



Please list the properties you wish to apply for:

ADD-ON \_\_\_\_\_ RA \_\_\_\_\_  
Revision 11/11

APARTMENT NAME \_\_\_\_\_

CITY \_\_\_\_\_

**APPLICATION FOR OCCUPANCY**  
**INCOMPLETE APPLICATIONS WILL BE RETURNED**

Please complete application and mail or fax to the address at the bottom of this page. One application covers all Life Style, Inc. properties. Completed applications are placed in order of date and time received. LIFE STYLE, INC. is an Equal Housing Opportunity provider, in compliance with 504 and Fair Housing Regulations. LIFE STYLE, INC. 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. We will assist any applicant needing help completing this application. **PLEASE USE BLUE OR BLACK INK.** If faxing application, please fax all sides and mail original.

APPLICANT NAME: \_\_\_\_\_  
First Middle Last

CO-APPLICANT NAME: \_\_\_\_\_  
First Middle Last

STREET ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_ P.O. BOX # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_  
CELL #: (\_\_\_\_) \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**APPLICANT'S EMPLOYER**

Name/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_  
Fax #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

**CO-APPLICANT'S EMPLOYER**

Name/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_  
Fax #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Date of occupancy desired: \_\_\_\_\_ Size of unit desired: \_\_\_\_\_

How did you hear of this housing development and/or Life Style, Inc.? \_\_\_\_\_ Newspaper / \_\_\_\_\_ Internet - which site? \_\_\_\_\_  
\_\_\_\_\_ Friend / \_\_\_\_\_ Family / \_\_\_\_\_ Social Services / \_\_\_\_\_ Employer / Other: \_\_\_\_\_

Are you living or have you ever lived in a government-subsidized unit? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

If yes, list name & address: \_\_\_\_\_

Have you ever rented with Life Style, Inc. before? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Has your housing assistance ever been terminated for fraud, non-payment of rent or any other reason? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain circumstances: \_\_\_\_\_

Have you ever lived in any other state(s) within the past 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_ which ones? \_\_\_\_\_

**LIST NAMES, ADDRESSES & PHONE NUMBERS OF PERSONS WHO GENERALLY KNOW HOW TO CONTACT YOU:**

Name: \_\_\_\_\_ In case of emergency: Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Cell #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS- ONLY THOSE LISTED BELOW WILL BE ALLOWED TO**

**OCCUPY THE UNIT.** List applicant as Head and all other members who will be living in the unit. Give the relationship of each member to the head of the household.

		RELATIONSHIP		BIRTHDATE	AGE	SEX	SOCIAL SECURITY#
FIRST	MIDDLE	LAST	TO				
1			HEAD				
2							
3							
4							
5							
6							
7							
8							
9							

**CHILDCARE EXPENSES**

Do you pay for childcare, which enables you or another family member to work or go to school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, amount paid monthly: \$ \_\_\_\_\_ Does the county help pay your daycare expenses? Yes \_\_\_\_\_ No \_\_\_\_\_

**Name and address of childcare provider:** Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**STUDENT STATUS INFORMATION**

Is there anyone in the household, **18 or older**, a full time student or expecting to become a student? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following:

Name of Student: \_\_\_\_\_ Date enrolled: \_\_\_\_\_ Complete name and address of school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 1. Are you married and did you file a joint federal income tax return with your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Will any adult who is not a full time student live in the apartment? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Are you a single parent with children who are not claimed as dependents on another's tax return? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Are you receiving MFIP or welfare from the county? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5. Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act or funded by a State or Local government agency? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6. Are you claimed as a dependant by your parents or guardians pursuant to IRS regulations? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7. Are you a Veteran or a current member of the armed services? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE COMPLETE ALL OF THE FOLLOWING QUESTIONS:**

Have you or anyone listed used any other name than the one provided on this application? Please include any maiden names: \_\_\_\_\_

