



Items Needed when Applying For Housing

Jaelot Apartments

12730 Shaker Blvd.

Cleveland, Ohio 44120

Lela McCray/ Property Manager

Hours of Operation Monday thru Friday

9am to 5pm

216-991-3700 (Office)

216-991-8630 (Fax)

Items Needed

1. Birth Certificate
2. Proof of Income
3. Social Security Card
4. Photo Identification

If you are under the age of 62 you will need to sign forms for your disability to be faxed and or mailed to your physician. We will need the physician's name, address and phone number, When the application is turned in. If you are mailing in your application please make copies of the above (4) items to go along with your application. **If you are unable to sign the application package in person, it must be notarized prior to returning.**

Thank You



K&D MANAGEMENT, LLC
APPLICATION PACKET COVER LETTER
FOR HUD SENIOR AND AFFORDABLE HOUSING

Date: _____

Jaelot Apartments
 12730 Shaker Blvd
 Cleveland OH 44120
 PH 216-991-3700
 Fax 216-991-8630

Dear _____,

Thank you for your interest in Jaelot Apartments! Please find enclosed the application packet which you had requested. Please fill out all sections of the application packet completely; however do not sign any application forms, as they must be signed in person. If you are unable to sign the application packet in person, it must be notarized prior to returning.

If you have any questions, please call the office at 216-991-3700 Monday to Friday 9:00AM to 4:00PM. Once again, thank you for your interest in Jaelot Apartments. I look forward to meeting with you!

Sincerely,

Lela McCray
 Property Manager
 K&D Management LLC

This Application Packet Contains the Following Forms:

- ___ Application for Senior Housing
- ___ Applicant Acknowledgement and Authorization
- ___ Resident Selection Criteria
- ___ Supplement to Application for Federally Assisted Housing
- ___ Applicant Declaration Form
- ___ HUD Race and Ethnic Data Form
- ___ Family Summary Sheet



Office Use Only				
Property	Applicant Name	Date Received	Time Received	Initials

APPLICATION FOR PLACEMENT ON SENIOR AFFORDABLE HOUSING WAITING LIST

1. Anyone who wishes to be admitted to an assisted property or placed on a property's waiting list must complete an application. This application can be completed at the project site or be sent via mail to applicant for completion. In the event of a disability that prevents the applicant from completing the formal application, the application may be completed by the Project Administrator or person designated by the applicant as verbally dictated by the applicant but that application must have the signature or markings of the disabled person indicating that all information is complete and accurate.
2. Any applicant wishing to be admitted to an assisted property or placed on a property's waiting list is requested to provide a self-certification of their race and ethnicity for data collection by completing a Race and Ethnic Data Reporting Form, form HUD-27061-H which is attached to this application. Completing this form is optional and there is no penalty for not completing it.
3. Applicant must be 62 years of age or older. If the head of household is married or there is a co-head of household, either member must be 62 years or older. Those under the age of 62 are also eligible to apply but must have a qualifying disability as described by HUD guidelines. A limited number of suites for mobility-impaired households are available for those households whose head and/or spouse is under age 62.
4. You must be willing to abide by the conditions of the lease agreement.
5. All applicants must satisfy Federal Government requirements as to income eligibility and must not exceed program income limits.
6. All applicants must satisfy Federal Government requirements as to citizenship or immigrant status. Only U. S. citizens or eligible noncitizens may receive assistance under Section 8, Section 236, Rent Supplement, Rental Assistance Payment (RAP), and Section 202/8 programs. Proof of citizenship or immigrant status will be required before your application can be accepted and before you can be assigned a suite.
7. The unit for which the family is applying must be the family's only residence.
8. An applicant must agree to pay the rent required by the program under which the applicant will receive assistance.
9. All information reported by the family is subject to verification.
10. Various subsidy or insurance programs may impose additional occupancy restrictions.
11. The screening process includes: prior landlords, credit, drug and criminal history (Federal, State, and Local), national sex offender registry, and the HUD Enterprise Income Verification (EIV) system.

If you need any assistance in the completion of this application, please notify the Administrator who will provide or obtain the assistance you need.

I certify that I have read and understand the above and the reasons that the information is requested on this application and I understand the reasons the information given by me as the applicant must be verified by K&D Management, LLC prior to the time that I may occupy an apartment.

Signature of Head of Household	Date
Signature of Spouse/Co-Head	Date



APPLICANT INFORMATION

First Name		Middle Initial	Last Name	
Current Address				Apt#
City		State		Zip Code
Telephone - <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work () - ()		Telephone - <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work () - ()		Email Address
Date of Birth / /	<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID	License/ID #	State Issued	Expiration Date / /
How did you hear about this program and property?				

HOUSEHOLD COMPOSITION

List head of household, all other household members, and their relationship to the head of household and for applicants who were age 62 or older as of January 31, 2010 and who do not have a SSN if they were receiving HUD rental assistance at another location on January 31, 2010.

