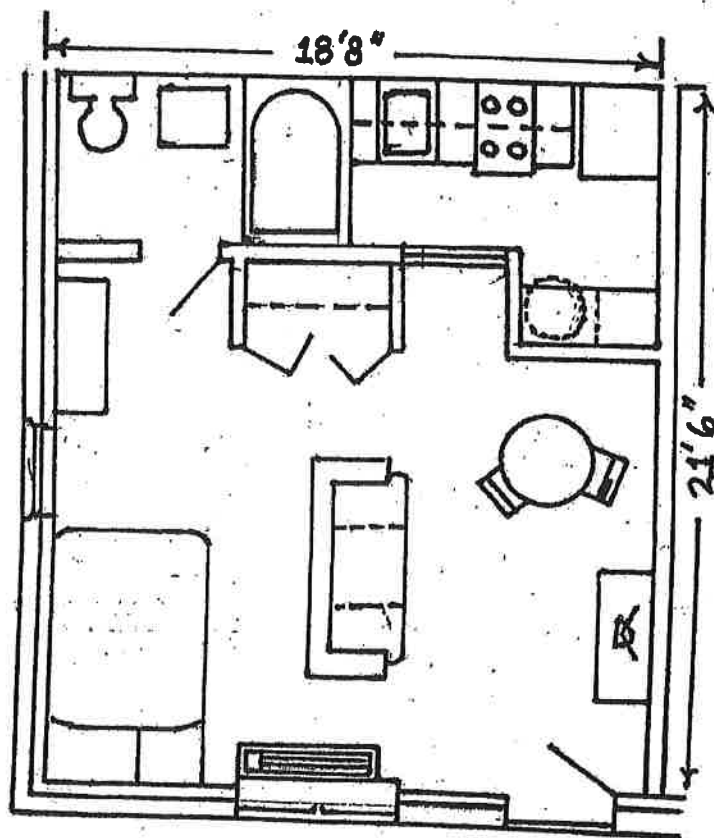
Acknowledgement: Receipt of completed application.

Management's Signature

Date



1 BEDROOM UNIT



0 BEDROOM UNIT

HUD Assistance Notice

I understand that my application to move to _____ has met preliminary eligibility requirements.

I have indicated, on my application, that I:

- Am currently receiving HUD assistance in another unit. If I am living in a community and receiving HUD project-based assistance, I understand that, according to the current HUD lease, I must provide 30 days notice to the agent currently managing the property where I live.
- Am not currently receiving HUD assistance in another unit.
- Am the recipient of a housing voucher. If I am currently using a housing choice voucher to pay a portion of my rent, I understand that HUD prohibits residents from benefiting from Housing Choice Voucher assistance in a unit assisted through project-based Section 8, Rent Supplement, RAP, Section 202 PAC or Section 202 and 811 PRAC.

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

PENALTIES FOR MISUSING THIS CONSENT:

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, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. 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 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).

By signing this notice, you indicate that you have been given an opportunity to ask questions and you understand the provisions stated above.

Signature

Date

Print Name

Date

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WAITING LIST POLICY

In connection with my application to rent an apartment, I hereby understand and agree to the following:

1. The application will be placed on a waiting list. This does not guarantee that I will receive an apartment.
2. When it is determined that I am eligible or ineligible, I will be notified in writing.
3. HUD procedures require the latest information or documents on income, family, etc.
4. It is my responsibility to contact the rental office, in writing, every six months for my application to remain on the waiting list.
5. At that time I will report any changes in family size, income, etc. (If at any time my address or telephone number should change, I will notify the manager immediately).
6. My application will be cancelled if I do not furnish the required information within the required time.
7. The rental office can be contacted in person or by mail at the following address:

Rental Office Address:

Telephone Number:

Applicant Signature: _____ Date: _____

6 mos	
12 mos	
18 mos	
24 mos	
30 mos	
36 mos	



This Property does not discriminate on the basis of race, religion, color, sex, sexual orientation, creed, age, familial status, national origin, disability, or handicap. This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Mansermar, Inc's Section 504 Coordinator, Viveca Callahan (3237 Satellite Blvd., Ste 310, Duluth, GA 30096 / Tel. 678-330-2000 / TTY 1-800-367-8939), has been designated to coordinate Limited English Proficiency and compliance with the non-discrimination requirements contained in the Department of Housing and Urban Development's Section 504 (24CFR, part 8 dated June 2, 1988)



