



**ASSET INFORMATION**

List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members, including amounts disposed of during the last two (2) years.

**PLEASE PROVIDE BANK STATEMENTS FOR ALL ACCOUNTS**

Family Member	Bank Name/Address	Account Number	Amount
			\$
			\$
			\$
			\$

Do you receive fuel assistance?  Yes  No **(IF YES, BRING VERIFICATION)**

Do you receive food stamps?  Yes  No **(IF YES, BRING VERIFICATION)**

List the value of all stocks, bonds, trusts, pension contributions or other assets: \$ \_\_\_\_\_  
**(BRING VERIFICATION)**

Do you own a home or other real estate?  Yes  No

Have you sold or given away real property or other assets in the past two (2) years?  Yes  No

If yes, what is the current market value of the asset? \$ \_\_\_\_\_

**EXPENSES**

Do you pay for childcare which enables you or another family member to work or attend school? **YOU MUST**

**PROVIDE DOCUMENTATION OF PAID CHILDCARE.**  Yes  No

If yes, list the name and address of the childcare provider and weekly cost. \_\_\_\_\_

**MEDICAL INSURANCE**

Do you pay for any medical insurance that is not through employment?  Yes  No

If yes, list the name and address of insurance company and monthly cost. \_\_\_\_\_

**DISABLED/HANDICAPPED FAMILIES ONLY**

Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family necessary to permit that person or someone else in the family to work?  Yes  No

If yes, describe expenses \_\_\_\_\_

**DISABLED/HANDICAPPED/ELDERLY FAMILIES ONLY**

Please list below doctors and prescriptions which are not covered by insurance. If you need additional space, please use another sheet of paper and sign and date it.

**PLEASE PROVIDE PROOF OF ANY MEDICAL PAYMENTS AND/OR EXPENSES IN THE LAST YEAR**

Family Member	Doctor	Medical Costs (approx)

**PLEASE PROVIDE PROOF OF ANY PRESCRIPTION COSTS IN THE LAST YEAR**

Family Member	Pharmacy	Rx Costs (approx)

Do you have Medicare/MassHealth?  Yes  No

If yes, what is your Medicare/MassHealth premium? \$ \_\_\_\_\_ **(IF YES, BRING VERIFICATION)**

Do you have any outstanding medical bills on which you are paying?  Yes  No

**APPLICANT CERTIFICATION: I/we certify that the information given to the Arlington Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.**

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.**

Signature of Head \_\_\_\_\_

DATE \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_

DATE \_\_\_\_\_

Signature of Spouse \_\_\_\_\_

DATE \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_

DATE \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_

DATE \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_

DATE \_\_\_\_\_

Arlington Housing Authority  
4 Winslow Street  
Arlington, MA 02474-3062

**FAMILY OBLIGATIONS AS LISTED IN THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM CONFORMING RULE**

If a Family violates any Section 8 program obligations, the Authority has discretion to terminate Section 8 housing assistance. These obligations are as follows:

1. *THE FAMILY MUST SUPPLY ANY INFORMATION THAT THE AUTHORITY OR HUD DETERMINES NECESSARY IN THE ADMINISTRATION OF THE SECTION 8 PROGRAM. THIS INCLUDES SUBMISSION OF EVIDENCE OF CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS AS REQUIRED BY FEDERAL REGULATIONS.*

**INFORMATION AND DOCUMENTATION SUBMITTED BY THE FAMILY MUST BE TRUE AND COMPLETE.**

2. *THE FAMILY MUST REPORT ALL INCOME OF ALL FAMILY MEMBERS.*
3. *THE FAMILY MUST REPORT ALL CHANGES IN FAMILY COMPOSITION.*
4. *THE FAMILY MUST DISCLOSE ALL SOCIAL SECURITY NUMBERS OF ALL FAMILY MEMBERS.*
5. *THE FAMILY IS RESPONSIBLE FOR HOUSING QUALITY STANDARDS BREACHED WHICH ARE CAUSED BY: FAILURE TO PAY FOR TENANT-SUPPLIED UTILITIES, FAILURE TO SUPPLY APPLIANCES THAT THE OWNER IS NOT REQUIRED TO PROVIDE UNDER THE LEASE; OR DAMAGE TO THE UNIT OTHER THAN DAMAGE FROM ORDINARY WEAR AND TEAR.*
6. *THE FAMILY MUST ALLOW THE AUTHORITY TO INSPECT THE UNIT AT REASONABLE TIMES AND A REASONABLE NOTICE.*
7. *THE FAMILY MAY NOT COMMIT ANY SERIOUS OR REPEATED VIOLATION OF THE SECTION 8 LEASE OR THE FAMILY MAY BE EVICTED BY THE OWNER AND TERMINATED BY THE AUTHORITY.*
8. *THE FAMILY MUST NOTIFY THE AUTHORITY AND THE LANDLORD BEFORE THE FAMILY MOVES OUT OF THE UNIT OR TERMINATES THE LEASE.*
9. *THE FAMILY MUST PROMPTLY GIVE THE AUTHORITY A COPY OF ANY OWNER EVICTION NOTICE.*
10. *THE FAMILY MUST RESIDE IN THE ASSISTED UNIT. THE ASSISTED UNIT MUST BE THE FAMILY'S ONLY RESIDENCE.*
11. *THE AUTHORITY MUST APPROVE COMPOSITION OF THE RESIDENT FAMILY. THE FAMILY MUST PROMPTLY NOTIFY THE AUTHORITY OF THE BIRTH, ADOPTION OR COURT-AWARDED CUSTODY OF A CHILD. THE FAMILY MEMBERS AS OCCUPANTS OF THE UNIT.*