	Full Name	Relationship	Birth Date	Birth Place	Age	Social Security Number*
1.		Head of House				
2.						
3.						
4.						
5.						
6.						

*Applicants do not need to disclose or provide verification of a Social Security Number (SSN) for all non-exempt household members at the time of application and for placement on the waitlist; however, Applicants must disclose and provide verification of a SSN for all non-exempt household members prior to being housed.

Do you plan to have anyone living with you in the future, who is not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	

List ALL states that ALL household members have EVER resided:



CURRENT HOUSING STATUS

1. Are you currently living in federally subsidized housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How many people currently reside in your home?	
3. How many bedrooms in your home?	
4. How many years have you live at your current residence?	
5. Are you being displaced from your current residence? If yes, explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you being evicted? If yes, explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been evicted? If yes, explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. What is your current monthly rent amount?	\$
9. What are the monthly costs for all utilities except for telephone?	\$
10. What is the condition of your current housing? <input type="checkbox"/> Standard <input type="checkbox"/> Unsafe/Unhealthy <input type="checkbox"/> No indoor plumbing/kitchen <input type="checkbox"/> Currently without housing	
11. Do you give permission for a home interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LANDLORD INFORMATION

Current Landlord	Phone#
Current Landlord Address	
Dates of Occupancy	

Previous Landlord	Phone#
Previous Landlord Address	
Previous Rental Address	
Dates of Occupancy	

Previous Landlord	Phone#
Previous Landlord Address	
Previous Rental Address	
Dates of Occupancy	



INCOME INFORMATION

1. Is any member of your household employed full-time, part-time or seasonally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does any member of your household expect to work for any period during the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does any member of your household work for someone who pays them in cash?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is any member of your household on leave of absence from work due to lay-off, medical, military, or maternity leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does any member of your household now receive, or expect to receive, unemployment benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does any member of your household now receive, or expect to receive, alimony payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is any member of your household entitled to alimony payments that he/she is not now receiving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does any member of your household now receive, or expect to receive welfare assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does any member of your household now receive, or expect to receive Social Security benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does any member of your household now receive, or expect to receive income from a pension or annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does any member of your household receive income from assets including interest and dividends from Certificate of Deposits, Stocks, Bonds, or Rental Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does any member of your household have Savings Bonds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you believe you have an income that may be exempt from consideration because of Federal Regulations? If yes, describe	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each type of income that your household receives, list the source of income and the amount of income that can be expected from that source during the next 12 months. This includes, but is not limited to, full and/or part time employment, all income from welfare agencies, social security, pension, SSI, disability, armed forces reserves, unemployment compensation, child care, alimony, child support, scholarships and grants, contract for deed, interest on assets, dividends, annuities, regular contributions from people not residing with you.

Household Member	Source of Income / Type of Income	Annual Gross Income



ASSET INFORMATION

1. Does any household member have any bank accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does any household member have any type of Stocks, Bonds, Trusts, Pension Contributions or Other Assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does any household member own a home or other Real Estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does any household member have a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any household member sold or given away real property or other assets in the past two (2) years? If yes, what was the amount received? If yes, what was the market value of the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ \$

List all assets (Including Checking, Savings, IRA's KEOUGH accounts, Certificates of Deposits, stocks, bonds, trusts, etc) of all household members, including any disposed of during the last two (2) years.

Bank Name	Type of Asset	Account Number	Current Balance/ Market Value	Current Interest Rate

MEDICAL INFORMATION

1. Does any household member have Medicare?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does any household member have any other type of medical insurance? If yes, give policy number and agent:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you receiving medical assistance through the welfare department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have any outstanding medical bills on which you are paying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you expect to have any medical expenses during the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all medical expenses the household will expect to pay for the next 12 months.

Medical Expense	Amount Applicant will pay
	\$
	\$
	\$



Federal regulations provide for special consideration to applicants with a handicap or disability. Examples of this could include eligibility for the Section 8 program, special consideration for persons with mobility handicaps when mobility handicap suites are available, and adjustment to income for medical expenses.

If you believe that you have a handicap or disability that would qualify you for special treatment under Federal regulations, you may complete the section below.

1. I believe that I (or member of my household) have (has) a handicap or disability which should be considered when my eligibility certification is completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I believe that I require an accessible unit due to my disability or that of a qualified member of my household.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you pay for a care attendant or for any equipment for the handicapped household member(s) that is necessary to permit that person, or someone else in the household to work? If yes, please describe and list amount:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$

COMPLIANCE INFORMATION

1. Have you, or any other person named on the application as intending to reside in the unit, ever been convicted of using, dealing, or manufacturing illegal drugs? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you, or any prospective household member, addicted as a result of current, illegal use of a controlled substance? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you or any other adult member of your household ever used any name(s), or Social Security Number(s) other than the one currently being used? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you now living in a government subsidized unit? Ex: Section 8, Section 236, Section 221(d), etc. If yes, please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for not reporting, or misrepresenting information for such housing/programs? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you or member of your household been convicted of any criminal activity? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you or any member of your household ever been subject to a Sexual Offender/Predator registration program? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you or any member of your household registered as a student, either part-time or full-time at an institution of higher learning for the purpose of obtaining a degree? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No



APPLICANT CERTIFICATION

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for rental assistance. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, sources for credit verification information, and/or any appropriate Federal, State or Local agencies for criminal background including the National Sex Offender/Predator Database. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.