APPLICANT CERTIFICATION

I/We hereby certify that all members listed on the rental housing application are not currently engaged in any criminal activity/activities and have not engaged in such criminal activities, and are not on parole or probation from criminal activities, as listed below, in the past ten (10) years from the date of this signed certification

Criminal activities is defined as

- Drug related criminal activities
- Violent criminal activities
- Other criminal activity that would threaten the health or safety of Management or any employee, contractor, subcontractor or agent of the Management who is involved in the housing operations.
- Other criminal activity that would threaten the health or safety, or right to peaceful enjoyment of the premises by other residents.

AND

I/We have further provided supporting information from such sources as a probation officer, landlord, social service agency worker or criminal records that can be verified by Management.

I/We further understand this certification is only a part of the rental application process and that I/We must meet all of the income limits and tenant selection criteria to be considered eligible for housing.

APPLICANT SIGNATURE

DATE

SPOUSE/OTHER HOUSEHOLD MEMBER

DATE

OTHER HOUSEHOLD MEMBER

DATE

OTHER HOUSEHOLD MEMBER

DATE



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**NOTICE TO APPLICANT WITH DISABILITIES REGARDING REASONABLE
ACCOMMODATION**

_____ provides affordable housing to eligible elderly/handicapped/disabled households. The Project does not discriminate against applicants on the basis of their race, creed, color, religion, sex, national origin, marital or familial status, disability, age, receipt of assistance or sexual preference. Under applicable law, _____ provides “reasonable accommodation” to applicants if they or any household member(s) have a disability or handicap and if the reasonable accommodation is necessary to provide an equal opportunity to use and enjoy housing.

A reasonable accommodation is some modification or change the Project can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability/handicap to take advantage of the Project’s programs, provided that the change does not pose an undue financial and administrative burden to the Project or require a fundamental change in its program. A reasonable accommodation may also include providing an appropriate auxiliary aid to an applicant with a disability/handicap where such assistance is necessary to enable effective communication with the applicant.

An applicant household that has a member with a disability/handicap must still be able to meet essential obligations of tenancy—they must be able to pay rent, to care for their apartment, to report required information to the Project, to avoid disturbing neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible or would permit the resident to satisfy essential tenancy obligations.

If you or a member of your household have a disability or handicap and think you might need a reasonable accommodation, you may request it in writing at any time in the application process or at any time during you tenancy. This is up to you.

You can get a Request for Reasonable Accommodation form from the Site Manager at _____. If you require help in filling out the form or need to submit your request in some other way you should contact the Site Manager at _____.

If you have any questions or problems on reasonable accommodation, you should contact the Site Manager at _____.

Applicant/Resident Signature

Date



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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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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.

FAMILY SUMMARY SHEET

Mbr No.	Last Name of Family Member	First Name	Relationship to HOH	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					

CITIZENSHIP DECLARATION

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

Last Name: _____

First Name: _____

Relationship to Head of Household _____ **Sex** **Male**
(Voluntary Reporting) **Female** **Date of Birth** _____

Social Security No. _____ **Alien Registration No.** _____

Admission Number, if applicable, (this is an 11-digit number found on INS 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
 (print or type first name, middle initial, and last name)
 of perjury, that I am:

1. a citizen or national of the United States
 If you checked this block, no further information is required. 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 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:

ATTACHMENT 6

CITIZENSHIP DECLARATION (PAGE 2)

2. a non-citizen with eligible immigration status in the category checked below:

(I) A non-citizen lawfully admitted for permanent residence, as defined by section 101(a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively). [immigrants]. (This category includes a non-citizen admitted under section 210 or 210A of the INA {8 U.S.C. 1160 or 1161}, [special agricultural worker], who has been granted lawful temporary resident status);

(II) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);

(III) A non citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7))

Signature

Date

Check here if adult signed for a child

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.

