



2250 Community College Ave,
Cleveland, Ohio 44115

We are currently accepting
applications for our *Efficiency,
Studio and One bedroom
apartments.*

If you or someone you know is interested
please give us a call to schedule an
appointment.

We would love to hear from you!

Office Hours: Mon-Fri 9am-4pm

Phone: 216-861-7555

Fax: 216-861-1271

Veronica Youngblood-White, Community Director

Gloria Gregory, Marketing Coordinator EXT. 3

Sandra Crawford, Marketing Coordinator EXT.2





2250 Community College Ave,
Cleveland, Ohio 44115

Items needed to process application

- ☐ PHOTO I.D. – Person 18 and over (Drivers' License or State I.D.)
- ☐ SOCIAL SECURITY CARD (or proof of application for social security#)
- ☐ BIRTH CERTIFICATE
- ☐ PROOF OF INCOME

Thank you for your cooperation.

Skyline Tower Apartments

2250 Community College Ave • Cleveland, Ohio 44115
Ph: (216) 861-7555 Fax: (216) 861-1271 TTY: (800) 955-8871

Dear Prospective Applicant:

Thank you for your interest in Skyline Tower. Enclosed is the Preliminary Rental Application packet that you requested. Please take a moment to review all the pages included in your packet. Your application can be processed much more quickly if you fill in all the sections that apply to you as completely as possible.

Skyline Tower is an eight story high rise building containing 278 apartments for the elderly, 62 years of age or older. This building enjoys a Section 8 project based subsidy program available to our residents.

One bedroom and efficiency apartments are available that include stove, refrigerator, individually controlled air conditioning, and grab bars in the bathroom. Utilities are included in the rent (water, sewer, garbage pick-up and electricity), except telephone and cable. Also included is the maintenance of the building and grounds.

Some of the features of the building include a spacious lobby, two elevators, laundry room on the ground floor, garbage chute on each floor, a fire sprinkler system throughout the building, and monitored smoke detectors throughout the building. The site is conveniently located on the City of Cleveland bus line with close proximity to shopping, physicians' offices and St. Vincent hospital that is directly across the street. Residents are responsible for their own housekeeping and for furnishing their own apartment.

Please be advised that as of July 1, 2016 Skyline Tower is a non-smoking building. Smoking is not allowed anywhere inside the building, including common areas and apartments. Applicants are required to meet the obligations of tenancy or make arrangements for such obligations to be met including, but not limited to, paying rent on time, maintaining the apartment as required by the lease and avoiding disruptive or destructive behavior.

Skyline Tower offers an equal housing opportunity and does not discriminate on any basis.

Please note: If your address, telephone number, or other vital information should change, it is your responsibility to notify this office immediately in writing.

Again, thank you for your interest in Skyline Tower. If you have any questions, please do not hesitate to contact our leasing consultants, Sandra Crawford and Gloria Gregory.

Sincerely,
Veronica Youngblood - White
Property Manager

PLEASE SEE THE PRIVACY ACT NOTICE ON THE REVERSE SIDE OF THIS LETTER



Skyline Tower Apartments

2250 Community College Ave • Cleveland, Ohio 44115
Ph: (216) 861-7555 Fax: (216) 861-1271 TTY: (800) 955-8871

ATTENTION APPLICANTS:

When returning your completed application, please submit copies of your Social Security card, Photo ID, proof of citizenship and/or immigration status (birth certificate, certification of naturalization, permanent resident card, etc.) We cannot accept your application without this information.

Please mail your completed application. If you wish to drop off your application, and view an apartment, please call for an appointment.

When an apartment becomes available we will contact the applicant for an interview. After the interview, we will conduct a thorough background investigation, including verifying landlord references and a criminal and credit check. The last step before approval of your application will be a home visit for applicants that live within 50 miles of Skyline Tower. During the home visit, we will inspect your home for cleanliness and damages, and you will be asked a series of questions regarding safety, procedures, etc. All applicants agree to this home visit when they submit their application.

