



UPCAP Housing Management

P.O. Box 606, Escanaba, Michigan 49829

"Providing guidance and support to U.P. residents since 1961"

Ph: (906) 786-4701 / Fax: (906) 789-5951

TTY: 7-1-1 / www.upcap.org

Dear Applicant:

We are pleased you are considering one of UPCAP Housing Management's apartment properties for your next place to live! We strive to provide clean, safe, and affordable housing to residents of the Upper Peninsula and northern Lower Peninsula.

Our apartments have eligibility requirements, and we would be happy to evaluate this for you. In order to do so, the following documents must be completed, signed, and returned as indicated on Page 4 of the ***Application for Residency***.

Enclosed:

- Application for Residency**
- Initial Certification Checklist** *(1 for each adult)*
- Family Summary Sheet**
- Applicant Declaration Format*** *(1 for each family member)*
- HUD Race & Ethnic Data Reporting Form** *(1 for each family member)*
- Criminal Background Check Release Form** *(1 for family member)*
- Landlord Check Release Form** *(1 for each adult)*
- HUD 92006 - Supplement to Application** *(1 for each adult)*
- HUD 9887** *(signed by each adult)*
- Verification Forms**

Also provide copies of :

- **Social Security cards** for all family members
- **Driver's License(s)** or other photo ID for all family members 18 or older
- **Birth Certificates*** for all family members

* *Not used to determine eligibility for Bluffs Edge, Grand Marais, Les Cheneaux, and Mill Trace.*

You will be notified of your status after the above information has been processed.

If you have any questions, please call:

(906) 786-4701 / Toll Free: 1-800-305-8137 / TTY: 7-1-1



This Institution is an Equal Opportunity Provider and Employer

Jan17



* blank *

UPCAP Housing Management

Office: PO Box 606, Escanaba, MI 49829
(906) 786-4701 / 1-800-305-8137 / Fax: (906) 789-5951

Application for Residency

*** For Official Use Only ***

- Bluff's Edge Apartments (Norway, MI)
- Grand Marais Apts (Grand Marais, MI)
- Les Cheneaux Apartments (Escanaba, MI)
- Mill Trace Apartments (Ironwood, MI)
- North Dickinson Apartments (Foster City, MI)
- Pleasant Acres Apartments (Powers, MI)
- Riverview Heights Apartments (Republic, MI)

- Rec'd** - Date: _____ Time: _____
- By: _____ Unit Size: _____
- Spring Valley Apartments (Caspian, MI)
 - Westwood Apartments (Kingsford, MI)
 - Bridgewood (Escanaba, MI)

Applicant General Information

Applicant(s) Name(s): _____ SS#(s): _____
Current Street Address: _____ DOB: _____
City: _____, State: _____, ZIP: _____
Home Ph#: _____, Alt. Ph#: _____
List name, address, and phone numbers of two relatives or friends who generally know how to contact you:
Name: _____ Name: _____
Address: _____ Address: _____
Phone#: _____ Phone#: _____

Current / Past Housing Information

Current Landlord: _____, Landlord Ph#: _____
Landlord Address: _____
Your Current Monthly Rent: \$ _____ / month - Monthly Utilities except Phone: \$ _____
How Long You've Lived There: _____ Reason(s) for leaving: _____
 Substandard Housing: Unsafe (Verification by local government agency required)
 Homeless (Verification by local agency required)
 Economic Paying 50% of monthly income for shelter & utilities (Verification needed)

Former Landlord: _____ Ph#: _____
Address: _____
Reason for Leaving: _____

Past Residency History: List all states the applicant, co-applicant, and all household members have lived in _____

Household Composition & Characteristics

List the head of the household and all other members who will be living in the unit.
Give the relationship of each family member to the head of the household listed.