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

- a. Verification Consent Format. AND
- b. One of the following documents:
 - (1) Form I-551, Permanent Resident Card
 - (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).

(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) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

REQUEST FOR EXTENSION

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

Signature

Date

Check here if adult signed for a child:

3. 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. 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 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:

Owner's Summary of Family

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Date of Birth	Declaration	Date Verified
Head							(Office use only)
2							
3							
4							
5							
6							
7							
8							
9							
10							

STUDENT CERTIFICATION

Applicant/Resident _____ Date _____

Social Security Number _____ Property _____

TO BE COMPLETED BY APPLICANT / RESIDENT

Are you a full or part time student at an institution of higher education? Yes No

**Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

If you have answered no, please skip the following questions and sign below.

If you answered yes, please complete the following questions: Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. Are you a full-time student? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you disabled? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, were you receiving Section 8 assistance as of November 30, 2005 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a graduate or professional student? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you at least 24 years of age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a veteran of the United States military? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you married? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have a dependent child? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have dependents other than a child or spouse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Were you an orphan or a ward of the court through the age of 18? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Will you be living with your parents? | <input type="checkbox"/> | <input type="checkbox"/> |

- If no:
- | | | |
|--|--------------------------|--------------------------|
| a. Are your parents receiving or eligible to receive Section 8 assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent's tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you receiving any financial assistance to pay for your education? | <input type="checkbox"/> | <input type="checkbox"/> |

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).

Signature _____ Print Name _____

Date _____



This Property does not discriminate on the basis of race, religion, color, sex, sexual orientation, creed, age, familial status, national origin, disability, or handicap. This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Mansermer, Inc's Section 504 Coordinator, Viveca Callahan (3237 Satellite Blvd., Ste 310, Duluth, GA 30096 / Tel. 678-330-2000 / TTY 1-800-367-8939), has been designated to coordinate Limited English Proficiency and compliance with the non-discrimination requirements contained in the Department of Housing and Urban Development's Section 504 (24CFR, part 8 dated June 2, 1988).

OWNER'S RECORD REQUEST

Authorization of Release and Consent Form

On this day _____ (Date) I do hereby authorize

_____ (Owner's name) doing business as

_____ (Property name) to obtain any criminal conviction records for the past ten (10) years which pertains to me and which may be in the files of any state or local criminal justice agency. I have read and understand that the owner may use the criminal history information obtained to deny admission or terminate my tenancy at the property indicated above.

Applicant's Full Name (Printed)

Date of Birth

Social Security Number

Current Street Address

Since age eighteen (18), I have lived in the following city/county/state and/or countries:

City / State / Zip

_____	_____
_____	_____
_____	_____
_____	_____

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosure 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 willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)."

Applicant /Resident Signature

Management's Signature

Date



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Revised 11/2023

Notice and Consent for the Release of Information

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

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	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.):
---	---	--

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.

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.

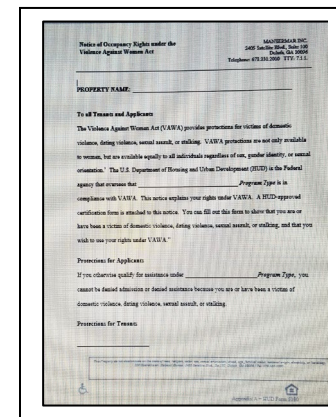
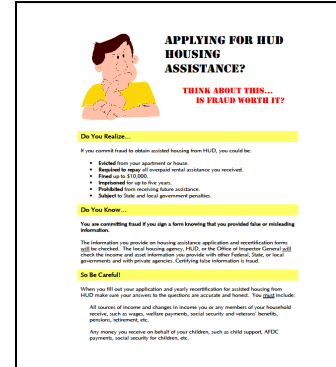
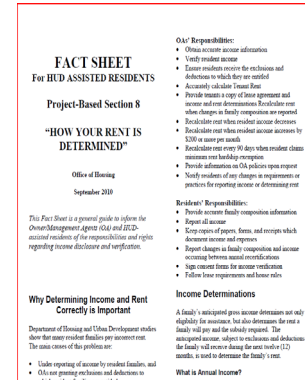
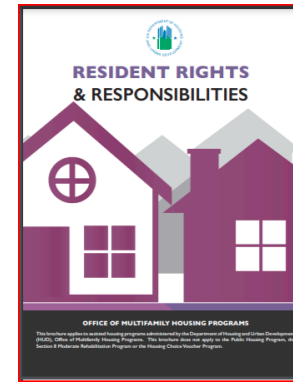
HUD Brochure Acknowledgement