Is anyone living with you now that is not listed on this application? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain \_\_\_\_\_

Is a change in your family composition expected within the next 12 months (birth of a child, custody changes, adding other family members)?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Change \_\_\_\_\_ When? \_\_\_\_\_

Do you have full custody of your children? Yes \_\_\_\_\_ No \_\_\_\_\_ if no, explain custody arrangements: \_\_\_\_\_

- Do you or a member of your family have needs that might be better served by a wheelchair accessible apt? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you qualify for housing assistance because of a disability? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you receive Medicare? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you receive medical assistance? County received from? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you have any other type of medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you have any outstanding medical bills that you are paying monthly? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you expect to have any medical expenses during the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you pay for a care attendant or for any equipment for a handicapped member of the family? Yes \_\_\_\_\_ No \_\_\_\_\_

- Do you currently use any tobacco products? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you a current illegal user of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been convicted of the illegal use of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been convicted of the illegal manufacture or distribution of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_
- If you answered yes to any of the three previous questions, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been evicted or had an unlawful detainer or an eviction filed against you? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been convicted or plead guilty of a crime including a felony, gross misdemeanor or misdemeanor anywhere in the United States? Which state(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you or any members of this household subject to a lifetime registration requirement under a state sex offender registration program? \_\_\_\_\_ If yes, who \_\_\_\_\_

**CURRENT HOUSING STATUS – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY**

Monthly rent paid \$ \_\_\_\_\_ Monthly utility cost \$ \_\_\_\_\_ Number of bedrooms \_\_\_\_\_ Number of occupants \_\_\_\_\_  
Are you currently using Section 8 or get assistance by a Housing Voucher? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, will this voucher transfer with you? Yes \_\_\_\_\_ No \_\_\_\_\_ Who provides the voucher? \_\_\_\_\_  
Do you have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_ Will this animal accompany you to your new residence? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you need this animal for medical reasons? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the name, address & phone number of the medical professional that will verify the medical need for the animal: \_\_\_\_\_

**RENTAL REFERENCES – PLEASE INCLUDE COMPLETE NAMES, ADDRESSES AND PHONE NUMBERS OF YOUR LANDLORD, MANAGEMENT COMPANY OR MORTGAGEES FOR THE LAST FIVE YEARS. IF YOU HAVE NOT RENTED BEFORE PLEASE LIST YOUR PLACES OF RESIDENCE FOR THE LAST FIVE YEARS.**

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 How long have you lived here? From: \_\_\_\_\_ To: present Rented \_\_\_\_\_ Owned \_\_\_\_\_ Family \_\_\_\_\_ Friend \_\_\_\_\_  
 Landlord/Mortgagee name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Cell #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 How long have you lived here? From: \_\_\_\_\_ To: \_\_\_\_\_ Rented \_\_\_\_\_ Owned \_\_\_\_\_ Family \_\_\_\_\_ Friend \_\_\_\_\_  
 Landlord/Mortgagee name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Cell #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 How long have you lived here? From: \_\_\_\_\_ To: \_\_\_\_\_ Rented \_\_\_\_\_ Owned \_\_\_\_\_ Family \_\_\_\_\_ Friend \_\_\_\_\_  
 Landlord/Mortgagee name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Cell #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 How long have you lived here? From: \_\_\_\_\_ To: \_\_\_\_\_ Rented \_\_\_\_\_ Owned \_\_\_\_\_ Family \_\_\_\_\_ Friend \_\_\_\_\_  
 Landlord/Mortgagee name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Cell #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**INCOME INFORMATION – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY**

Please answer all of the following questions for all household members. For each “yes” answer, please provide the “**Monthly Gross Amount**” received. This is the amount before taxes and any other deductions. **HOUSEHOLD MUST SHOW A SOURCE OF INCOME TO BE ELIGIBLE FOR HOUSING.**