I/we understand that false statements or information are punishable under Federal law and reason for rejection of my/our application. I/we understand that failure to respond to any of the aforementioned questions in this application may jeopardize the approval of this application. I authorize inquiries to be made to verify the information in this application.

Signature of Head of Household	Date
Signature of Spouse/Co-Head	Date



APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

APPLICANT PERSONAL INFORMATION
EMPLOYMENT INFORMATION
BANK AND CREDIT REFERENCES
PREVIOUS RENTAL HISTORY
CRIMINAL BACKGROUND

Office Use Only		
Property	<input type="checkbox"/> Criminal Background Check Only	Date

Each household member over 18 must complete individual form

First Name		Middle Initial	Last Name	
Current Address				Apt#
City		State	Zip Code	
Date of Birth / /	<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID	License/ID #	State Issued	Expiration Date / /

Are you required to register as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a sexually oriented or child victim-oriented offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I declare that the information I have provided in response to the questions within the categories listed above which are contained in the K&D Management, LLC. Affordable Housing Rental Application is true and accurate. I hereby authorize processing the verification of all of the information including Credit Report, Employment Verification, and Criminal Background Check. Furthermore, I authorize landlords and their agents, including collection agencies, to obtain residents' consumer credit reports, criminal background checks, previous landlord checks, and previous employment checks. This information contained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature:	Date
------------	------

You do not have to sign this form if either the requesting organization or the organization supplying the information is not provided.

Information is being provided by: Computer Generated Reports from Yardi computer programs.

PENALTIES FOR MISUSE OF THIS CONSENT: Title 18, Section 1002 of the U. S. Code states that a person is guilty of a felony for knowingly and willingly make 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). **



K&D MANAGEMENT, LLC RESIDENT SELECTION CRITERIA

All individuals, regardless of their race, color, religion, sex, national origin, family status, marital status, sexual orientation, gender identity, or physical challenges are guaranteed the right to rent any property that they can meet the eligibility criteria. The federal laws that guarantee this right are commonly referred to as the "Fair Housing Laws". K&D Management, LLC maintains a policy of strict compliance with these Fair Housing Laws. Generally, residents are approved or denied based on four (4) areas: project eligibility, rental references, credit history, and criminal background including the National Sex Offender Registry.

The owner or owner's agent shall be responsible for determination of eligibility of applicants and selection of families from among those determined to be eligible and computation of the amount of housing assistance payments on behalf of each selected family in accordance with schedules and criteria established by the Government. In the initial renting of the Contract Units, the owner or owner's agent shall lease at least 30 per cent to Very Low-Income Families (determined in accordance with Government-established schedules and criteria) and shall thereafter exercise their best efforts to maintain at least 30 per cent occupancy of the Contract Units by Very Low-Income Families as determined in accordance with such schedules and criteria.

The owner or owner's agent shall process applications for admission, notifications to the applicants and complaints by the applicants in accordance with applicable PHA or Government requirements and shall maintain records and furnish such copies or other information as may be required by the PHA or the Government.

Project Eligibility Requirements:

Applicants must be 18 years of age or legally emancipated Head of Household to qualify for Section 8 Family Housing. Applicants for Section 8 Senior Housing must be the Head of Household and 62 years of age or if less than 62 years of age must have a qualifying disability as described under the HUD Guidelines. Acceptable forms of verification include: Social Security Award Letter that confirms disability status or a verification completed by a qualified professional including, but not limited to: a physician, psychologist, clinical social worker, Veteran's Administration, or other licensed health care stating the applicant qualifies under the definition of a disability.

Applicants must provide verification of age for all household members before they can be housed. Acceptable forms of verification as per HUD guidelines include: Birth Certificate, Baptismal Certificate, Military Discharge papers, Valid Passport, Census document showing age, Naturalization certificate, or Social Security Administration Benefits printout showing Date of Birth.

Applicants must be able to demonstrate their ability to pay rent on time and to meet the requirements of occupancy.

Citizenship:

Applicants must be a United States citizen, a national or non-citizen who has eligible immigration status as determined by HUD. Non-citizens with eligible immigration status must complete citizenship declaration forms and submit evidence of citizenship or eligible immigration status at the time of application. All family members, regardless of age, must declare their citizenship or immigration status. Owners or owner's agents may not delay the family's assistance if the family submitted its immigration documentation in a timely manner but the DHS verification or appeals process has not been completed. Owners or owner's agents will continue to provide assistance to those family members who submitted their immigration documentation in a timely manner until their immigration status has been verified.