Move-In Annual Recertification

Unit #: _____ Unit #: _____

I hereby confirm that I received the following brochures:

- HUD Resident Rights and Responsibilities and Resident Complaint Form
- HUD Fact Sheet (How Your Rent Is Determined)
- EIV & You Brochure
- HUD Form 1141: Applying for HUD Housing Assistance? Is FRAUD Worth it?
- HUD 9887/A Fact Sheet
- VAWA – Notice of Occupancy Rights under the Violence Against Women Act



_____	_____
Applicant/Resident Signature	Date
_____	_____
Applicant/Resident Signature	Date
_____	_____
Applicant/Resident Signature	Date
_____	_____
Applicant/Resident Signature	Date



This Property does not discriminate on the basis of race, religion, color, sex, sexual orientation, creed, age, familial status, national origin, disability, or handicap. This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Mansermer, Inc's Section 504 Coordinator, Viveca Callahan (3237 Satellite Blvd., Ste 310, Duluth, GA 30096 / Tel. 678-330-2000 / TTY 1-800-367-8939), has been designated to coordinate Limited English Proficiency and compliance with the non-discrimination requirements contained in the Department of Housing and Urban Development's Section 504 (24CFR, part 8 dated June 2, 1988)

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

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

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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

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

A. General Instructions:

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

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

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

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

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

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

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

Resident Personal Belongings Policy

Management has adopted this policy in efforts to preserve our community in a clean, safe and decent sanitary condition for all who live, visit and work in it.

Effective immediately management staff will conduct inspection of resident belongings (furniture including mattresses) that is introduced into our community. This is required regardless of where it is coming from. Therefore, it includes brand new furniture, Salvation Army/Goodwill donations, furniture items purchased from another resident, etc. Management will not inspect clothing, linens, kitchenware and-or bathroom items.

New and current residents must notify and coordinate with management office prior to having personal items moved into their homes. Note - Current residents: if you purchase new furniture you must call and arrange inspection of new furniture with the business office in advance.

All inspections will be performed by management staff within business hours. We will accommodate your requests either same day or within 24 hours of notification.

It is the resident's responsibility to maintain your unit, common areas, etc. in the same general physical condition as it was provided to you by management at the time of move-in throughout your entire tenancy, as well as comply with all rules and policies set by management. (Residents Rights & Responsibilities (H.U.D. Document) and Lease Agreement Section 15(b)).

For your safety and the safety of all in this community, the following are prohibited:

Items presenting evidence of urine, feces, or other substandard sanitary condition, this includes any item with an objectionable odor.

If there is any evidence of pests (roaches, bed bugs, fleas, etc.)

If a resident is asked to remove items from premises:

The resident is responsible for doing so at their own cost.

Farrow Place does not participate in bulk or curbside pickup, meaning that items should not be left at driveways or in/around dumpsters, or anywhere else on premises. If management has to remove your items you will be charged for time/labor costs associated with taking these items to the nearest landfill.

Should you need assistance with obtaining or replacing items, a list of agencies will be provided that management makes available to all residents on the bulletin board outside the community room.

Repeated violations of this policy may lead to lease termination as established on section 9 (d) of your lease agreement.

I understand and agree to abide by the above policy.