Thank you for your cooperation.
Sandra Crawford / Gloria Gregory
Leasing Consultant

ATENCION SOLICITANTES:

Cuando retornen su aplicaci6n, por favor envre copias de su grueba de tarieta, el carne de Identidad, el estatuto de cludadanra o inmigraci6n. la tarleta del Seguro Social (certificado de nacimiento, certificado de naturalizaci6n, tarjeta de residente permanente etc.) No podemos aceptar su aplicacion sin esta informacion.

Por favor, enviar por correo su aplicaci6n a la direcci6n anterior. Si usted desea entregar la aplicaci6n y ver un apartamento, por favor flame para una cita.

Cuando disponga de un apartamento, nos pondremos en contacto con el siguiente candidate en nuestra lista de espera para una entrevista. Despues de la entrevista, realizamos una investigaci6n profunda, incluyendo la verificaci6n de referencias casera y una verificaci6n a su credito y antecedente criminal. El ultimo paso antes de la aprobaci6n de su aplicaci6n sera una visita a su casa solo a los candidatos que viven dentro de 50 millas de Skyline Tower. Durante la visita de la casa, inspeccionaremos su hogar para limpieza y daiios, y preguntaremos una serie de preguntas relatives a seguridad, procedimientos, etc. Todos los solicitantes estaran de acuerdo a esta visita a su casa cuando presenten su solicitud. Tenga en cuenta que a partir del 01 de julio 2016 Skyline Tower es un edificio para no fumadores. No esta permitido fumar en ningun lugar dentro del edificio, incluidas las zonas-comunes y apartamentos.

Gracias por su cooperacion.
Sandra Crawford / Gloria Gregory



Silver Tree Residential, LLC

Notice of Occupancy Rights under the Violence Against Women Act

If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
 - (2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
 - (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.
- OR

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

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

Silver Tree Residential, LLC's emergency transfer plan provides further information on emergency transfers, and Silver Tree Residential, LLC must make a copy of its emergency transfer plan available to you if you ask to see it.

DOCUMENTING YOU ARE OR HAVE BEEN A VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT OR STALKING

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

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

- ❖ A complete HUD-approved certification form given to you by Silver Tree Residential, LLC with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- ❖ A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- ❖ A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.



Silver Tree Residential, LLC

Notice of Occupancy Rights under the Violence Against Women Act

- ❖ Any other statement or evidence that Silver Tree Residential, LLC has agreed to accept. If you fail or refuse to provide one of these documents within the 14 business days, Silver Tree Residential, LLC does not have to provide you with the protections contained in this notice.

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

CONFIDENTIALITY

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

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

Silver Tree Residential, LLC must not enter your information into any shared database or disclose your information to any other entity or individual. Silver Tree Residential, LLC, however, may disclose the information provided if:

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

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

REASONS A TENANT ELIGIBLE FOR OCCUPANCY RIGHTS UNDER VAWA MAY BE EVICTED OR ASSISTANCE MAY BE TERMINATED

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

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

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

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

OTHER LAWS

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence,



Silver Tree Residential, LLC

Notice of Occupancy Rights under the Violence Against Women Act

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

PROTECTIONS FOR APPLICANTS

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

PROTECTIONS FOR RESIDENTS

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

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under Section 8 or Section 202/8 solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

REMOVING THE ABUSER OR PERPETRATOR FROM THE HOUSEHOLD

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

If Silver Tree Residential, LLC chooses to remove the abuser or perpetrator, Silver Tree Residential, LLC may not take away the rights of eligible residents to the unit or otherwise punish the remaining residents. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, Silver Tree Residential, LLC must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

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

MOVING TO ANOTHER UNIT

Upon your request, Silver Tree Residential, LLC may permit you to move to another unit, subject to the availability of other units, and still keep your assistance.

In order to approve a request, Silver Tree Residential, LLC may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking.



Silver Tree Residential, LLC

Notice of Occupancy Rights under the Violence Against Women Act

dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the local HUD Field Office listed below:

US Department of HUD
1350 Euclid Avenue, Room 500
Cleveland, Ohio 44115
216-522-4057

FOR ADDITIONAL INFORMATION

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

http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/fr/.