Race: W = White
A = Amer Ind/Alaskn
AS = Asian
B=Black/African Amer
N=Ntv Hawaiian/Plsldr

Persons Who Will Occupy The Unit	DOB	Sex	SS#	Birth Place	Hispanic/Latino?		
					Yes	No	
1. Head of Household							
2. Relationship to Head:							
3. Relationship to Head:							
4. Relationship to Head:							
5. Relationship to Head:							
6. Relationship to Head:							

<p>Income: Family Member, Source, & Amount (<i>circle "per/" period</i>)</p> <p>1. Whose: _____, Source: _____ \$ _____ per/ year, month, week, hour → # Hrs/Week: _____</p> <p>2. Whose: _____, Source: _____ \$ _____ per/ year, month, week, hour → # Hrs/Week: _____</p> <p>3. Whose: _____, Source: _____ \$ _____ per/ year, month, week, hour → # Hrs/Week: _____</p> <p>4. Whose: _____, Source: _____ \$ _____ per/ year, month, week, hour → # Hrs/Week: _____</p>	<p>Assets: Does any family member own:</p> <p>Real Estate \$ _____ <input type="radio"/> Y, <input type="radio"/> N</p> <p>Land Contract \$ _____ <input type="radio"/> Y, <input type="radio"/> N</p> <p>Savings Acct \$ _____ <input type="radio"/> Y, <input type="radio"/> N</p> <p>Checking Acct \$ _____ <input type="radio"/> Y, <input type="radio"/> N</p> <p>Stocks / Bonds \$ _____ <input type="radio"/> Y, <input type="radio"/> N</p> <p>Other Assets \$ _____ <input type="radio"/> Y, <input type="radio"/> N</p> <p>Other Assets \$ _____ <input type="radio"/> Y, <input type="radio"/> N</p>
---	--

List all checking and savings accounts (including IRA's, Keogh Accounts, and certificates of deposit) of all household members, including amounts deposited during the past two years.

Family Member	Bank Name & Address	Account #	Current Balance
			\$
			\$
			\$
			\$

List value of all stocks, bonds, trusts, pension contributions, annuities, or other assets:

\$ _____
\$ _____

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

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

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

Does anyone live with you now, who is **not** listed above? No, Yes → Explain:

How many people live in your home now? _____ How many bedrooms do you have? _____

Do you plan to have anyone living with you in the future who is not listed above? No, Yes → Explain:

Are you being evicted? No, Yes → Explain circumstances:

Are you requesting a disability adjustment to income, or a special accessible unit, or both?
 No, Yes → 1 bdrm, 2 bdrm → Identify special housing needs required as a result of the disability:

Does any member of this family:	Yes	No	Amount	Per?	Verification
Receive child support or alimony?			\$		State: County FOC:
Pay child care to work or attend school?			\$		Provider:
Receive educational grants / scholarships?			\$		School: <input type="radio"/> Full Time, <input type="radio"/> Part Time
Pay medical expenses on a regular basis?			\$		Attach list if applicable

Have you ever lived in Subsidized housing before? No, Yes → Where: _____ When: _____

Are you now living in a government subsidized unit or project (FMHA, HUD, etc.)? Yes, No

Have you ever been evicted from housing? Yes, No

Criminal History

Are you currently using an illegal controlled substance? No, Yes → Explain:

Are any members of your family currently using an illegal controlled substance? No, Yes → Explain:

Has any member of your household been convicted of illegal usage, distribution, or manufacture of a controlled substance? No, Yes → Explain:

Have you or anyone in your household ever been convicted of any felony or misdemeanor other than traffic violations? No, Yes → Explain:

Are you or anyone in your household required to register as a criminal sex offender in any state?
 No, Yes → List household member & state of registration:

Permanent Residence Certification

- **Do you certify that the unit you are applying for will be your permanent residence and you will not maintain a separate subsidized rental unit in a different location?** Yes, No

Warning !! Title 18, section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the U.S. or the Dept of Housing & Urban Development.