Resident Name

Apt#

Date



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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

FACT SHEET

For HUD ASSISTED RESIDENTS

Project-Based Section 8

“HOW YOUR RENT IS DETERMINED”

Office of Housing

September 2010

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

Why Determining Income and Rent Correctly is Important

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

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

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

OAs' Responsibilities:

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

Residents' Responsibilities:

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

Income Determinations

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

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

Project-Based Section 8 Rent Formula:

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

- 30% of the family's monthly *adjusted* income
 - 10% of the family's monthly income
 - Welfare rent or welfare payment from agency to assist family in paying housing costs.
- OR
- \$25.00 Minimum Rent

Income and Assets

HUD assisted residents are required to report all income from all sources to the Owner or Agent (OA). Exclusions to income and deductions are part of the tenant rent process.

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

Annual Income Includes:

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

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

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

Assets Include:

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

Assets Do Not Include:

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

or are held in an individual's name but:

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

Exclusions from Annual Income:

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

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

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

Federally Mandated Exclusions:

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

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

Deductions:

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

Reference Materials

Legislation:

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

Regulations:

- General HUD Program Requirements; 24 CFR Part 5

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

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

For More Information:

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



RESIDENT RIGHTS & RESPONSIBILITIES



OFFICE OF MULTIFAMILY HOUSING PROGRAMS

This brochure applies to assisted housing programs administered by the Department of Housing and Urban Development (HUD), Office of Multifamily Housing Programs. This brochure does not apply to the Public Housing Program, the Section 8 Moderate Rehabilitation Program or the Housing Choice Voucher Program.

AS A RESIDENT, YOU HAVE RIGHTS AND RESPONSIBILITIES THAT HELP MAKE YOUR HUD-ASSISTED HOUSING A BETTER HOME FOR YOU AND YOUR FAMILY.

This brochure is being distributed to you because the United States Department of Housing and Urban Development (HUD), which regulates the property in which you live, has provided some form of assistance or subsidy for your apartment. The brochure briefly lists some of the most important rights and responsibilities to help you get the most out of your home.

As part of its dedication to maintaining the best possible living environment for all residents, your local HUD office encourages and supports the following:

- Property management agents and property owners communicating with residents on any relevant issues or concerns
- Property managers and property owners giving prompt consideration to all valid resident complaints and resolving them as quickly as possible
- Your right to file complaints with management, owners, or government agencies without retaliation, harassment or intimidation
- Your right to organize and participate in certain decisions regarding the well-being of the property and your home
- Your right to appeal a decision made by the local HUD office to the Office of Asset Management and Portfolio Oversight at HUD Headquarters

Along with the owner/management agent, you play an important role in making your apartment, the grounds, and other common areas a better place to live.



YOUR RIGHTS

As a resident of a HUD-assisted multifamily housing property, you should be aware of your rights.

Rights: Involving Your Apartment

- The right to live in decent, safe, and sanitary housing that is free from deteriorating paint and environmental hazards, including lead-based paint hazards.
- The right to receive a lead disclosure form disclosing the landlord's knowledge of any lead-based paint or lead-based paint hazards, available records and reports, and a lead hazard information pamphlet before you are obligated under your lease.
- The right to have repairs performed in a timely manner, upon request.
- The right to be given reasonable notice, in writing, of any non-emergency inspection or other entry into your apartment.
- The right to protection from eviction except for specific causes stated in your lease.
- The right to request that your rent be recalculated if your income decreases.
- The right to access your tenant file.

Rights: Involving Resident Organizations

- The right to organize as residents without obstruction, harassment, or retaliation from property owners or management.
- The right to provide leaflets and post materials in common areas informing other residents of their rights and opportunities to involve themselves in their property.
- The right to be recognized by property owners/management company as having a voice in residential community affairs.
- The right to use appropriate common space or meeting facilities to organize (this may be subject to a reasonable, HUD-approved fee).
- The right to meet without representatives or employees of the owner/management company present.



Rights: *Involving Nondiscrimination*

The right, under the Fair Housing Act of 1968 and other civil rights laws, to equal and fair treatment and use of your building's services and facilities, without regard to race, color, religion, sex, disability, familial status (having children under 18) or national origin (ethnicity or language). Residents with disabilities are also reserved the right to reasonable accommodations. In some cases, the prohibition against age discrimination under the Age Discrimination Act of 1975 may also apply.

In addition, residents have the right, under HUD's Equal Access Rule, to equal access to HUD programs without regard to a person's actual or perceived sexual orientation, gender identity, or marital status.