Additionally, Silver Tree Residential, LLC must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact Erica Love, 3001 W. De Leon Street, Tampa, FL 33609, (813) 315-4134.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact:

Domestic Violence and Child Advocacy Center
PO Box 5466
Cleveland, Ohio 44101
216-391-4357

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

For help regarding sexual assault, you may contact:

Domestic Violence and Child Advocacy Center
PO Box 5466
Cleveland, Ohio 44101
216-391-4357

Victims of stalking seeking help may contact:

Domestic Violence and Child Advocacy Center
PO Box 5466
Cleveland, Ohio 44101
216-391-4357



Application for Admission and Rental Assistance

Property Name:		Telephone:	
Address:		Fax:	
Address 2:		TTD/TTY:	711 National Voice Relay

(Please return this form to the above address)

For Office Use Only:			
Date application received		Time application received	By
Unit Size:			

INSTRUCTIONS:

- Each household member over eighteen (18) must complete a separate application.
- Use pen. Do not use white out or attempt to erase any items. If you make a mistake, simply cross out the mistake using one line. Example:
- This application must be completely filled in or it may be rejected. Do not leave any blanks.
- All information should be complete and correct. False, incomplete or misleading information will result in denial of your application.

RETURN THIS APPLICATION FULLY COMPLETED, WITH ALL REQUIRED SUPPORTING DOCUMENTATION (SUCH AS INCOME, IDENTIFICATION, PROOF OF AGE, ETC.), TO THE COMMUNITY'S LEASING OFFICE IN PERSON OR BY MAIL. FACSIMILES AND E-MAIL APPLICATIONS ARE NOT ACCEPTED. APPLICATIONS WILL BE ACCEPTED IN THE ORDER IN WHICH THEY ARE RECEIVED.

WARNING: It is a criminal offense to make willful, false statements or misrepresentation of material facts involving the use of or obtaining of federal funds, including rental assistance.

WHAT TO EXPECT NEXT:

If you have multiple people in your household: We must receive a separate application for all adults in order to proceed. All applicants will be accepted or denied as a household; the application will be denied if any one household member fails to meet the requirements of the Tenant Selection Plan.

If your application is rejected: We will write to you at the address you list on the next page. In that correspondence, we will indicate the reason your application was rejected, and will provide you other important information.

If your application is accepted: Acceptance of your application only determines *preliminary* eligibility. This does not mean that your household will be offered an apartment! It simply means that your household appears eligible and will be placed on our waiting list. We may then conduct further screening as indicated in our Tenant Selection Plan. If further screening determines that your household is not actually eligible or does not meet the requirements of our Tenant Selection Plan, your application will be declined.

It is your responsibility to provide us any updated contact information, household composition, income or other information relevant to your application. If we have a lengthy waiting list, from time to time, we may attempt to contact you to determine your preference for remaining on the list. If we cannot reach you, or do not hear back from you in the time frame specified when contacting you, your application may be denied.



Application for Admission and Rental Assistance

Date: _____

Applicant Name			
How did you hear about us?			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Race (Optional)	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other		
Ethnicity (Optional)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino		
Citizenship Status	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen		
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-In Aide (live in aides complete a different application and must be approved before move in) <input type="checkbox"/> None of the Above		
Current Address			
City, State, Zip			
Home Phone			
Cell Phone			
Email address			
Birth date			
Current Age			
Social Security Number			
If you have no Social Security Number, you claim you are exempt because <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10 <input type="checkbox"/> Family member is under the age of 6 and does not yet have a Social Security number assigned			
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a victim of a recent presidentially declared disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently receiving housing assistance from HUD or a PHA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a student enrolled in an institute of higher education (anything other than K-12 grade?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever used a different name or Social Security Number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please explain: _____			
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please explain: _____			
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	
Are you or any member of the household on parole?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please explain: _____			
Have you or any member of the household been convicted of drug-related criminal activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please explain: _____			



Application for Admission and Rental Assistance

Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Have you ever been evicted from a federally funded housing program for a lease violation including drug use, failure to report a crime, or violence related criminal activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Have you or any member of the household had a pattern of illegal use of drugs in a way that may interfere with other residents or staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Have you or any member of the household had a pattern of abusing alcohol in a way that may interfere with other residents or staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Are you currently using marijuana for recreational or medicinal purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i>		
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.		

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

Will anyone else live in the unit with you? <i>If yes, please complete the following and note that all adults must complete their own application.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people will live in the unit?	Adults	Minors

Please list the household members that will live in the unit, including yourself. Please attach additional pages if necessary.