Notice !! Any attempt to obtain public housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud (and any act of assistance to such attempt) is a crime.

We, the undersigned applicants, understand that we must contact the Landlord or Agent with current information concerning eligibility each six months, or when address, phone number, family income, or family size changes. Any change in family composition which alters the unit size is required. Failure to do so makes this application void, and another application must be submitted for the appropriate size unit.

We also understand that by signing this application, it does not give us a lease, and that other applications have been submitted ahead of ours. This application is being taken subject to approval and availability of an apartment of suitable size, based upon previous applications. The Landlord or Agent shall rely on any of the information supplied herein. By submitting this application, we agree to give the Landlord or Agent the authority to investigate our credit rating, and current and past rental history for rental purposes only.

We do, hereby, guarantee all information to be true and correct to the best of our knowledge.

Applicant **Signature**

Co- Applicant Signature

Date

Mail Applications to: UPCAP Housing Management, PO Box 606, Escanaba, MI 49829

or

Ph: (906) 786-4701 / 1-800-305-8137

Drop-Off Locations:

Fax: (906) 789-5951 / TTY: 7-1-1

For: **Bluffs Edge Apartments**

N1955 Rochon Lane, Norway

For: **Mill Trace Apartments** (906) 285-0235

Linda Cossi, Site Manager

North Dickinson Apartments

W2422 Cemetery Rd, Foster City

E5117 MacDonald Ln, Ironwood, MI 49938

& Westwood Apartments (Kingsford)

Tricia Cahee, Site Manager (906) 779-0847

For: **Pleasant Acres Apts** (906) 399-8340

Tricia Dani, Site Manager

205 S. Westwood Avenue, Kingsford, MI 49802

N15967 - N1597 US 41, Powers, MI 49874

For: **Grand Marais Apartments**

Polly Frasure, Site Manager (906) 494-2446

N14215 Harbor Place, Grand Marais, MI 49839

For: **Riverview Heights Apartments**

Dorothy Kerkala, Site Mgr (906) 376-8133

174 Willow Drive, Republic, MI 49879

For: **Les Cheneaux** (906) 786-4701

UPCAP Housing Management

2501 14th Avenue, So., Escanaba, MI 49829

For: **Spring Valley Apartments**

Tom Fesnick, Site Manager (906) 265-9060

100 Spring Ave, # 121, Iron River, MI 49935



This Institution is an Equal Opportunity Provider and Employer



Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communications for program information (e.g.. Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Services at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Send your completed form or letter to USDA by: (1) mail: at U.S. Department of Agriculture, Office of the Assistance Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider and employer.

* blank *

UPCAP Housing Management

Certification Checklist

<input type="checkbox"/> Initial Cert
<input type="checkbox"/> Annual Re-Cert
<input type="checkbox"/> Interim Recert

Bluffs Edge - Bridgewood - Grand Marais - Les Cheneaux - Mill Trace
 North Dickinson - Pleasant Acres - Riverview Heights - Spring Valley - Westwood

Office: PO Box 606, Escanaba, MI 49829 - Ph: (906) 786-4701 / Fax: (906) 789-5951 / TTY: 711

Instructions: Complete a separate form for each household member who is age 18 or older.
 Make sure to answer (yes or no) each item, and to provide copies of receipts where indicated.
*If you are receiving **Social Security, Supplemental Security Income, or Social Security Disability, provide a copy of the most recent benefit letter** you received from the Social Security Administration office. (Mid December of each year a new benefit letter is provided to you.)* Make sure to **Sign and Date** the Certification on the **last page**.