Social Security:

Effective January 31, 2010 applicants do not need to disclose or provide verification of a Social Security Number (SSN) for all non-exempt household members at the time of application and for placement on the



waiting list. However, applicants must disclose and provide verification of a SSN for all non-exempt household members before they can be housed.

If all non-exempt household members have not disclosed and/or provided verification of their SSNs at the time a unit becomes available, the next eligible applicant must be offered the available unit. The applicant who has not disclosed and/or provided verification of SSNs for all non-exempt household members has 90 days from the date they are first offered an available unit to disclose and/or verify the SSNs. During this 90-day period, the applicant may, at their discretion, retain their place on the waiting list. After 90 days, if the applicant is unable to disclose and/or verify the SSNs of all non-exempt household members, the applicant will be determined ineligible and removed from the waiting list.

Applicants with children under the age of 6 years old, that do not have a social security card at move in are temporarily exempt from disclosure. A valid social security card or letter from the Social Security Administration must be provided within 90 days following move in. Family members who are under the age of 6 and added 6 months or less from the move in date are also temporarily exempt.

Those exempt from this requirement are individuals who do not contend eligible immigration status; individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010 and existing tenants as of January 31, 2010, who have previously disclosed their SSN and HUD has determined their SSN to be valid.

Students:

The owner or owner's agent must determine a student's eligibility for Section 8 assistance at move-in, annual recertification, initial certification, when an in-place resident begins receiving Section 8, and at the time of an interim recertification if one of the family composition changes reported is that a household member is enrolled as a student at an institution of higher education to receive Section 8 assistance.

Section 8 assistance will not be provided to any individual who: is enrolled either part-time or full-time at an institution of higher education for the purpose of obtaining a degree, certificate or other program leading to a recognized educational credential; and is under 24 years of age; and is not a veteran; and is unmarried; and does not have a dependent child; and is not a person with disabilities as such term is defined in 3(b)(3)(E) of the U. S. Housing Act of 1937 and was not receiving section 8 assistance as of November 30, 2005; and is not living with his/her parents who are receiving Section 8 assistance; and is not individually eligible to receive Section 8 assistance or has parents (individually or jointly) who are ineligible for assistance, no section 8 assistance can be provided to the student.

Unless a student can demonstrate his/her independence from their parents, the student must be eligible to receive Section 8 assistance and their parents must also be eligible in order for the tenant to receive Section 8 assistance.

When verifying the parents' income, if a parent refuses to provide the declaration of income, then the household is ineligible unless the student can prove his/her independence from his/her parents. Student's independence will be verified by considering all of the following: 1.) Previous address information; 2.) DOE definition of independent student; 3.) Review prior year income tax returns (unless student meets DOE definition); 4.) Verification of income from parent; 5.) Verification of any additional criteria, according to policies; and 6.) Verification of amount of student financial assistance.

When full-time students who are 18 years of age or older are dependents, a small amount of their earned income will be counted. Count only earned income up to a maximum of \$480 per year for full-time students, age 18 or older, who are not the head of the family or spouse or co-head. If the income is less than \$480 annually, count all the income. If the annual income exceeds \$480, count \$480 and exclude the amount that exceeds \$480.

The income of full-time students 18 years of age or older who are members of the household but away at school is counted the same as the income for other full-time students. The income of minors who are members of the household but away at school is counted as the income for other minors.



All income of a full-time student, 18 years of age or older, is counted if that person is the head of the family, spouse, or co-head.

For Section 8 programs only and as provided in 24CFR 5.612, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965 from private source, or from an institution of higher education shall be considered income to that individual, except that financial assistance described in this paragraph is not considered annual income for persons over the age of 23 with dependent children.

NOTE: This paragraph also does not apply to a student who is living with his/her parents who are applying for or receiving Section 8 assistance.

Violence Against Women Act (VAWA):

Violence Against Women Act (VAWA) was enacted to provide legal protections to victims of domestic violence, dating violence or stalking. These protections prohibit Owners/Agents from evicting or terminating assistance from individuals being assisted under a project based Section 8 program if the asserted grounds for such action is an instance of domestic violence, dating violence, or stalking. As a result, K&D Management, LLC complies with this law and offers the following protections against eviction or denial of housing based on domestic violence, dating violence, or stalking:

A. An applicant's or program participant's status as a victim of domestic violence, dating violence, or stalking is not a basis for denial of rental assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission. The owner or agent responding to an incident of actual or threatened domestic violence, dating violence, or stalking that could potentially have an impact on a tenant's participation in the housing program may request in writing in an individual complete, sign, and submit within 14 business days of the request, the HUD-approved certification form (HUD-91066).

B. An incident or stalking will not be construed as serious or repeated violations of the lease or other "good cause" for terminating the assistance, residency, or occupancy rights of a victim of abuse.

