

Housing Application

Please read your application carefully.
The application must be returned fully completed and
with all requested documentation
(Identification and Income Verification listed on next page).



INSTRUCTIONS: WE REQUIRE A COPY OF THE FOLLOWING INFORMATION ON ALL HOUSEHOLD MEMBERS LISTED ON YOUR APPLICATION:

IDENTIFICATION VERIFICATION

PROOF OF BIRTH

Birth Certificates, Baptismal Certificates or other legal document showing U.S. citizenship/alien status and place of birth are required. These documents must contain the names of parents.

SOCIAL SECURITY NUMBERS

A Social Security Number is required for all household members. If a card is not available, a document with the social security number printed on it is acceptable (i.e., Medicaid card, Medicare card, etc.)

If you do not have a Social Security number, you need to request a form from the Social Security Administration Office (1-800-772-1213).

(If you are applying for the Rural Development 515 program, this document is not required.)

MARRIAGE LICENSE/DIVORCE PAPERS

If you are married or divorced, please provide copies of these documents.

INSTRUCTIONS: THE FOLLOWING DOCUMENTATION IS REQUIRED FOR ANY SOURCES OF INCOME YOUR HOUSEHOLD RECEIVES AS LISTED ON YOUR APPLICATION.

VERIFICATION OF INCOME

If any household member over the age of 18 is working, we require a statement from your employer to include your pay per hour, average hours worked per week, overtime (if any), commissions and tips. We may ask that you sign an Income Verification Form.

If any member of your household receives TANF (welfare) or General Assistance (GA), we require a computer printout from your caseworker.

If any household member receives Child Support, we need a copy of your legal documents stating the amount of child support that is received. If this case is handled through the Child Support Enforcement Bureau, we need a computer printout from your caseworker.

If any household member receives Social Security benefits, SSI, VA Pension, or retirement pension, we need a statement from the agency from which you receive this income.

If any of your household members received any education grants or loans, we need a statement from the financial counselor to include the amount of the grant/loan and any expenses (i.e., tuition, books/supplies, transportation, etc.). If you do work study, we need a statement to include pay and hours.

If any of your household members are self-employed, we need copies of the prior year's Income Tax Records.

If any of your household members receive unemployment compensation or workmen's compensation, we need a statement from the agency from which you receive this income.



Truth or Consequences Housing Authority

108 S. Cedar Street

Truth or Consequences, NM 87901

(575) 894-2244 Fax (575) 894-0756 www.torchousing.org

Attention applicant:

The application attached applies to all members in the household.

This form informs you that that you are committing fraud if you knowingly provide false or misleading information to obtain assisted housing. There are penalties that apply if you knowingly omit information or give false information.

The applicant and his/her household understand that this is an application only and not a guarantee of admission or an offer of housing. Final approval is subject to further screening and verification by the Truth or Consequences Housing Authority. The applicant certifies that all information contained in this application is correct and that failure to provide correct information will result in their household being denied housing assistance. Misrepresentation/falsifying/failure to disclose information applicants are not eligible for an informal review.

The applicant and his/her household understand that once the application is submitted should anything change it is the responsibility of the applicant to inform the Truth or Consequences Housing Authority of such changes. This includes any information you provided in the application.

Signature of Head of Household _____ Date _____

Signature of other adult member _____ Date _____

Signature of other adult member _____ Date _____



Managed by Truth or Consequences Housing Authority

Housing Assistance Application

Who is Head of Household? (Legal Name):			Sex	Social Security Number	Date of Birth	Age
Last	First	MI	M F			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Do you, or does anyone in your household, require any modification of accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> Yes If yes, please explain <input type="checkbox"/> No		

What is your present address?

Street address				
Street	City	State	Zip	
Mailing address				
Street	City	State	Zip	
Phone: Home ()		Work ()	Message ()	

Who is your current landlord and what is their address and phone number?