HOUSEHOLD MEMBER'S FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD		
	<input type="checkbox"/> Head of Household		
SSN	Date of Birth	Current Age	
Citizenship Status	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen		
HOUSEHOLD MEMBER'S FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD		
	<input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (live in aides must be approved before move in) <input type="checkbox"/> None of the Above		
SSN	Date of Birth	Current Age	
Citizenship Status	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen		



Application for Admission and Rental Assistance

HOUSEHOLD MEMBER'S FULL NAME		RELATIONSHIP TO HEAD OF HOUSEHOLD			
		<input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (live in aides must be approved before move in) <input type="checkbox"/> None of the Above			
SSN		Date of Birth		Current Age	
Citizenship Status		<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen			

Please describe the custody arrangement of any children (full, joint, etc.) in the household.	
Will any of the persons listed above live anywhere other than your apartment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Will anyone else who is not listed above live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Have any of the persons listed above ever had their assistance or tenancy in a subsidized housing program terminated for fraud, non-payment of rent, or failure to cooperate with management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Do any of the persons listed above owe money to a previous landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Are any of the persons listed above living or have lived in a building or residence that has experienced a bed bug infestation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Do you have an automobile?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list make/model:	

RENTAL HISTORY:

You must report ALL places you have lived for the past five (5) years.

Current Address		
Present Landlord		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long have you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (Includes roaches, bed bugs, rodents, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Application for Admission and Rental Assistance

Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please attach additional pages to report Rental History if needed.

Previous Landlord #1		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address		
Reason for leaving		
Were you or any member of your household evicted from this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous Landlord #2		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address		
Reason for leaving		
Were you or any member of your household evicted from this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PETS & ASSISTANCE/COMPANION ANIMALS: The presence of any animal must be approved before the animal is allowed to be kept in the unit.



Application for Admission and Rental Assistance

Do you plan to house an animal in the unit? ☐ Yes ☐ No

If No, please move on to the next section. If yes, please provide the following information.

ANIMAL TYPE <small>(I.E. DOG, CAT, TURTLE, ETC)</small>	BREED (IF APPLICABLE)	HEIGHT (MEASURED AT WITHERS IF APPLICABLE)	WEIGHT

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member? ☐ Yes ☐ No

UNIT SIZE & FEATURES: The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance with HUD Handbook 4350.3 Revision 1. If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

Special Features

<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Special features: Please list below:

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.			
Employer #1			
Address			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		\$	

Please attach additional pages to report more than one employment.

How much do you expect to receive in other income in the next 12 months?			
<i>Please write in 0.00, NA or None if you will receive no income from these sources.</i>			
THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.			
Monthly Social Security?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly SSI?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly Retirement Benefits?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly VA Benefits?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	



Application for Admission and Rental Assistance

Monthly Unemployment Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
--	----

Are you entitled to Child Support? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Child Support Amount	\$	

Are you entitled to Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Alimony Amount	\$	
Monthly Public assistance? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Income from a pension or annuity or other asset?	\$	
Regular contributions from organizations or from individuals not living in the unit?	\$	
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	\$	
Contributions from family for rent, child care or other bills.	\$	
Any lump sum amounts from delay of payments for SSI or VA Disability	\$	
Do you receive financial aid for education assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual amount of education assistance.	\$	
Other?	\$	
Other?	\$	
Other?	\$	

Assets

Have you sold or given away real property or other assets for less than fair market value (including cash donations) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given any money to charities in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any benefits deposited in to a Direct Express Debit Card account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>		
Current Balance - Please write in 0.00, NA or None if the account balance is zero.	\$	
Do you have a savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Balance - Please write in 0.00, NA or None if the account balance is zero.	\$	
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	