C. Criminal activity directly related to domestic violence, dating violence or stalking, engaged in by a member of a resident's household or any guest or other person under the resident's control, shall not be cause for termination of assistance, residency, or occupancy rights of the victim of the criminal acts.

D. Assistance may be terminated or a lease separated in order to remove an offending household member from the home. Whether or not the individual is a signatory to the lease and lawful resident, if he/she engages in a criminal act of physical violence against family members or others, he/she stands to be evicted, removed, or have his/her occupancy rights terminated. This action is taken while allowing the victim, who is a resident or a lawful occupant, to remain.

E. The provisions protecting victims of domestic violence, dating violence or stalking engaged in by a member of the household, may not be construed to limit the Owner/Agent, when notified, from honoring various court orders issued to either protect the victim or address the distribution of property in case a family breaks up.

F. The authority to evict or terminate assistance is not limited with respect to a victim that commits unrelated criminal activity. Furthermore, if an Owner/Agent can show an actual and imminent threat to other residents of those employed at or providing service to the property if an unlawful occupant's residency is not terminated, then evicting a victim is an option, the VAWA notwithstanding. Ultimately, Owners/Agents may not subject victims to more demanding standards than other residents.

G. The VAWA protections shall not supersede any provision of the federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, or stalking.

Income Limits:

HUD establishes income limits and revises them annually to ensure that federal rental assistance is provided only to low-income families. Except under limited circumstances, in order for an applicant to be eligible for occupancy, the applicant family's annual income must not exceed the applicable income limit established for the type of subsidy and family size. Income limits are based on the median income for a metropolitan statistical area (MSA). The following list shows the four income limits as a percentage of the median income in an MSA.

Extremely Low-Income Limits are defined by the greater of 30% of Median Income or The Federal Poverty Level.



BMIR Income Limit	95% of Median Income
Low-Income Limit	80% of Median Income
Very Low-Income Limit	50% of Median Income
Extremely Low-Income Limit	30% of Median Income or The Federal Poverty Level

Income limits vary by family size. Income limits are published based on the number of persons in the household with increasingly higher income limits for families with more members. Based on type of subsidized properties that K&D Management, LLC has in its portfolio, Very Low and Extremely Low-Income Limits are used.

When determining the family size, all persons living in the unit will be included with the exception of live-in aides, foster children, or foster adults and guests. Also included are individuals not living in the unit such as children temporarily absent due to placement in a foster home, children who are present 50% or more as a result of a joint custody arrangement, children who are away at school, unborn children of pregnant women, family members temporarily absent, family members in the hospital or rehabilitation facility for periods of limited or fixed duration, and persons permanently confined to a hospital or nursing home.

For properties with pre-1981 Section 8 contracts, the law restricts occupancy by families that are other than very-low income to 25% of overall occupancy. Properties with Section 8 contracts effective prior to 1 October 1981, may admit applicants with incomes up to the low-income limit.

Applications:

Applications for Section 8 subsidized housing will be accepted from those meeting eligibility requirements for the particular property in accordance with the Fair Housing Act of 1988.

It is preferred that all Applicants present themselves in person and complete an application for Section 8 subsidized housing at the property. Applications will be mailed to any applicant if unable to personally complete the application at the property. In the interest of devoting appropriate time to each applicant, appointments are required for those desiring to apply for assisted housing.

The only preference recognized by K&D Management, LLC for Section 8 subsidized properties is Income-Targeting. HUD requires that for each project assisted under a contract for project-based Section 8 assistance, the owner must lease not less than 40% of the dwelling units that become available for occupancy in any project fiscal year to extremely low-income families.

In order to comply with the above income-targeting requirements, property managers will monitor their individual property's applications and waiting lists. Waiting lists will include the appropriate income designation for all applicants. All waiting lists will be set up in a standard chronological order and listed by time and date received.

When a suite becomes available, applicants will be selected in the order their application was received unless that property does not meet the income-target requirement. If this is the case, the next applicants who have higher incomes may be skipped over and the next eligible extremely low-income applicant will be given the priority. As subsequent units become available, tenant selection continues to alternate between the next extremely low-income applicant and the eligible applicant at the top of the list until the 40% is reached.

Screening of Applicants:

Screening is used to help ensure that families admitted to a property will abide by the terms of the lease, pay rent on time, take care of the property and unit, and allow all residents to peacefully enjoy their homes. **If the owner/owner's agent's review of any information about the applicant indicates that the applicant will not be a suitable tenant, the owner/owner agent may reject the application for assistance or tenancy.** Information will be based on reports gathered from RealPage OneSite Computer Program Provider, Federal, State and Local public records.



All applicants for Section 8 subsidized properties will be screened in the following categories. Any derogatory results may be cause for rejection and disqualification for residency.