YOUR RESPONSIBILITIES

As a resident of a HUD-assisted multifamily housing property, you also have certain responsibilities to ensure that your building remains a suitable home for you and your neighbors. By signing your lease, you, the owner, and the management company have entered into a legal, enforceable contract. You are responsible for complying with your lease, house rules, and local laws governing your property. If you have any questions about your lease or do not have a copy of it, contact your property management company or the local HUD office. You should be aware of the following responsibilities:

Responsibilities: *To Your Property Owner or Management Company*

- Complying with the rules and guidelines that govern your lease.
- Paying the correct amount of rent on time each month.
- Providing accurate information to the owner/management agent's company at the certification or recertification interview to determine your total tenant payment, and consenting to the release of information by a third party to allow for verification.
- Reporting changes in the family's income or composition to the owner/management company in a timely manner.

Responsibilities: *To the Property and Your Fellow Residents*

- Complying with rules and guidelines that govern your lease.
- Conducting yourself in a manner that will not disturb your neighbors.



- Not engaging in criminal activity in your apartment, common areas or grounds.
- Keeping your apartment reasonably clean, with exits and entrances free of debris, clutter or fire hazards and not littering the grounds or common areas.
- Disposing of garbage and waste in the proper manner.
- Maintaining your apartment and common areas in the same general physical condition as when you moved in.
- Reporting any apparent environmental hazards to the management company (such as peeling paint (which is a hazard if it is a lead-based paint) and any defects in building systems, fixtures, appliances, or other parts of the apartment, the grounds, or related facilities.

YOUR RIGHT TO BE INVOLVED

In Decisions Affecting Your Home

As a resident in HUD-assisted multifamily housing, you play an important role in decisions that affect your community. Different HUD programs provide for specific resident rights. You have the right to know under which HUD program your building is assisted. To find out if your apartment building is covered under any of the following programs, contact your management company, Section 8 Contract Administrator, or the HUD office nearest you. If your building was funded or currently receives assistance under HUD's Rental Assistance Demonstration (RAD), Section 236 (including the Rental Assistance Program (RAP), Section 221(d) (3)/below market interest rate (BMIR), Section 202 Direct Loan, Rent Supplement, Section 202/811 Capital Advance programs, 811 (Project Rental Assistance), or is assisted under any applicable project-based Section 8 program (except for the Section 8 Moderate Rehabilitation program), you have the right to be notified of or, in some instances, to comment on the following:

- Nonrenewal of a project based Section 8 contract at the end of its term
- An increase in the maximum permissible rent
- Conversion of a project from project-paid utilities to tenant-paid utilities
- A proposed reduction in tenant utility allowance
- Conversion of residential apartments in a multifamily housing property to nonresidential use or to condominiums, or the transfer of the housing property to a cooperative housing mortgagor corporation or association



- Transfer of the project-based Section 8 contract in your property to one or more buildings at other locations
- Partial release of mortgage security
- Capital improvements that represent a substantial addition to the property
- Prepayment of mortgage (if prior HUD approval is required before owner can prepay)
- Other actions identified by the Uniform Relocation Act that could ultimately lead to involuntary, temporary or permanent relocation of residents
- If you live in a building that is owned by HUD and is being sold, you have the right to be notified of and comment on HUD's plans for disposing of the building.

ELIGIBILITY FOR ENHANCED VOUCHERS

If your apartment is assisted under a project-based Section 8 contract that is ending, and if the owner decides not to renew it, the owner is required by law to notify you in writing of that decision at least one year before the contract expires. Under these circumstances, you may be eligible for an Enhanced Voucher (EV), which would give you the right to remain in an apartment at your property, provided that you are in compliance with your lease and the property remains as rental housing. HUD will select a local Public Housing Agency (PHA) to provide an EV for eligible families who decide to remain at the property and to administer this assistance.

If you decide to remain at your property using an EV, a higher payment standard will be used to determine the amount of Section 8 assistance that is paid on your behalf, if the gross rent for the apartment is more than the PHA's payment standard. However, the PHA must determine that the rent the owner charges for your apartment is reasonable, and you must continue paying at least the amount of rent that you were previously paying.