Name:	Phone:
Street address:	
Street	City State Zip

Household members: List the full legal names of all household members below. Start with the head of household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

No.	Legal Name	Sex M/F	Relation- ship to head	Social Security Number	Date of Birth	Place of Birth (City & State)	Race/ Ethnicity
1			Head				
2							
3							
4							



For Office Use Only	Received Date:	Received Time: am/pm
Eligibility Letter Sent?	O Yes	
Ineligible? Reason:	O Yes	

#	First Name + Middle Initial + Last Name	Social Security Number (SSN)	Relation	Birth Date (mm/dd/yy)	Birth Place (City & State)	Sex (M / F)	Race/ Ethnicity
5							
6							
7							
8							

If you or any member of your household were 62 years or older as of January 31, 2010, and did not have a SSN, were you living in a HUD rental assisted property on January 31, 2010? ☐ YES ☐ NO

If you answered YES, please provide the name and address of the agency providing the rental assistance below:

Name of Agency: _____

Address: _____ Phone No. _____

Are you or any member in the household (over the age of 18) a student of an institution of higher education?

YES ☐ NO ☐

INCOME Information: List all sources of income or money for all household members.

Family Member	Source of Income (ex. Employer, SS/SSI, TANF, Child Support, Gifts)	How much received?	How often received? (hour/week/month/year)	# Hours worked/week
		\$		
		\$		
		\$		
		\$		

Did you file a Federal income tax return for the most recent year? Yes ☐ No ☐

Does anyone outside of your household pay any of your bills or expenses? Yes ☐ No ☐

ASSET Information: Includes cash, real estate, stocks, bonds, mutual funds, retirement plans, whole or universal life insurance policies, 401(k)'s, and/or revocable trusts.

Family Member	Asset Description	Current/Disposed?	Market Value	Cash Value	Int. Rate	Annual Income
			\$	\$	%	\$
			\$	\$	%	\$
			\$	\$	%	\$

Have you sold or disposed of any assets for less than Fair Market value in the past two (2) years? Yes ☐ No ☐

If you answered Yes, please request and fill out an Asset Disposal Form.

Banking Information:

Name of Bank	Account Number	Type	Joint/ Individ.	Balance Current / 6 month Average

Disability Assistance Expenses: (Verification will be required)

Family Member	Expense Description	Amount	Period	Annual Amount
		\$		\$
		\$		\$

Childcare Expenses: (Verification will be required)

Childs name:	Expense Description	Amount	Period	Annual Amount
		\$		\$
		\$		\$

Current Expenditures: (Monthly)

Rent	Phone	Medical	Credit Card
Electric	Auto Pmt	Cable	Credit card
Gas	Auto Ins.	Other Insurance	Loan
Water	Child Care	Rentals	Other

Pets: Do you have any pets:Yes ☐ No ☐

If Yes, answer the following: What kind? _____ Size: _____ Weight: _____

(Please note - Full grown weight limit for pets must not to exceed 25 pounds)**Service Animals: Do you have any service animals:** (Verification will be required)Yes ☐ No ☐

If Yes, answer the following: What kind? _____ Size: _____ Weight: _____

Vehicles: How many vehicles does the household own?

Owner	Make	Model	Year	Color	Tag #	State

Does anyone live with you who is not listed above?			
Has anyone in your household ever lived in subsidized housing before?		<input type="radio"/> Yes	<input type="radio"/> No
When?	Where?		
Under what name?		Who was head of Household?	
Have you ever used a name other than the one you are using now?		<input type="radio"/> Yes	<input type="radio"/> No
If yes, what name(s)?			
Have you ever used a social security number other than the one you listed?		<input type="radio"/> Yes	<input type="radio"/> No
If yes, what is it?			
Has anyone in your household been arrested, charged, or convicted in the use, possession, sale, manufacture or distribution of controlled substances (prescription or street) ?		<input type="radio"/> Yes	<input type="radio"/> No
If yes:			
Who?	When?	Where?	For What?
Has anyone in your household ever been arrested for a violent crime or charged with a felony even if not convicted?		<input type="radio"/> Yes	<input type="radio"/> No
If yes explain:			
Has anyone in your household ever been terminated or evicted from Public or Assisted Housing for violent or drug related activity? If yes explain:		<input type="radio"/> Yes	<input type="radio"/> No
Who?	When?	Where?	For What?
Have you ever been evicted from any type of housing?		<input type="radio"/> Yes	<input type="radio"/> No
By Whom?	When?	Where?	For What?
Does anyone in your household owe any money to a Public or Assisted Housing Agency?		<input type="radio"/> Yes	<input type="radio"/> No
If yes explain:			
Who?	When?	For what?	Name of Housing Agency
Are you or anyone in your household subject to State lifetime sex offender registration in any state?		<input type="radio"/> Yes	<input type="radio"/> No