1. Criminal Activity
 - A. Any conviction or adjudication other than acquittal of (regardless of when committed):
 1. First-degree murder
 2. Sex offenses, including but not limited to forcible rape, child molestation, and aggravated sexual battery
 3. Arson
 4. Crimes involving explosives
 - B. Within 10 years from the date of application, any conviction or adjudication other than acquittal of:
 5. A felony that involved bodily harm against a person or property, including but not exclusive of:
 - a. Homicide (other than first-degree murder)
 - b. Manslaughter
 - c. Armed robbery
 - d. Aggravated assault
 - e. Buying, receiving, possession of stolen property
 - f. Burglary or theft
 - g. Auto theft
 - h. Embezzlement
 - i. Sales or manufacture of a controlled substance
 - j. Any crime of violence then may establish that the applicant constitutes a direct threat to the health or safety of other individuals.
 - C. Within 5 years from the date of application, any conviction or adjudication other than acquittal of:
 6. A crime involving the illegal use of a controlled substance other than sales or manufacture
 7. Illegal gambling
 8. Prostitution
 9. Commercialized vice
 10. Stalking
 11. Forgery
 12. Weapons offenses
 - D. Within 3 years from the date of application, any conviction or adjudication other than acquittal of:
 13. Any other felony not included above
 - E. Within 3 years prior from the date of application, the applicant or any household member has been imprisoned after being convicted of a felony.
2. Rental/Reference History including:
 - A. An existing tenant report through HUD's Enterprise Income Verification System showing possible residency in other government assisted Multifamily Housing or Indian Housing
 - B. Ability to pay required rent
 - C. Previous satisfactory rental history with no previous evictions within the past seven (07) years.
3. Any individual whose abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
4. Credit History and Ability to Pay Rent.

Effective January 31, 2010 the screening process will also use HUD's Enterprise Income Verification (EIV) system as a third-party source to determine if an applicant or any applicant household members are currently residing at another Multifamily Housing or Public and Indian Housing. The EIV Existing Tenant Search will be run for all prospective household members, including live-in aides. This report should be run at the time the applicant is expected to be assigned a unit. If the applicant is residing at another location, the owner/agent should discuss this



with the applicant, giving the applicant the opportunity to explain any circumstances relative to his/her being assisted at another location. This may be a case where the applicant wants to move from their existing location. This may be a case where the applicant wants to move from his/her existing location or where two assisted families share custody of a minor child.

Depending on the outcome of the discussion with the applicant, the owner/agent may need to follow-up with the respective Public Housing Authority or owner/agent to confirm the individual's program participation status before admission. The report gives the owner/agent the ability to coordinate move-out and move-in dates with the owner/agent of the property at the other location.

Consent and Verification:

All members of a family must sign consent forms and as necessary, verification documents, so that the owner/agent can verify sources of family income and family size. The owner/agent must consider a family ineligible if the adult members refuse to sign applicable consent and verification forms.

All members of an application or tenant family who are at least 18 years of age and each head of household, spouse or co-head, regardless of age, must sign and date the HUD required consent forms (form HUD-9887, Notice and Consent for the Release of Information to HUD and to a PHA and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information Verification by Owners of Information Supplied by Individuals Who Apply for Housing Assistance) at the initial certification and each recertification. All adults regardless of whether they report income must sign and date these forms.

Screening of Residents:

As permitted by HUD guidelines and for the good of the residents, property and business, annual criminal background checks will be conducted at time of re-certification on all residents 18 years of age or older that are listed on the HUD-50059 at time of re-certification. Any involvement in criminal activity since last re-certification by any member of the household may result in termination of eligibility to remain in subsidized housing. Any felonious criminal activity or criminal activity involving drugs, firearms, or sex offenses will automatically result in a 30-day notice to vacate and loss of eligibility to remain in housing. Screening will also consist of using HUD's Enterprise Income Verification (EIV) system to run a Multiple Subsidy Report no less than quarterly to insure that a tenant or any of the tenant's household members are not currently receiving multiple rental subsidies.

Drug Abuse and Other Criminal Activity:

Occupancy is subject to criminal background checks. Criminal background checks will be completed on the applicant as well as all members of the family who are eighteen (18) years of age or older. Criminal background checks will be evaluated on the following criteria.

- Any household in which any member is currently engaged in illegal use of drugs/controlled substances or which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of drug/controlled substance may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents will be rejected for occupancy. This includes any family that was evicted in the last five (05) years from federally assisted housing for drug-related criminal activity. Regardless of any state laws, the use of medical marijuana is defined as a controlled substance by the section 576 (b) of the Federal Public Housing Reform Act and disqualifies one from occupying federally subsidized housing. Any household in which any member is currently engaged in the use of medical marijuana which the owner has reasonable cause to believe may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents will be rejected for occupancy.
- In addition, any household member who is subject to a state sex offender lifetime registration will not be admitted to the property.