Application for Admission and Rental Assistance

Do you own an IRA or other retirement account?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.		\$	
Do any of your retirement accounts have a Required Minimum Distribution?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount		\$	
Do you own a home or other property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.		\$	
Do you have business income?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value of Business - Please write in 0.00, NA or None if the asset value is zero.		\$	
Do you own stocks/bonds/certificates of deposit (CD)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.		\$	
Do you own a life insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> Whole <input type="checkbox"/> Term <input type="checkbox"/> Universal	<input type="checkbox"/> No	
Current Value - Please write in 0.00, NA or None if the asset value is zero.		\$	
Do you own an annuity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.		\$	
Is there a trust fund in your name or have you established a trust fund for someone else?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.		\$	
Do you have a safety deposit box?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets, property, insurance policies, businesses, etc.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset(s) and the current asset value below:			

DEDUCTIONS: Household income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expenses for the following:

Medical Expenses: Households in which the head-of-household, co-head of household or spouse are disabled or at least 62 years old qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Health Insurance - 1 - annual premium	\$
Health Insurance - 1 - annual deductible	\$
Health Insurance - 2 - annual premium	\$
Health Insurance - 2 - annual deductible	\$



Application for Admission and Rental Assistance

Dr. visit/medical treatments - annual out-of-pocket expense	\$	
Prescription Drugs - annual out-of-pocket expense	\$	
Do you have an HMO, a medical plan, or health insurance policy, which pays all or part of the cost of your medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give the name of the HMO, plan, or insurance company. <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>		
What amount (or percentage) of the cost must YOU pay?	\$	%
If you must pay for the medicines yourself, are you later reimbursed all or part of the cost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who reimburses you? <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>		

Over-the-counter medical expenses to treat a specific medical condition - annual out-of-pocket expense <i>(i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis)</i>	\$	
Personal use items annual out-of-pocket expense <i>(i.e. glasses, incontinent supplies, hearing aids)</i>	\$	
Cost/Care for Assistance/Companion Animals - annual out-of-pocket expense	\$	
Mileage to and from medical appointments	\$	
Other	\$	
Other	\$	
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?		
Other?	\$	
Other?	\$	
Other?	\$	

Child Care: HUD allows you to deduct a certain amount of child care expense to allow a resident living in the unit to work, look for work or to go to school. Please indicate any child care expense for any child listed on HUD Form 50059 who is 12 years of age or younger. Expenses for children 13 or older are not allowed as part of the deduction unless the child is disabled and such expense is necessary to allow an adult household member to work. See Disability Assistance Expense below.

Do you pay for Child Care for a minor 12 years of age or younger?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount Child #1 Name: _____		\$ _____	
Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school			
Monthly Amount Child #2 Name: _____		\$ _____	
Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school			
Monthly Amount Child #3 Name: _____		\$ _____	
Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school			



Application for Admission and Rental Assistance

Disability Assistance Expense: Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and "auxiliary apparatus" for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work by the attendant care or auxiliary apparatus.

Do you pay for care or expenses for a disabled family member that allows any adult family member to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount		\$	
Name of Family Member who can work as a result of such an expense.			
Do you pay for equipment that allows any adult family member to work? <i>e.g. costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount		\$	
Name of Family Member who can work as a result of such an expense.			

RENTER'S INSURANCE: We highly recommend renter's insurance, as your personal belongings are not covered by building insurance. This community does not provide insurance or endorse any specific insurance provider.

Do you have a renter's insurance policy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give the name of the insurance provider and policy number:			

PENALTIES FOR MISUSING THIS FORM

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



Application for Admission and Rental Assistance

APPLICANT CERTIFICATION

READ THIS INFORMATION CAREFULLY. By signing this application, you certify and agree to the following:

Should I/we move into this apartment community, the unit I/we occupy will be our only residence. I/we understand that the information being collected to determine my/our eligibility for assistance. I/we authorize the owner/management agent to verify all information provided on this application and to contact previous or current landlords and other sources for credit, criminal background screening, and to verify other information and conduct screening to determine eligibility. Such information collected may be released to appropriate Federal, State or Local agencies where required by law or regulation. I/we understand that providing false statements and/or committing fraud are punishable under law, and could result in this application being rejected, fines or incarceration. I/we am/are aware that if selected for an apartment, we must accept the apartment in a time frame indicated in the community's policies. I/we understand that occupancy in this community is dependent upon meeting the requirements described in the Tenant Selection Plan, and that plan is available for public review in the leasing office during normal business hours. I/we understand that this application for residency may be rejected if this application is incomplete or contains false information. I/we further understand that being placed on the waiting list does not guarantee housing, and that further screening may be conducted prior and after move-in to determine eligibility. I/we understand that further information may be required, and additional documents, agreements, policies, and other restrictions are in place and will be required prior to being offered an apartment. I/we am/are responsible for updating any information contained in this application including, but not limited to, household composition, contact information, assets, income, criminal or residential history, or any other information contained herein.

