

**J.O. BLANTON HOUSE**  
**850 W. MUHAMMAD ALI BOULEVARD**  
**LOUISVILLE, KY 40203**  
**(502) 587-1259**

Dear \_\_\_\_\_

We would like to thank you for choosing J.O. Blanton House as you community to live. We want to assist you in the screening process that your application can be speedily processed and if approved you can become a resident of our community. The following are documents that will be needed for you and any family member who will be a part of the household.

**Check List**

- \_\_\_\_ 1. Social Security Cards
- \_\_\_\_ 2. Birth Certificate
- \_\_\_\_ 3. Photo I.D.
- \_\_\_\_ 4. Award Letter for Social Security, SSI or Pension (NO OLDER THAN 90 DAYS, FROM TODAY'S DATE)
- \_\_\_\_ 5. Name and address of landlords for the past 5 years.
- \_\_\_\_ 6. Medical Expenses (Dr., Medications, Medical Insurance etc... paid out of pocket)
- \_\_\_\_ 7. Banking Information
- \_\_\_\_ 8. Doctor Statement if live-in aide is needed
- \_\_\_\_ 9. Property (Deed, Mortgage, Foreclosure letter etc..)
- \_\_\_\_ 10. Notice of Consent for Release
- \_\_\_\_ 11. Full Time Student
- \_\_\_\_ 12. US Citizen Declaration
- \_\_\_\_ 13. Expected Move-in Date
- \_\_\_\_ 14. Do you have a pet? If so, must obtain vet records.
- \_\_\_\_ 15. Criminal Background Check (obtained by management)
- \_\_\_\_ 16. Credit Background Check (obtained by management)

Once we have the above information we will immediately start processing your application and will notify you within two weeks. We look forward to you becoming a part of our community.

Thank you,  
 Staff of J.O. Blanton House

Applicant \_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_ I am (not) in agreement and wish to immediately withdraw my application for housing.

\_\_\_\_\_ I am in full agreement with upholding any and all smoke free housing rules & policies and wish to continue processing my rental application for housing.

Please indicate below your preference:

Residents and Visitors are prohibited from smoking inside their apartments including the common areas of the building and will only be allowed to smoke outdoors 25 feet from the building. Any noncompliance will result in terminating your lease.

J.O. Blanton House is a 100% Smoke Free Building. Please acknowledge by signing below that you are aware that

Dear Applicant

# SMOKE FREE HOUSING

NO SMOKING HERE



RESIDENT APPLICATION -HUD

Community Name: \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Please read the following carefully. If you have any questions, ask the manager. Fill out the applications completely. Please use N/A for items that do not apply. Incomplete applications will be rejected. We will verify the information you have submitted, so please be sure to spell the names completely and be sure the information is accurate. You must attach a copy of birth certificates and social security cards for every member of the household or other acceptable forms of verification. This information is sought to assure the most responsible residents possible and to assist the management in case of emergencies. Your cooperation is appreciated. This information will be kept in confidence and used in relation to the lease contract. We operate in accordance with the Fair Housing Laws and Section 504 of the Rehabilitation Act of 1973. We do not discriminate against any person in the terms, conditions or privileges of sale or rental of a dwelling or in the provisions of facilities in connection therewith, because of race, color, religion, sex, handicap, familial status or national origin.

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_  
S S Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL # and State \_\_\_\_\_  
Marital Status: ( ) Married ( ) Separated ( ) Widowed ( ) Divorced ( ) Single ( ) Decline to disclose  
Spouse's Name \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_ Spouse's Drivers License Number \_\_\_\_\_  
(Show former spouse if divorced or separated)

Race of Head of Household \_\_\_\_\_  
Ethnicity of Head of Household \_\_\_\_\_  
(1-White 2-Black 3-American Indian or Alaskan Native 4-Asian or Pacific Islander)  
(1-Hispanic 2-Non-Hispanic)  
List the following information on EVERY PERSON, including yourself, who will live in the unit.  
Name (Last, First MI) \_\_\_\_\_ Relationship \_\_\_\_\_ Sex (optional) \_\_\_\_\_ Birthdate \_\_\_\_\_ SS-Number\* \_\_\_\_\_  
CODE E H F None

1. E H F None  
2. E H F None  
3. E H F None  
4. E H F None  
5. E H F None  
6. E H F None  
7. E H F None  
8. E H F None  
CODE: Circle all that apply. Indicate H for Handicapped/Disabled, F for Full Time Student at least 18 years old  
\*If no SS#, were you 62 or older and receiving HUD rental assistance at another location on January 31 2010? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
If no SS#, do you contend eligible immigration status? Yes \_\_\_\_\_ No \_\_\_\_\_  
Would anyone in your household benefit from an accessible/adapted unit? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, would you like to request an adapted unit? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you been displaced by government action or a presidentially declared disaster? Yes \_\_\_\_\_ No \_\_\_\_\_