- If there is reasonable cause to believe that an applicant's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents, they may be denied admission to the property.
- Other criminal activity that may prohibit occupancy include violent crime activity, history of domestic abuse, or any activity that threatens the health, safety, and right to peaceful enjoyment of the property by other residents, or the health and safety of the owner, employees, contractors, subcontractors, or agents of the owner.

Rental Reference/History:

Comments from former landlords are an important part of the selection process. This includes past rental history (including non-payment of rent), failure to cooperate with applicable re-certification procedures, violations of house rules, violations of lease, history of disruptive behavior, housekeeping habits, terminations of assistance for fraud, previous evictions, suits, judgments.

Credit History:

When qualifying an applicant for move-in, a credit inquiry is made. Applicants without credit history are not necessarily denied, however, without credit history, it is sometimes more difficult for applicants to demonstrate their ability to pay rent on time.

Information received on a credit history report is carefully compared to that information on the application to make sure it matches. If not, then why not? Credit report selection criteria include:

- Reference must show prompt payment within the past two years.
- Any eviction placed for suit or judgment within the last seven (07) years is cause for denial.
- Bankruptcy must be at least two (2) years prior to the date of application and have no history of repeated bankruptcies.
- Lower ratings on school loans and medical reference may be acceptable in certain situations with proper explanation.
- Applicants with a history of unpaid collections, judgments or liens may be denied.
- Applicants with unexplained difference between the application and the credit report may be denied.
- Current monthly total debts must still allow for adequate income to pay the rent.

Applicants with no credit references may provide qualified credit references from utility companies and/or insurance companies. The applicant is responsible to contract these references and obtain copies of their payment history and current status.

An applicant may provide a letter of explanation and may qualify if a logical and acceptable reason can be provided to explain credit issues such as divorce, disputed claim or counter suit, leave of absence for medical reasons, or a company lay-off.

Interview Process:

If at any time during the actual interview process the applicant displays unacceptable behavior, belligerence, refusal to provide required documentation, or appears to be under the influence of drugs or alcohol, they may be rejected without further action being taken on their application.

Municipal Occupancy Codes:

All applications are further subject to municipal occupancy restrictions. In other words, family size cannot exceed City or County occupancy maximums. The maximum number of occupants per apartment varies from municipality and depends on the square footage and number of bedrooms in the perspective unit. Contact your local City Hall for occupancy requirements:



If there are no published restrictions, occupancy is limited to:

- No more than 2 persons for a one bedroom
- No less than 2 and no more than 4 for a two bedroom
- No less than 3 and no more than 6 for a three bedroom

Any additional individuals residing in the suite for more than 14 days during the calendar year are considered to be occupants of the suite, must be listed on the lease and are subject to all required background checks. Those not in compliance are subject to possible subsidy loss.

Procedures for Rejecting Applicants:

Following receipt of all background checks, the entire application with all pertinent information will be reviewed to determine if the applicant(s) satisfactorily meet the screening criteria established for occupancy.

If for some reason, based on information received the application is rejected, the property manager must do the following:

- Immediately complete Reason for Denial of Rental Application, indicating the reason(s) why the application was rejected and mail it first class mail to the applicant.
- If the reason for rejection was due to credit history, the law requires that a copy of the Adverse Action Letter, be mailed to the applicant.

The rejected applicant has the right to respond to the owner in writing or request a meeting within 14 days to dispute the rejection. If a meeting is requested, it must be conducted by a member of the owner's staff who was not involved in the initial decision to deny admission or assistance.

Within five (5) business days of the owner response or meeting, the owner must advise the applicant in writing of the final decision on eligibility.

Unit Transfers:

On occasion, the needs of residents change including the need to change or transfer to a different suite. Unit transfers within our Section 8 assisted housing are allowed for specific reasons listed below but not just for convenience or additional amenity reasons. Acceptable reasons for unit transfer are as follows:

- For medical reasons that have been documented by a Medical Physician,
- An increase or decrease in family composition,
- Resident's need for reasonable accommodation/modification as a result of a disability.

Medical Reasons:

If a member requires a transfer to another unit due to a medical condition, that resident must provide written documentation establishing the need for the move and how it would benefit the resident. The documentation must be signed by a Medical Physician.

Family Composition:

In the event it is determined that the resident's current unit is smaller or larger than appropriate as a result of a change in the resident's family size or composition, the resident may request to transfer to a different unit. They may be required by the owner to move to smaller unit of appropriate size if over-housed and there is a legitimate need for the larger unit.



Reasonable Accommodation/Modification under Fair Housing Laws:

Apartment community policies may need to be changed or physical structural changes may be necessary to afford any disabled resident an equal opportunity to use and enjoy the premises. K&D Management, LLC is committed to making such reasonable accommodations/modifications in its policies if such policies would have the effect of discouraging residents with disabilities from living in the dwelling or from enjoying the premises. A request for reasonable accommodation/modification may be made at any time during the tenancy including during the application process.