Note: EACH HOUSEHOLD MEMBER OVER EIGHTEEN (18) MUST COMPLETE A SEPARATE APPLICATION

Applicant Name (please print) _____

Signature _____ Date _____

The owner/agent does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Erica Love
3001 W. De Leon Street
Tampa, FL 33609
(813) 315-4134
TTY 711



Certification - Divestiture of Assets

Date: _____

Name _____

Unit # _____

In order to ensure that you are provided the correct assistance, we are required to ask if you have given away any assets or disposed (sold or given away) of any assets for less than fair market value in the last two years. Please complete the questions below so that the owner/agent may complete the certification process.

I hereby certify that during the previous two-year (24-month) period:

- ☐ I have not disposed of assets for less than fair market value.
- ☐ I have disposed of assets for less than fair market value. Please complete the form below.

Asset Type	None	Date Disposed	Amount
Cash Contributions or Gifts (to Churches, Charities, Individuals)	<input type="checkbox"/>		
Property sold for less than fair market value (this identifies property that was given away or sold for substantially less than current real estate market would bear)	<input type="checkbox"/>		
Trust/Savings/Investment Accounts Opened for another person	<input type="checkbox"/>		
Transfer of Assets for Free or For Less Than Market Value (for example, giving a child stock or mutual funds or selling a home to a family member for less than market value)	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

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By signing this document, I certify that the information provided is true and correct.

Applicant/Resident _____

Date _____



Special Unit Requirement(s) Questionnaire

This questionnaire is to be administered to every applicant that applies at Skyline Tower Apartments. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure the limited number of units with special features go to families that actually need the features.

Applicant Name: _____

Date: _____

File#: _____

() I choose not to complete this form.

Applicant's Signature: _____

1. Do you, or does any member of your family, have a condition that requires:

<input type="checkbox"/> A separate bedroom	<input type="checkbox"/> Unit for vision impaired
<input type="checkbox"/> A barrier-free apartment	<input type="checkbox"/> Unit for hearing impaired
<input type="checkbox"/> One-level unit	<input type="checkbox"/> First or lower floor
<input type="checkbox"/> Physical modifications to a typical apartment	
2. ☐ Yes Can you and all your family members go up and down stairs unassisted?
☐ No If no, please indicate how we should accommodate your family.

3. ☐ Yes Will you or any of your family members require a live-in aide to assist you?
☐ No If yes, please explain.

4. If you checked any of the above categories of units, please explain exactly what you need to accommodate your situation.

5. What is the name of the family member who needs the features identified above?

6. Who should be contacted to verify your need for the features you have identified above?
Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____



7. What other special features are offered?
a) A full coin-operated laundry is also located on the first floor.
8. How long is the period of the lease?
The initial lease is for one year, and is renewed on a year to year basis and expenses are re-calculated and the tenant(s) is recertified annually as prescribed by HUD. Tenant rent is determined once per year at the time of annual recertification.
9. Are apartments available immediately?
At this time, there are no immediate availabilities. After you have completed your initial paperwork and had your personal interview, you will be placed on a waiting list.

Name

Date



STUDENT QUESTIONNAIRE – SECTION 8

Applicant/Resident _____

Date _____

Property Name _____

TO BE COMPLETED BY APPLICANT / RESIDENT

1. Are you student at an institution of higher education?

Yes No

☐ ☐

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

If you answered yes, the owner agent is required to determine your eligibility as a student. You may refer to the resident selection plan for additional information regarding student eligibility. Please complete the following questions:

2. Are you a full-time student?

Yes No
☐ ☐

3. Will you be living with your parents?

☐ ☐

4. Are your parents receiving or eligible to receive Section 8 assistance?

☐ ☐

5. Are you claimed as a dependent on your parent's tax return?

☐ ☐

6. Are you a graduate or professional student?

☐ ☐

7. Are you at least 24 years of age?

☐ ☐

8. Are you a veteran of the United States military?

☐ ☐

9. Are you married?

☐ ☐

10. Do you have a dependent child?

☐ ☐

11. Do you have dependents other than a child or spouse?

☐ ☐

12. Have you been independent of your parents for at least one year?

☐ ☐

13. Do you feel you qualify as a disabled student who was receiving Section 8 Assistance as of November 30, 2005?

☐ ☐



STUDENT QUESTIONNAIRE – SECTION 8

14. Are you receiving any financial assistance to pay for your education? ☐ ☐

a. If so -- Please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

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Print Name _____

Signature _____

Date _____



CRIMINAL BACKGROUND CHECK AUTHORIZATION:
SKYLINE TOWER, CLEVELAND, OHIO 44115

Name of Applicant		Social Security Number		Date of Birth	
Current Address		City	State	Zip Code	

Name of Co- Applicant		Social Security Number		Date of Birth	
Current Address		City	State	Zip Code	

Dear Applicant (Co-Applicant):

By signing below, you understand that as part of the application process your criminal background search will be requested. The information obtained from this report will be used to determine our acceptance as a resident at Skyline Tower.

If your application is rejected as a result of either of this report, or for any other reason, a separate letter detailing the reason will be sent to the address you provided on the application. If you disagree with the determination, you may request a review of the decision by writing to us at the above address within 14 days after receipt of the letter.

Your signature below authorizes the managing agent of Skyline Tower to obtain a criminal background search.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to the 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.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

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

Agency/Organization _____ Signature/title of person providing information _____ Date _____
Phone # _____ Fax # _____

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Skyline Tower Apartments
2250 Community College Ave
Cleveland, Ohio 44115
(216) 861-7555 PH

Emergency Information

Tenant _____ Apt. _____ Date _____
Phone Number _____

Management would appreciate the following information. This information is strictly confidential and kept in your file.

Persons to Notify in Case of Emergency:

1. Name _____ Telephone _____
Relationship _____ Address _____
2. Name _____ Telephone _____
Relationship _____ Address _____
3. Name _____ Telephone _____
Relationship _____ Address _____

Doctor's Name or Clinic with Medical History:

Doctor's Name _____ Telephone _____
Hospital/Clinic _____ Telephone _____
Medical Insurance Type _____ Insurance # _____

Medical illness (Heart Trouble, Diabetes, Allergies, Hypertension)

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Please list medications you are taking and the amount of medication taken per day:

1. _____ X _____
2. _____ X _____

Note: Whenever your medication or person to contact changes, please notify the office.

Certification/Recertification Questionnaire

Complete the following information for your household and bring this questionnaire to your recertification interview.

A. Household information

1. List all members of the household.

Name (first and last name)	Relationship	Date of birth	Social security number

2. Additional household information

	Yes	No
Are any household members temporarily absent? If yes, list the names:	<input type="checkbox"/>	<input type="checkbox"/>
Are any household members permanently absent? If yes, list the names:	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Foster Children or Foster Adults who are part of the household? If yes, list the names:	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Live-In Care attendants who are part of the household? If yes, list the names:	<input type="checkbox"/>	<input type="checkbox"/>
Are any members of the household enrolled as a student at an Institution of higher education as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)? If yes, list the names:	<input type="checkbox"/>	<input type="checkbox"/>
Has the employment status of any household member(s) changed? If yes, list the member name(s) and the type of change (include the employer's name):	<input type="checkbox"/>	<input type="checkbox"/>

B. Income and Assets Enter the amount received or the asset value for all questions that you answer Yes.

1. Do you receive or expect to receive:

	Yes	No	Amount
Wages, salaries (includes overtime, tips, bonuses, and self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does any member work for someone who pays them cash?	<input type="checkbox"/>	<input type="checkbox"/>	
Regular pay as a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	
Welfare or disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Child support?	<input type="checkbox"/>	<input type="checkbox"/>	
Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security payments?	<input type="checkbox"/>	<input type="checkbox"/>	