Present Address \_\_\_\_\_ (Street) \_\_\_\_\_ (Apt #) \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_ (Subdivided Housing?) \_\_\_\_\_  
(Name of Present Landlord/Mortgage Company) \_\_\_\_\_ (Rent Per Month) \_\_\_\_\_ (Landlord's Phone #) \_\_\_\_\_ (Res Dates From/To) \_\_\_\_\_  
List all previous addresses within the past five years. Please note if any address was subsidized housing. Attach additional paper if needed.

1. Y / N (Street and Apt #) \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_ (Landlord Name & Number) \_\_\_\_\_ (Res Dates From/To) \_\_\_\_\_ (Subdivided Housing?) \_\_\_\_\_  
2. Y / N (Street and Apt #) \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_ (Landlord Name & Number) \_\_\_\_\_ (Res Dates From/To) \_\_\_\_\_ (Subdivided Housing?) \_\_\_\_\_  
3. Y / N (Street and Apt #) \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_ (Landlord Name & Number) \_\_\_\_\_ (Res Dates From/To) \_\_\_\_\_ (Subdivided Housing?) \_\_\_\_\_  
Have You Ever Been Evicted? ( ) Yes ( ) No If Yes, Why? \_\_\_\_\_  
Is your present rent paid to date? ( ) Yes ( ) No If No, Why? \_\_\_\_\_  
You must report ALL states where the applicant and members of the applicant's household have resided.

I have listed above all states in which all members of the household have resided? ( ) Yes ( ) No, I have attached additional sheets.  
Is any household member subject to any state lifetime sex offender registration? ( ) Yes ( ) No  
In Case of Emergency Call: \_\_\_\_\_

(Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Address) \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_ (Phone Number) \_\_\_\_\_  
Have you ever been convicted of a felony or arrested for a drug-related or violent criminal activity? ( ) Yes ( ) No  
If Yes, Explain: \_\_\_\_\_



TESCO Form 23111 Rev 05/19

**DO NOT WRITE IN THIS BOX. FOR OFFICE USE ONLY**

Screwing Documents Attached:

Credit Report  
 Criminal Report  
 Landlord References  
 Employment  
 Approved

Problems?  
 Problems?  
 Problems?  
 Not Approved

Reason: \_\_\_\_\_

Date \_\_\_\_\_

Manager's Signature \_\_\_\_\_

I certify that the facts set forth in this RESIDENT APPLICATION are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that the information provided above may be verified, and I further authorize any investigation of my resident history, employment history, credit/financial record, and criminal history. We require a Deposit and the first month's rent before you move in. This must be paid in full before we give you the keys to the apartment. If you do not rent, by your choice, your deposit will be forfeited. We will require a lease, which must be signed by all adults who will live in the apartment.

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

Have you disposed of any assets within the last two years? ( ) Yes ( ) No If yes, you must include disposed assets in above list.

List all other assets (Market value of stock, Equity in Real Estate, Etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name of Bank/Savings Account # Address City, State, Zip

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Active Loan & Charge Account Account # Address City, State, Zip

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Additional Sources of Income: for all household members:

Social Security	per month	\$ _____
Veterans Benefits	per month	\$ _____
Disability	per month	\$ _____
AFDC	per month	\$ _____
Child Support	per month	\$ _____
Regular Government Support	per month	\$ _____
Other	per month	\$ _____
Other	per month	\$ _____

List employers for all other adults who will be living in the apartment:

(Adult's Name)	(Company Name)	(Address)	(Phone Number)	(Dates Emp From/To)	(Annual Salary)
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

If Present Employment Less Than Three Years, List Previous Employer(s)

(Position/Title)	(Annual Gross Income)	(Supervisor's Name)	(Dates Emp From/To)
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Present Employer:

(Company Name) \_\_\_\_\_ (Address) \_\_\_\_\_ (Phone Number) \_\_\_\_\_

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 to average 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. Send comments regarding this burden estimate or any aspect of the collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, Paperwork Project (0133-0047) in Washington, DC 20503.