Residents with a physical disability may transfer to an accessible unit, a unit on the ground floor, or a larger unit to accommodate a live-in aide or medical equipment.

In addition to the regular applicant waiting list, management will maintain an "In-House" waiting list. This list will contain those present residents who for any of the above reasons, need to transfer to another unit. This list will be maintained chronologically using the time and date that the transfer request was received by management. Management will fill vacancies as they occur by alternating between the regular waiting list and the in-house waiting list.

Area Managers only may approve unit transfers. The Area Manager of the property must complete a full suite inspection and review the resident's history prior to granting approval for a transfer. If the suite contains no damage and the resident has no outstanding debt or committed violations against their current lease agreement, then the approval to continue the transfer may be granted. Once the Area Manager has signed approving the transfer, the resident will be permitted to transfer their security deposit to the new suite upon satisfaction of the completed conditions noted in item number 2 and 3 on the K&D Management, LLC Transfer Request Form.

Section 504/Fair Housing Act:

K&D Management, LLC follows all guidelines associated with Section 504 of the Rehabilitation Act of 1973, prohibiting discrimination on the basis of disability in any program or activity receiving federal financial assistance from HUD. The Fair Housing Act and amendments of 1988, prohibits discrimination in housing and housing related transactions based on race, color, religion, sex, national origin, disability, and familial status. It applies to housing, regardless of the presence of federal financial assistance. Title VI of the Civil Rights Act of 1964 prohibiting discrimination on the basis of race, color or national origin in any program or activity receiving federal financial assistance from HUD.

Notification of Changes to the Resident Selection Criteria:

At any time that there are changes to the published Resident Selection Criteria Plan, copies of the amended criteria will be forwarded to all applicants on all waiting lists.

Waiting Lists:

K&D Management, LLC will maintain two waiting lists for Section 8/subsidized housing in accordance with requirements established by HUD. One waiting list will consist of new applicants who are not already residents of the property and the other list will consist of those who are existing residents but have requested a transfer to another suite at the property. Applications will be chosen from the lists on an alternating basis. If there are no current residents requesting another suite then all selections will be from one list. All Applications are effective as to the time and date received by the property management office. Lists will remain open at all times unless the waiting period for a particular size unit exceeds 3 years or longer. At that point, that particular waiting list will be closed and no further applications will be accepted for that size suite. Once the decision is made to close the list, notice will be published in the local newspaper stating the applications are no longer being accepted at the named property for the particular size suite. When the decision is made to re-open the waiting list, notification will be published in the local newspaper and will include the rules for applying along with when and where the applicant may go to apply.



Be advised that if you are offered an apartment and are unable to accept the unit at that time, your name will be placed at the bottom of the waiting list. If you refuse assignment three (3) times, your name will be removed from the waiting list and you must reapply if you wish to be placed back on the list.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY.

Signature of Head of Household	Date
Signature of Spouse/Co-Head	Date



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.

APPLICANT DECLARATION FORM

INSTRUCTION: Complete this form for each household member listed on the Family Summary Sheet.

FIRST NAME: _____ **LAST NAME:** _____

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

SOCIAL SECURITY NUMBER: _____ **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 of 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 needed)

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

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am:
(Print First Name, Middle Initial, Last Name)

 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 form 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: _____

2. A non-citizen 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 form, and sign below:

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

a. Verification Consent Form

AND

b. One of the following documents:

(1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens).

(2) Form I-94, Arrival-Departure Record, with one of the following annotations:

(a) "Admitted as Refugee Pursuant to section 207".

(b) "Section 208" or "Asylum".

(c) "Section 243(h)" or "Deportation stayed by Attorney General", or

(d) "Paroled Pursuant to Section 212(d)(5) of the INA".

(3) If Form I-94, Arrival-Departure Record, is not annotated, it must be accompanied by one of the following documents:

(a) A final court decision granting asylum (but only if no appeal is taken).

(b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990).

(c) A court decision granting withholding or deportation; or

(d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210".

(5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12 (11)" or "Provision of Law 274a. 12.

(6) A receipt issued by the DHS indicating that an application for issuance of a replacement Document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

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

If this block is checked, sign and date below, and submit the documentation required above with this declaration and a verification consent form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

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

Signature _____

Date _____

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a 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 if adult signed for a child: _____

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

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

VERIFICATION CONSENT FORM

INSTRUCTIONS: Complete this form for each non-citizen family member who declared eligible immigration status on the Declaration Form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT:

I, _____ hereby consent to the following:
(Print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive Financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child: _____

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204

OH16H051009
Project No.

Jaelot Apartments
Name of Property

12730 Shaker Blvd. Cleveland, Ohio 44120
Address of Property

K&D Management LLC
Name of Owner/Managing Agent

HUD/ Section 8
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 next page.

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.



FAMILY SUMMARY SHEET

Member Number	Last Name of Family Member	First Name	Relationship to Head of Household	Sex M/F	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

K&D Management, LLC does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