1. Do you receive or expect to receive:

	Yes	No	Amount
Pensions (Railroad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran's Administration benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment benefits or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	
Workman's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance policies?	<input type="checkbox"/>	<input type="checkbox"/>	
Disability or death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement funds?	<input type="checkbox"/>	<input type="checkbox"/>	
Regular cash contributions or gifts from individuals not living in the unit or organizations such as churches (includes rent, utilities, groceries, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	
Scholarships, educational grants or work study?	<input type="checkbox"/>	<input type="checkbox"/>	

2. Have you received or expect to receive any lump sum payments such as:

	Yes	No	Amount
Inheritances?	<input type="checkbox"/>	<input type="checkbox"/>	
Lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance settlements for health, accident, Workers Compensation, etc?	<input type="checkbox"/>	<input type="checkbox"/>	
Capital gains?	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security benefits, unemployment compensation, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Other? (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

3. Do you have money in:

	Yes	No	Value
Checking accounts? (If yes, enter the balance)	<input type="checkbox"/>	<input type="checkbox"/>	
Savings accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Money market funds?	<input type="checkbox"/>	<input type="checkbox"/>	
Certificates of deposit?	<input type="checkbox"/>	<input type="checkbox"/>	
Stocks?	<input type="checkbox"/>	<input type="checkbox"/>	
Bonds?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities?	<input type="checkbox"/>	<input type="checkbox"/>	
Securities?	<input type="checkbox"/>	<input type="checkbox"/>	
Trusts?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, is the trust(s) irrevocable?	<input type="checkbox"/>	<input type="checkbox"/>	
IRA or Keogh accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Other retirement accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Safety deposit box, at home, etc?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any coin collections, antique cars, stamps, jewelry or gems, or any other items held as an investment? (this does not include wedding rings and other personal jewelry)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, are you in the process of selling it?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you receive rental income from a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you disposed of any assets for less than Fair Market Value in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>	

If yes, list the asset(s) you disposed of, the date of disposition, the fair market value and the amount received:

Unit # N/A-25104

Are any of the assets listed above held jointly with another person?

If yes, list the assets: _____

☐☐

C. Other Information – Enter the amount you pay per year for all questions that you answer Yes.

1. Child and dependent care

Do you pay child care expenses for a child (or children) under age 13 because you (check one box only)	Yes	No	Amount
<input type="checkbox"/> work	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> are actively looking for work			
<input type="checkbox"/> attend school?			
If yes, enter the provider name(s) and address(es): _____			
Is any part of the child care expense paid by another person or agency? If yes, enter the name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you pay for a care attendant or any equipment for a disabled household member necessary to enable that person or someone else in the household to work? If yes, enter the provider's name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Is any part of the care attendant expense paid by another person or agency? If yes, enter the name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	

2. Medical - Complete only if the head of household, spouse or adult co-head is at least 62 years old or disabled. Enter medical expenses for all household members.

Do you have Medicare?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any other kind of medical insurance? If yes, enter the company name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you pay for prescription medication? If yes, enter the pharmacy name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any non-prescription (over the counter) medication that your doctor has asked you to use regularly? (such as aspirin, insulin, etc.) If yes, list the medication: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any outstanding medical bills on which you are paying?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you expect to have an extraordinary medical or dental expense in the next 12 months? If yes, enter the type of expense: _____	<input type="checkbox"/>	<input type="checkbox"/>	

I/We certify that I/we have been asked the above statements and they are true and complete to the best of my/our knowledge. I/We understand that it is my/our responsibility to report to management changes in income, assets, expenses and/or family composition whenever they occur. Submittal of false statements is punishable under Federal law.

Head of household _____

Date

Co-head of household _____

Date

Co-head of household _____

Date

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.

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to the Housing 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.):

U.S. Department of HUD
350 Euclid Avenue Room 500
Cleveland, OH 44115

O/A requesting release of information (Owner should provide the full name and address of the Owner.):

Skyline Tower, LP
2250 Community College Avenue
Cleveland, OH 44115

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.):

Columbus Metropolitan Housing Authority Attn: Charles Hillman, President/CEO
880 E. 11th Avenue
Columbus, Ohio 43211

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 HUD 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 (N-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, 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

House

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

Final is retained on file at the project site

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571/2 &
4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887 (02/2007)

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 &
4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887 (02/2007)

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

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 HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 544.

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.

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

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