Wages or salaries? (include overtime, shift differentials, tips, bonuses & commissions) Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Self employment income? (Mary Kay, Avon, Tupperware or any other personal business) Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Cash payments for odd jobs? Name of provider: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Unemployment benefits or severance pay? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Regular pay for a member of the armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Social Security, SSI, SSDI, RSDI? SSN# received under: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Disability benefits or Workman’s Compensation? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Pensions? (PERA, Railroad, etc.) Company name: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Retirement benefits? Company name: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Veterans Administration benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Welfare (MFIP, MSA, GA)? County name: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Child Support or Alimony? County name: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Death benefits? SSN# benefit received under: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Education grants, scholarships or VA student benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Annuities or life insurance dividends? Company name: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Lump sum payments, inheritances, insurance settlements, lottery winnings? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Regular cash contributions ,gifts or financial support from individuals not living in the unit? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_  
 Name & address of person providing support: \_\_\_\_\_

\_\_\_\_\_

**ASSET INFORMATION – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY**

Please answer each question, including all household members. If yes, provide balance and complete name of banking institution.

Table with columns for asset types (Checking Account, Savings Accounts, etc.), Yes/No checkboxes, and Balance fields.

Bank Name, Address, City, State, Zip, Phone #: ( ) , Fax #: ( ) , Name on Account

Do you hold a contract for deed? Do you own a home, farm or other real estate? A copy of the current property tax statement will be required to verify value. Do you receive rental income from a home, farm or property? Do you have any collections (coin, cars, gems, stamps)? Do you have any items held as an investment? Do you have any other assets not listed above? Have you given away property or other assets in the past 2 years? What assets are held jointly with another person? Asset: With:

**APPLICANT CERTIFICATION**

- A. Please note that this is an application and give you no lease or rent rights. Additional information will be required at a later date to complete processing of information for subsidized units. At the time of acceptance of a unit, you must contact the Management Agent within 48 hours to accept the unit and submit a security deposit. You will then have seven (7) additional days to cancel the tenancy and receive the security deposit back. The deposit will be held according to the terms of the lease. The Management will refund deposits of any applicants who are not approved. No deposit is required at this time with this application.
B. This application will also be used to establish our waiting list for future occupancy. You are required to contact the project office every six (6) months if you wish to be kept on our waiting list. If you do not contact us, your application will be removed from our waiting list.
C. If you application is accepted, once occupancy is attained: I/We certify that this is/will be my/our permanent residence. I/We further certify that I/we do/will not maintain a separate subsidized rental unit in a different location.

I/We certify that if I/we move into this development, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We do hereby authorize LIFE STYLE, INC. and its staff or authorized representatives to contact previous or current landlords, local police departments, offices, groups or organizations, rental research agencies or other sources for credit and verification which may be released to appropriate Federal, State or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that my eligibility for housing will be based on Rural Development, LIHTC or Section 8 income limits and by LIFE STYLE, INC.'s tenant selection criteria. I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature of Applicant: Date:
Signature of Co-Applicant: Date:
Signature of all other adults: Date:

**HOUSEHOLD NATIONALITY** Please list the race & national origin of each household member as they are numbered on page 1.

Table with columns for Race (1-American Indian/Alaskan Native, 2-Asian, 3-Black or African American, 4-Native Hawaiian/Pacific Islanders, 5-White), Ethnicity (A- Hispanic/Latino, B- Not Hispanic/Latino), and Mark all that apply (Member #1 through Member #9).

"The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis or race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to not the race, ethnicity and sex of individual applicants on the basis of visual observation or surname."

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

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

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

### Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/ or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HuD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

### Instructions to Applicants and Tenants

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

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

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

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

### Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

### Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

### Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs  
(administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/1 62 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

**Failure to Sign the Consent Form**

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

**Conditions**

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

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

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

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

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

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

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

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

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Name of Applicant or Tenant (Print)

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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.**

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Name of Project Owner or his/her representative

---

Title

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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.

**Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants  
SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.