12. *THE FAMILY MUST PROMPTLY NOTIFY THE AUTHORITY IF ANY FAMILY MEMBER NO LONGER RESIDES IN THE UNIT.*
13. *WITH AUTHORITY APPROVAL, A FOSTER CHILD OR LIVE-IN AIDE MAY RESIDE IN THE UNIT.*
14. *THE FAMILY MUST NOT ASSIGN THE LEASE OR TRANSFER THE UNIT.*
15. *THE FAMILY MAY NOT SUBLEASE THE UNIT.*
16. *THE FAMILY MUST PROMPTLY NOTIFY THE AUTHORITY OF ANY ABSENCE FROM THE UNIT.*
17. *THE FAMILY MUST SUPPLY ANY INFORMATION OR CERTIFICATION REQUESTED BY THE AUTHORITY TO VERIFY THAT THE FAMILY IS LIVING IN THE UNIT, OR RELATING TO FAMILY ABSENCE FROM UNIT.*
18. *THE FAMILY MUST NOT SUPPLY ANY INTEREST IN THE UNIT. THIS DOES NOT APPLY TO A SHAREHOLDER'S INTEREST IN A COOPERATIVE.*
19. *MEMBERS OF AN ASSISTED FAMILY MAY NOT RECEIVE SECTION 8 TENANT-BASED ASSISTANCE WHILE RECEIVING ANOTHER HOUSING SUBSIDY, FOR THE SAME UNIT OR A DIFFERENT, UNDER ANY DUPLICATIVE (IN ACCORDANCE WITH HUD REQUIREMENTS) FEDERAL, STATE OR LOCAL HOUSING ASSISTANCE PROGRAM.*
20. *THE FAMILY MAY ENGAGE IN LEGAL PROFIT-MAKING ACTIVITIES IN THE UNIT, HOWEVER THOSE ACTIVITIES MUST BE REPORTED TO THE AUTHORITY AND THE PRIMARY USE OF THE UNIT MUST BE RESIDENTIAL.*
21. *FAMILY MEMBERS MUST NOT ENGAGE IN DRUG-RELATED CRIMINAL ACTIVITY, INCLUDING BOTH DRUG-TRAFFICKING AND ILLEGAL USE OR POSSESSION OF DRUGS, NOR VIOLENT CRIMINAL ACTIVITY.*
22. *MEMBERS OF THE FAMILY MUST NOT COMMIT FRAUD, BRIBERY OR ANY OTHER CORRUPT OR CRIMINAL ACT IN CONNECTION WITH THE PROGRAM.*

**I HEREBY CERTIFY THAT I UNDERSTAND MY OBLIGATIONS UNDER THE SECTION 8 PROGRAM AND THAT MY FAILURE TO COMPLY WITH THESE OBLIGATIONS MAY RESULT IN THE TERMINATION OF MY PARTICIPATION IN THE SECTION 8 PROGRAM. I HAVE RECEIVED A COPY OF THE ARLINGTON HOUSING AUTHORITY'S SECTION 8 HOUSING CHOICE VOUCHER PROGRAMS: GENERAL INFORMATION, PROGRAM REQUIREMENTS AND REGULATIONS, POLICIES AND PROCEDURES, WHICH CONTAINS INFORMAL HEARING PROCEDURES AND GROUNDS FOR TERMINATION DUE TO THE FAMILY'S ACTION OR FAILURE TO ACT.**

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Signature

Date

Arlington Housing Authority  
4 Winslow Street  
Arlington, MA 02474-3062

## DECLARATION OF SECTION 214 STATUS

Notice to Applicants and Tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the following Declaration carefully and sign and return to the Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_, certify under penalty of perjury that, to the best of my knowledge, each member of my household is lawfully within the United States because (check appropriate box):

- I am a citizen by birth, a naturalized citizen or national of the United States;
- I have eligible immigration status and I am 62 years of age or older (attach evidence of proof of age);
- I have eligible immigration status as checked below (attach INS documents evidencing eligible immigration status and signed verification consent form).
  - Immigrant status under 111001(a)(15) or 101(a)(20) of the INA;
  - Permanent residence under 1249 of INA;
  - Refugee, asylum, or conditional entry status under 11207, 208 or 203 of the INA;
  - Parole status under 11212(d)(f) of the INA;
  - Threat to life or freedom under 1243(h) of the INA;
  - Amnesty under 1245 of the INA.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of or Name of Additional Family Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of or Name of Additional Family Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of or Name of Additional Family Member

\_\_\_\_\_  
Date

- Check box if signature is of the adult residing in the unit who is responsible for the child named on the Declaration above.