Name: _____	Phone: _____
Site: _____	Unit #: _____ Date: _____

Check (X)
Yes No

- () () I am a **citizen** of the United States or a permanent legal resident.
- () () I am a **student**.
- () () I receive **educational grants** or **scholarships** to attend college or trade school.
- () () I am **self-employed**. (List the types of jobs you do.) ****Supply Tax Return / Profit & Loss**

- () () I have a **job** and receive money/wages, tips or bonuses. *(List the businesses or companies and addresses that pay you.)*

- () () I receive **Worker's Compensation**.
- () () I receive **Veteran's Administration Benefits**. ****Supply Benefits Letter/Print Out**
- () () I receive **military active duty allotments**.
- () () I receive **Unemployment Benefits**
- () () I receive **Public Assistance / Aid to Dependent Children**.
- () () I receive **Social Security / or Railroad Retirement Income**.
- () () I receive **unearned income** from family members 17 or under-*i.e. Social Security*
- () () I receive **Social Security Disability**.

Yes No

- () () I receive **(SSI) Supplemental Security Income**
- () () I receive quarterly payments from the **Dept. of Human Services (DHS)** - State paid portion of a SSI grant
- () () I receive **disability** or **death benefits** other than Social Security.
- () () I receive a **pension /or retirement funds**. If "yes," how many? _____
Please list the name and address of the provider(s): _____

- () () I receive **child support**. If "yes," is the child support paid directly to DHS?
No ____, Yes ____ → State: _____ County: _____ *Please provide a print out from Friend of the Court to verify the last 12 months of child support received.*
- () () I have been awarded a judgment for **child support**, but *have not* been receiving payments.
Please provide a print out from the Friend of the Court to verify no payments have been received for the last 12 months
- () () I **own real estate** ____, **land contracts** ____, or **mobile home** ____ ****Provide copy of Tax Bill**
- () () I receive **income from rental** of real estate or personal property.
- () () I have **sold, given away** or otherwise transferred ownership of assets within the last two (2) years. If "yes," list the items and dates: _____

- () () I have **savings bonds**. If "yes," how many? _____ ****Supply copies**
- () () I have **savings account(s)**. How many accounts? _____ Please list the name and address of all banks, credit unions, etc. _____

- () () I have **checking account(s)**. How many accounts? _____ Please list the name and address of all banks, credit unions, etc. _____

- () () I have **certificates of deposit (CDs)**. How many certificates? _____ Please list the name and address of all banks, credit unions, etc. _____

- () () I have **IRA's or Keogh account(s)**. If "yes," list where accounts are at:

- () () I have **stocks** _____, **mutual funds** _____, **bonds** _____. ****Provide a copy of your last financial statement**

Yes No

() () I have **income or assets** other than those listed above. If "yes," list the type(s):

() () I pay for **child care expenses** for a child, age 12 or under, in order to be gainfully employed or to further my education. If "yes," please provide the **name and address of the person providing the care.** _____

() () Dept. of Human Services (**DHS**) **pays the child care expenses** for child(ren) age 12 or under, in order for me to be gainfully employed or to further my education.

If "yes," DHS pays full: _____, DHS pays partial: _____. What percentage _____%

List all persons living with you in this apartment:

() () Is the tenant or any member of the tenant's household subject to a lifetime state sex offender registration program in any state? If "yes," list household member name and state(s) registered: _____

() () I am elderly (age 62 or older) or disabled, and **pay Medicare premiums from my social security check.**

() () I am elderly (age 62 or older) or disabled, and **pay medical insurance premiums, other than Medicare.** *** Include monthly premium payment coupon/statement or name and address of insurance company:* _____

() () I am elderly (age 62 or older) or disabled, and **pay for drug prescriptions** which are *not reimbursed* by insurance. **Name & address of pharmacy:**

() () I am elderly (age 62 or older) disabled, and **I anticipate paying medical bills *not reimbursed* by insurance in the next year.** List name and addresses of all Doctor(s), Hospital(s), Dentist(s), Eye Doctors, Medical Provider(s), etc:

If "yes," please indicate those Medical Providers below ↓:

Medical Provider	Address	Phone Number

Medical Provider - cont.	Address	Phone Number

Yes No

() () I am elderly (age 62 or older) or disabled, and I anticipate paying (***have an appointment***) for **eyeglasses, hearing aids, or batteries in the next year that are not reimbursed by insurance.** *If “yes,”* list name and address of provider:

() () I am elderly (age 62 or older) or disabled, and I **currently pay for non-prescription (over-the-counter) drugs and/or medical supplies ordered by my doctors.**

**** If “yes,” a separate *Over-The-Counter Verification form* must be completed by your physician and receipts provided.**

CERTIFICATION

I certify to the best of my knowledge that all statements are true, and when circumstances change, I will notify the Site Manager for possible re-certification. I understand that providing false information will result in denial or termination of benefits.

_____ **Signature**

_____ **Date**



This Institution is an Equal Opportunity Provider and Employer



UPCAP Housing Management



Family / Household Summary Sheet

Mbr #	Last Name	First Name	Relationship to Head	Sex	Date of Birth
1. Head					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



This Institution is an Equal Opportunity Provider and Employer



** blank page **

Citizenship / Non-citizenship Declaration

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

Last Name:	First Name:	
Relationship to Head of Household:	Sex:	Date of Birth:
Social Security #:	Alien Registration #:	
Admission #: _____ if applicable, (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 Number: _____ (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)

_____	<p>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.</p> <p>Signature: _____ Date: _____</p> <p style="text-align: right;"><input type="checkbox"/> Check here if adult signed for a child</p>
-------	---



This Institution is an Equal Opportunity Provider and Employer

UPCAP Housing Management



2. A non-citizen with eligible immigration status as evidenced by one of the documents listed below:

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

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

a. Verification Consent Format
AND

b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
- (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"; (d) "Paroled Pursuant to Section 212 (d) (5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record* is not annotated, it must be accompanied by one of the following documents: (a) a final court decision granting asylum (but only if no appeal is taken); (b) a letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application filed before October 1, 1990); (c) a court decision granting withholding of deportation; or (d) a letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) 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 the applicant's entitlement to the document has been verified.
- (5) **Other acceptable evidence.* If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register**

If this section is checked, sign and date below, and submit the documentation as required above with this format to: UPCAP Housing Management, PO Box 606, Escanaba, MI 49829. If this section 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 Section 2.b above are not currently available, complete the *Request for Extension* block below.

Signature: _____ Date: _____

Check here if adult signed for a child



This Institution is an Equal Opportunity Provider and Employer

UPCAP Housing Management



Request for Extension

I hereby certify that I am a non-citizen with eligible immigration status, as noted in Section 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 here if adult signed for a child

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

If you checked this section, no further information is required, and the person named above is not eligible for assistance. Sign and date below, and forward this format to UPCAP Housing Management, PO Box 606, Escanaba, MI 49829. 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



This Institution is an Equal Opportunity Provider and Employer

UPCAP Housing Management



- Blank -

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

UPCAP Housing Management

Bluff's Edge - Bridgewood - Grand Marais - Les Cheneaux - Mill Trace
North Dickinson - Pleasant Acres - Riverview Heights - Spring Valley - Westwood

Office: PO Box 606, Escanaba, MI 49829
(906) 786-4701 / 1-800-305-8137 / Fax: (906) 789-5951 / TTY: 7-1-1

Criminal Background Check

The person identified below has applied for housing through UPCAP Housing Management. Standard procedure before renting a unit is to run a reference and criminal background check. We would appreciate it if you would check this applicant and return the results to us on this form. A self-addressed, prepaid postage envelope is enclosed. Mary Richards/Housing Programs Coordinator

Release of Information

I have applied for housing through UPCAP Services Inc. Managed Housing. I hereby authorize UPCAP Services Inc. to obtain character and criminal background checks.

I understand that this information will be kept confidential.