If you are eligible for an EV, you can instead choose to move out of the property and use the voucher to rent an apartment anywhere in the United States where the owner will accept the voucher and the rents are in an allowable range, subject to approval. If you move out, however, the voucher is no longer "enhanced," and the amount of Section 8 assistance that is paid on your behalf will be based on the PHA's normally applicable payment standard.



ADDITIONAL ASSISTANCE

For additional help or information, you may contact:

- Your property owner or the management company
- The Account Executive for your property in HUD's Multifamily Regional Center or Satellite Office. Refer to on-line resources for contact information
- HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 to report maintenance or management concerns
- HUD's Office of Fair Housing and Equal Opportunity at 1-800-669-9777, if you believe you have been discriminated against
- HUD's Office of Inspector General Hot Line at 1-800-347-3735 to report fraud, waste, or mismanagement
- HUD's Housing Counseling Service locator at 1-800-569-4287 for the housing counseling agency in your community
- The HUD-EPA National Lead Information Center 1-800-424-LEAD
- Your local government tenant/landlord affairs office, legal services office, or tenant organizations to obtain information on additional rights under local and state law

If appealing a local HUD Office decision, you may contact the Director of the Office of Asset Management and Portfolio Oversight in Washington, DC at 202-708-3730.

Persons who are deaf or hard of hearing or have speech disabilities may reach the numbers above through the Federal Relay (FedRelay) teletype (TTY) number, 800-877-8339, or by other methods shown at www.gsa.gov/fedrelay.

ON-LINE RESOURCES:

- Department of Housing and Urban Development website: www.hud.gov
- The local HUD Field Offices: <http://www.hud.gov/local> *Note: To locate your local field office, select: Contact My Local Office (under the I Want To section)*



U.S. Department of Housing and Urban Development
Office of Multifamily Housing Programs
Washington, DC 20410-0002 Official Business
Penalty for Private Use \$300



This brochure about your rights and responsibilities as a resident of HUD assisted multifamily housing is available in 13 alternate languages in addition to English and Braille. To determine if your language is available, please contact HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 or visit <http://www.hud.gov/offices/ftheo/lep.xml>



Grievances

How to file a complaint

Residents may register a complaint or concern by talking to a staff member, calling the complaint by phone or preferably by completing a "Resident Complaint Form." A copy of this form is attached to the Resident Rights & Responsibility brochure at move in and received at each annual recertification. Copies of this form are available at the Management office.

When a resident makes a complaint, if the "Resident Complaint Form" is not completed by the resident, the staff will complete the form for the resident and attach any applicable statements or pictures to the form.

The property staff will review the concerns identified in the complain and discuss the concerns with the Asset Manager responsible for oversight of the property. Resident complaints are a high priority and should be addressed as quickly as possible. The Property Manager will work to gather all relevant information concerning the complaint to include meeting with the resident to collect further information if necessary.

The Property Manager and Asset Manager will take a positive approach in addressing and resolving any valid concerns and should work to resolve the complaint as quickly as possible. The Property Manager have 10 business days from the date of the complaint to review the circumstances, collect the necessary information, and provide a response to the resident. For all resident complaints, the Property Manager must meet with the resident and provide a verbal and written response to the complaint. The written response must be documented on the "Resident Complaint Form". Both the resident and the Property Manager will sign and date the "Resident Complaint Form" when they have successfully resolved the complaint. The resident will be given a copy of the form, a copy will be placed in the Resident's file/Resman Documents and the Communication log will be updated in Resman, and a copy will be sent to the Asset Manager.

Residents have a right to appeal a decision made by the Property Manager. If a resident is not satisfied with the resolution outlined on the "Resident Complaint Form" and the Property Manager and the resident cannot come to an agreeable solution, the resident may contact the corporate office of the managing agent by mail at:

Mansermar, Inc. or Mid-American Apartment Mgmt., Co., Inc.
(only list the company that manages the property)
3237 Satellite Boulevard Suite 310
Duluth, Georgia 30096

The resident may also e-mail the Asset Manager at VSerrano@mansermar.com or e-mail the Vice President of Operations at: thoenstine@mansermar.com.