Arlington Housing Authority  
4 Winslow Street  
Arlington, MA 02474-3062

**TENANTS RECEIVING CHILD SUPPORT PAYMENTS FROM  
MASSACHUSETTS DEPARTMENT OF REVENUE**

If you receive Child Support you are required to supply you own verification on your scheduled interview date. There are two ways to collect this information.

Payment verification is available to customers through Automated Voice Response System (VSR), twenty-four hours a day, seven days a week. The customer on whose behalf you are requesting information can obtain this information by calling the VSR at **1-800-332-2733**. The customer will receive a list of Child Support payments within forty-eight hours of his/her request.

Payment verification is also available to customers at the following website:

<https://ecse.cse.state.ma.us/ECSE/Login/login.asp>

We strongly suggest that, upon request of your paperwork, you bring your Child Support verification to your scheduled interview.

No verifications will be made through the Arlington Housing Authority. We have been notified by the Massachusetts Department of Revenue that they will no longer honor our requests.

Arlington Housing Authority  
Section 8 Department

Arlington Housing Authority  
4 Winslow Street  
Arlington, MA 02474-3062

**Additional Adult Living in the Unit**

The Arlington Housing Authority Section 8 policy states that no other adult person(s) other than those listed on the lease and application shall live/stay in the unit other than on a temporary basis and/or not exceeding thirty (30) days. This is to insure that the Gross Family Contribution is accurately based on the total monthly income of that household unit.

If the household composition should change during the term of the lease, I agree to contact the Arlington Housing Authority with the additional information. I realize that failure to do this could result in an eviction, lifetime loss of the Arlington Housing Authority program, repayment of the rent, and possible theft and fraud charges under state and federal law.

I understand the above statement. There is no other adult living/staying in the unit now other than whose name are on the application and lease. I agree to notify the Arlington Housing Authority if this should change.

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of AHA Staff Person

\_\_\_\_\_  
Date

Arlington Housing Authority  
4 Winslow Street  
Arlington, MA 02474-3062

**STATEMENT OF ASSETS**

Date: \_\_\_\_\_

Re: \_\_\_\_\_

I/We hereby state that I/We have no assets.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



Arlington Housing Authority  
4 Winslow Street  
Arlington, MA 02474-3062

**RELEASE FOR PERSONAL INFORMATION**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

I, the above named individual, have authorized the Arlington Housing Authority to verify the accuracy of the information, which I have provided the Housing Authority.

I hereby give my permission to release this information to the Arlington Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached form to the Arlington Housing Authority within five (5) days of the receipt of this request.

I understand that a photocopy of the authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date signed**

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF EIGHTEEN (18)  
MONTHS FROM THE DATE SIGNED ABOVE**

## FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Arlington Housing Authority collects information about applicants and tenants for its housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators or prosecutors. Otherwise, the information will be kept confidential and used only by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by a housing authority to provide information, however, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent.
3. You or your authorized representative has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how it will collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the housing authority holds about you. If you object, it will investigate your objection, and either correct the problem or make your objection part of the file. If you are dissatisfied, you may file a grievance under the housing authority's grievance procedure.

I have read and understood this Fair Information Practices Act Statement of Rights and have received a copy for future reference.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Arlington Housing Authority  
4 Winslow Street  
Arlington, MA 02474-3062

**RELEASE FOR PERSONAL INFORMATION**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

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I understand that a photocopy of the authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date signed**

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF EIGHTEEN (18)  
MONTHS FROM THE DATE SIGNED ABOVE**

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2. No information may be disclosed to any person other than those described above without your consent.
3. You or your authorized representative has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how it will collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the housing authority holds about you. If you object, it will investigate your objection, and either correct the problem or make your objection part of the file. If you are dissatisfied, you may file a grievance under the housing authority's grievance procedure.

I have read and understood this Fair Information Practices Act Statement of Rights and have received a copy for future reference.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

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

## Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division):

HUD Field Office  
Boston MA 02222

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.):  
Arlington Housing Authority  
4 Winslow St, Arlington MA 02474

**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

**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.

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.

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

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

### 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 Re quiring A pplicant's/Tenant's Cons ent 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-

**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.

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