How did you learn or hear about about our Housing programs? please circle one

☐ Website
 ☐ Advertisement
 ☐ Friend/ Family
 ☐ Word of Mouth
 ☐ Other Housing Agency

Authorizations, Representations and Certifications

I do hereby authorize the Truth or Consequences Housing Authority to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C Sec. 1681a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I certify that the unit I am applying for will serve as my household's primary residence.

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

Signature of Head of Household _____ Date _____

Signature of spouse or other adult _____ 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)**

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.

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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

Truth or Consequences Housing Authority
108 S. Cedar Street
Truth or Consequences, NM

Landlord Reference

List your landlords and their addresses for the past 3 (three) years.

NOTE: A landlord is someone you rented or leased a property/residence from whether you were the head of household or a member of the household.

If you are currently staying with someone we CAN NOT use them as a landlord reference.

We CAN NOT use family or relatives (any family relation from anyone in the household to the “landlord”) as a landlord reference.

Landlord Name	Landlord Address	From (Month/Year)	To (Month/Year)	Phone Number

I authorize the above named Landlord(s) to release any information pertaining to my prior/present rental history/residency.

Name of Applicant(s): _____

Current Address: _____

Applicant Signature: _____ Date: _____

Managed by Truth or Consequences Housing Authority

Landlord Reference

Landlord: _____
Landlord Address: _____
Date of Tenancy: _____ **From:** _____

I authorize the Landlord to release the requested information regarding my prior/present tenancy.

Name of Applicant: _____
Address: _____
Applicant Signature: _____ **Date** _____

Landlord, please answer the questions listed below and return this form to us as soon as possible. Your assistance is greatly appreciated.

Housing Manager _____

- | | | | |
|-----|---|------------------------------|-----------------------------|
| 1. | Rent paid in a timely manner | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Unit kept clean? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Damage to unit or common areas? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Problems with tenants children? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Problems with tenant's visitors or guests? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | History or violence or harassment of neighbors or management? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | History of disturbing the quiet enjoyment of neighbors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Did tenant give accommodations to roomer or lodger? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Tenant's security deposit refunded? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Rent or damages still owing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Would you re-rent to this tenant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Comments: _____

Name of prior/Present Complex: _____
Address: _____

City **State** **Zip**

Date: _____ **Phone No.** _____

Prior/Present Landlord Signature _____

Credit Check,
Criminal Background,
Evictions

Report Date

Final Approval

Approved _____

Denied _____

Truth or Consequences Housing Authority
Credit, Criminal, Eviction Reporting

DATE: _____

NAME OF APPLICANT _____ RACE _____

OTHER NAMES USED 1. _____ 2. _____

DATE OF BIRTH _____ / _____ / _____ SOCIAL SECURITY # _____ / _____ / _____

PLACE OF BIRTH: _____ CITIZENSHIP: _____

I.D. VERIFICATION _____ VERIFIED BY: _____

I, _____ DO HEREBY GIVE WRITTEN CONSENT TO THE TRUTH OR CONSEQUENCES HOUSING AUTHORITY TO QUERY MY NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER TO PULL CREDIT, CRIMINAL, AND EVICTION REPORTS.

THIS AUTHORIZATION FOR INQUIRING INTO CREDIT, CRIMINAL, AND EVICTION REPORTING IS FOR THE PURPOSE OF APPLICANT SCREENING.

THE PHA USER AGREES TO ABIDE BY ALL PRESENT AND FUTURE RULES, GUIDELINES, POLICIES AND PROCEDURES PURSUANT TO THE HOUSING OPPORTUNITY PROGRAM EXTENSION ACT, THE NEW MEXICO TELECOMMUNICATIONS SYSTEM (NMLETS) AND THE NATIONAL CRIME INFORMATION CENTER (NCIC) NCIC 200 OPERATIONS MANUAL, SECURITY AND CONFIDENTIAL SECTION 1.