The resident may also call the Asset Manager for the Property, Veronica Serrano, or Tom Hoenstine, the Vice President of the Management Company at 678-330-2000. The managing agent's telephone number including the name of the contact person is also posted in the lobby by the office. A representative of the managing agent will contact the resident to discuss any tenant grievance within 5 business days of being contacted.

If the resident is not satisfied with the outcomes proposed by the managing agent, the resident may write to HUD Representative or Contract Administrator that is listed on the bulletin board at the property.



This Property does not discriminate on the basis of race, religion, color, sex, sexual orientation, creed, age, familial status, national origin, disability, or handicap. This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Mansermar, Inc's Section 504 Coordinator, Viveca Callahan (3237 Satellite Blvd., Ste 310 Duluth, GA 30096 / Tel. 678-330-2000 / TTY 1-800-367-8939), has been designated to coordinate Limited English Proficiency and compliance with the non-discrimination requirements contained in the Department of Housing and Urban Development's Section 504 (24CFR, part 8 dated June 2, 1988).



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



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

What is EIV?

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



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

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

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

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

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

Who has access to the EIV information?

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

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.

Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

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

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - *Child support*
 - *AFDC payments*
 - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.



Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

What if I disagree with the EIV information?

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

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

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

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

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

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

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



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

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

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



JULY 2009

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 of Occupancy Rights under the
Violence Against Women Act**

MANSERMAR INC.
Satellite Blvd., Suite
Duluth, GA 30096
Telephone: 678.330.2000 TTY: 7.1.1.

PROPERTY NAME: FARROW PLACE

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.¹ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Section 202/8 *Program Type* is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under Section 202/8 *Program Type*, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

*This Property does not discriminate on the basis of race, religion, color, sex, sexual orientation, creed, age, familial status, national origin, disability, or handicap.
504 Coordinator: Viveca Callahan, 3237 Satellite Blvd., Ste 310 Duluth, GA 30096 / Tel. 678.330.2000*



Protections for Tenants

If you are receiving assistance under Section 202/8 *Program Type*, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Management** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

FARROW PLACE may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If **Management** chooses to remove the abuser or perpetrator, **Management** may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, **Management** must allow the tenant who is or has been a victim and other household

members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, **Management** must follow Federal, State, and local eviction procedures. In order to divide a lease, **Management** may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, FARROW PLACE may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, **Management** may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) **You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) **You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

Management will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

FARROW PLACE's emergency transfer plan provides further information on emergency transfers, and **Management** must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

Management can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from **Management** must be in writing, and **Management** must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. **Management** may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to **Management** as documentation. It is your choice which of the following to submit if **Management** asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by **Management** with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in

addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.

- Any other statement or evidence that **Management** has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days,

Management does not have to provide you with the protections contained in this notice.

If **Management** receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), **Management** has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, **Management** does not have to provide you with the protections contained in this notice.

Confidentiality

Management must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

FARROW PLACE must not allow any individual administering assistance or other services on behalf of **Management** (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

Management must not enter your information into any shared database or disclose your information to any other entity or individual. **Management**, however, may disclose the information provided if:

- You give written permission to **Management** to release the information on a time limited basis.
- **Management** needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires **Management** or your landlord to release the information.

VAWA does not limit **Management**'s duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, **FARROW PLACE** cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if **Management** can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If **Management** can demonstrate the above, **Management** should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **Viveca Callahan**

or Michael German *HUD field office*.

For Additional Information

You may view a copy of HUD's Final VAWA rule at

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>

Additionally, **Management** must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **Viveca Callahan at 678.330.2000**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at **1-800-799-7233** or, for persons with hearing impairments, **1-800-787-3224 (TTY)**. You may also contact **SAFE Passages, Inc. (Rock Hill) 1-803-329-2800 or 1-800-659-0977**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **Rape, Abuse and Incest National at: 1.800.656.HOPE.**

Victims of stalking seeking help may contact: <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Attachment: Certification form HUD-5382