Date: _____ Applicant Signature: _____

Other Last Name(s) Used: _____

Project: _____ Applicant Printed Name: _____

Applicant SS#: _____ Applicant Date of Birth: _____

Driver's License #: _____

Former/Current Addresses: _____

A copy of my Social Security Card and Driver's License (or other photo ID Card) is attached.

Please complete the information below. Sign, date, and return this form to:
UPCAP Services, PO Box 606, Escanaba, MI 49829

- The applicant has no record
- The applicant has no record other than minor traffic violations. Date: _____
Type of violation: _____
- The applicant has a record consisting of: (Please explain) _____

Officer(s) _____

Know of this applicant and comments about him/her: _____

I feel this applicant would , would not , make a good tenant because: _____

Additional Comments: _____

Department Signature: _____ Date: _____

Title: _____ Ph#: _____

Address: _____



This Institution is an Equal Opportunity Provider and Employer



UPCAP Housing Management

Bluff's Edge - Bridgewood - Grand Marais - Les Cheneaux - Mill Trace
North Dickinson - Pleasant Acres - Riverview Heights - Spring Valley - Westwood

Office: PO Box 606, Escanaba, MI 49829
(906) 786-4701 / 1-800-305-8137 / Fax: (906) 789-5951

Landlord Background History

The person identified below has applied for housing through UPCAP Housing Management, and has indicated to us that you are a current or past landlord. As indicated by this person's signature, the applicant consents to the release of information pertaining to their rental history. We would greatly appreciate your cooperation in completing the applicable areas below and returning this form to us promptly in the return envelope, or fax: _____ Attn: _____

Release of Information: I hereby authorize UPCAP Housing Management to contact all current and former landlords and references to make inquiries regarding my rental payment history and any other problems I may have had with them. I understand that this information will be kept confidential.

Date: _____ Applicant Signature: _____
Project: _____ Applicant Printed Name: _____

***** Applicant: Complete top section ↑ only**

_____ Ph#: _____
_____ Fax#: _____

Landlord: Please complete the information below. Sign, date, and return this form to:
UPCAP Housing Management, PO Box 606, Escanaba, MI 49829.

1. What was the period of occupancy of this applicant? _____ to _____.
2. Was rent paid on time? Yes, No - If "no," how late was it? _____
Do they still owe you money? _____
3. If applicant has vacated unit, was proper notice given of intent to move? Yes, No
4. Was the conduct of the applicant and his/her visitors acceptable? Yes, No
If "no," please explain: _____
5. Are you aware of any problems affecting the applicant such as: alcohol abuse, violence, neighbor/neighborhood disturbances? Yes, No - If "yes," please explain: _____

6. Was the housekeeping acceptable? Yes, No - If "no," why not? _____

7. Did the applicant keep pets in violation of rental agreement? Yes, No
8. Were there any violations of your rental agreement by the applicant? Yes, No
 If "yes," what was the nature of the violation(s)? _____

9. Did the applicant keep the property in good condition? Yes, No - If "no," please explain:

10. What previous address did the applicant give when they applied for housing with you?

11. What forwarding address did the applicant give when they moved?

12. Would you re-rent to this applicant? Yes, No - If "no," why not? _____

13. List the person(s) who lived in the unit with the applicant: _____

14. Additional comments: _____

Completed by: _____ Title: _____
 (print)

_____ Date: _____
 (signature)

Organization: _____ Ph#: _____

Address: _____

This Institution is an Equal Opportunity Provider and Employer



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

Signature of Applicant

Date

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

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

** blank page **

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

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.

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

Notice and Consent for the Release of Information

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

Page 3
RD - UP
Dec14

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)

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.):
US Dept Housing & Urban Development 3028 W. Grand Blvd, Ste 4-600 / PO Box 02990 Detroit, MI 48202	UPCAP Services Inc./Housing Mgt PO Box 606 Escanaba, MI 49829	USDA Rural Development 2847 Ashmun St Sault Ste. Marie, MI 49783

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.