I UNDERSTAND THAT THE RESULTS OF AN INCONCLUSIVE NAME CHECK CANNOT BE USED TO DENY AN APPLICANT ADMISSION TO PUBLIC HOUSING.

APPLICANT SIGNATURE

AUTHORIZED PHA REPRESENTATIVE

*****OFFICIAL USE ONLY*****

CREDIT CHECK, CRIMINAL HISTORY, AND EVICTION INQUIRY HAS BEEN COMPLETED BY THE TRUTH OR CONSEQUENCES HOUSING AUTHORITY.

<u>Credit Check</u>	<u>Criminal Background</u>	<u>Eviiction</u>
Approval _____	Approval _____	Approval _____
Denial _____	Denial _____	Denial _____
_____ Signature	_____ Date	
Authorized PHA Representative		

Credit Check,
Criminal Background,
Evictions

Report Date

Final Approval

Approved _____

Denied _____

Truth or Consequences Housing Authority
Credit, Criminal, Eviction Reporting

DATE: _____

NAME OF APPLICANT _____ RACE _____

OTHER NAMES USED 1. _____ 2. _____

DATE OF BIRTH _____ / _____ / _____ SOCIAL SECURITY # _____ / _____ / _____

PLACE OF BIRTH: _____ CITIZENSHIP: _____

I.D. VERIFICATION _____ VERIFIED BY: _____

I, _____ DO HEREBY GIVE WRITTEN CONSENT TO THE TRUTH OR CONSEQUENCES HOUSING AUTHORITY TO QUERY MY NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER TO PULL CREDIT, CRIMINAL, AND EVICTION REPORTS.

THIS AUTHORIZATION FOR INQUIRING INTO CREDIT, CRIMINAL, AND EVICTION REPORTING IS FOR THE PURPOSE OF APPLICANT SCREENING.

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APPLICANT SIGNATURE

AUTHORIZED PHA REPRESENTATIVE

*****OFFICIAL USE ONLY*****

CREDIT CHECK, CRIMINAL HISTORY, AND EVICTION INQUIRY HAS BEEN COMPLETED BY THE TRUTH OR CONSEQUENCES HOUSING AUTHORITY.

<u>Credit Check</u>	<u>Criminal Background</u>	<u>Eviiction</u>
Approval _____	Approval _____	Approval _____
Denial _____	Denial _____	Denial _____
_____ Signature	_____ Date	
Authorized PHA Representative		

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 of race, color, national origin, religion, sex, familial status, age, and disability are complied with. Additionally, the New Mexico Human Rights Act also prohibits discrimination based on ancestry, sexual orientation, gender identity, and spousal affiliation. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish this information, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Demographic Characteristics (In each column, Please mark “X” in the box that is applicable to you or your family member)

	Head of Household (H.O.H)	Family member #2	Family member #3	Family member #4	Family member #5	Family member #6
ETHNICITY						
Hispanic or Latino						
NOT Hispanic or Latino						
	H.O.H	Fam # 2	Fam # 3	Fam # 4	Fam # 5	Fam # 6
RACE						
White						
American Indian/ Alaska Native						
Asian						
Black or African American						
Native Hawaiian or other Pacific Islander						
Other						
GENDER	H.O.H	Fam # 2	Fam # 3	Fam # 4	Fam # 5	Fam # 6
Male						
Female						

Exhibit 3-5: **Sample Citizenship Declaration **

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

LAST NAME _____

FIRST NAME _____

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

SOCIAL _____ ALIEN _____

SECURITY NO. _____ REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____

(to be entered by owner if and when received)

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

DECLARATION

I, _____ hereby declare, under

penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

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

- a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

AND

b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

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

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

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

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

Signature_____
Date

Check if adult signed for a child: _____

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

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

Signature_____
Date

Check here if adult signed for a child: _____

Exhibit 3-6: **Sample Verification Consent Form**

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the ****Citizenship**** Declaration format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:

(print or type first name, middle initial, last name)

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

NOTIFICATION TO FAMILY:

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

Signature

Date

Check here if adult signed for a child: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

--	--

Signature of Applicant

Date

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

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