OMB Control # 2507-0581 Exp. (02/28/2019)

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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	
Signature of Applicant	Date

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



TESCO Form #447 (02/10)

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact our office. We will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Form. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

\_\_\_\_\_  
\_\_\_\_\_

evidence to the name and address listed below by \_\_\_\_\_

1. Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy to follow instructions and explains what, if any, other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations and any other forms and/or

You have applied, or are applying for assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

- a. Section 8 Housing Assistance Payments programs
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

Dear Applicant:

## Owner's Notice (Citizenship)



TRSCO Form #292 (03/10)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I have received a copy of the Owner's Notice \_\_\_\_\_

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

This form must be filled out by the applicant

The Family Summary Sheet



TRSCC Form #493 (02/10)

<https://save.uscis.gov/registration>.

If member claims non citizenship, you management must verify through the SAVE website:

1. I am a citizen or national of the United States
2. I am a noncitizen with eligible immigration status as evidenced by documents provided.
3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

Codes for Declaration:

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Date of Birth	Declaration# (must be 1,2,3 See Below)	Date Verified
Head							
2				1			
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

This form must be completed by management

**Owner's Summary of Family**



Check here if adult signed for a child: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_ I, a citizen or national of the United States

perjury, that I am:

I, \_\_\_\_\_ hereby declare, under penalty of \_\_\_\_\_ (print or type first name, middle initial, last name)

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

(to be entered by owner if and when received)

SAVE VERIFICATION NO. \_\_\_\_\_

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

ADMISSION NUMBER \_\_\_\_\_ (INS Form I-94, Departure Record) if applicable, (this is an 11-digit number found on

SECURITY NO. \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_

SOCIAL ALIEN

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ DATE \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH \_\_\_\_\_ OF \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

INSTRUCTIONS: Complete this format for each member of the household listed on the Farm Summary Sheet. If

U.S. CITIZEN DECLARATION FORMAT



**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.

4/07

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant/Resident Signature)

This Affidavit is true and complete. Any misrepresentation herein will be considered a material breach of the Lease and will subject me to immediate eviction.

B. I am not presently employed in any capacity, I am not under any affirmative obligation to obtain employment and do not anticipate becoming employed within the next twelve months. I do not receive unemployment compensation or other benefits as a result of my non-employed status.

I do receive benefits from \_\_\_\_\_  
 [If other benefits are received (ex: Social Security), obtain verification of amounts and include with third-party verified income of other household members to ensure that the household is income qualified.]

A. I am not presently employed but have been offered employment with \_\_\_\_\_ (company name) to begin work on (date) \_\_\_\_\_.

[If A. is selected, obtain verification of expected earnings from the employer and include the amount with third-party verified income of other household members to ensure that the household is income qualified.]

Check (A) or (B) as applicable.

This Affidavit is to be signed by any individual who is 18 years of age and over who claims no employment income on an Application.

NON-EMPLOYMENT AFFIDAVIT

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

4. Relevant Verifications (to be signed by the Applicant or Tenant)

3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)

2. Form HUD-9887 (to be signed by the Applicant or Tenant)

1. HUD-9887/A Fact Sheet describing the necessary verifications

This Package contains the following documents:

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

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

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

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.

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 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.

Consequences for Not Signing the Consent Forms

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 consent: Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

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 consent: Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

O/A's 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 consent: Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

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 line 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 you. 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.

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 applicants or tenants 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.

Customer Protections

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.

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.

Example: Mr. Anderson is 62 years old. Her age qualifies her for a medical allowance. Because Mrs. Anderson's medical expenses will reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Because Mrs. Anderson's medical expenses will reduce the income used in determining tenant rents.

Example: Mr. Anderson is 62 years old. Her age qualifies her for a medical allowance. Because Mrs. Anderson's medical expenses will reduce the income used in determining tenant rents.

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 kind 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. Because Mrs. Anderson's medical expenses will reduce the income used in determining tenant rents.

1. HUD, O/A's, and PHA's 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/A's, and PHA's can receive information authorized by this form.

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:

Verification of Information Provided by Applicants and Tenants of Assisted Housing HUD-9887/A Fact Sheet

**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 Developm  
 Office of Housing  
 Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office. Attention: Director, Multifamily Division.) U.S. Dept. of HUD, Director, Multifamily 601 W. Broadway Louisville, KY 40202	O/A requesting release of information (Owner should provide the full name and address of the Owner.) Fifth Street High Rise, Inc. 2171 Judicial Dr., Suite 200 Germantown, TN 38138	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.) Kentucky Housing Corporation 1231 Louisville Road Frankfort, KY 40601
--	---	--

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C. 653(j). This law authorizes (HUD) 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 803 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 benefit; (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. The 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

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. Additional Signatures, if needed:

Head of Household \_\_\_\_\_ 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 \_\_\_\_\_

Agencies To Provide Information

- 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).

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions  
 1099-S Statement for Recipients of Proceeds from Real Estate Transactions  
 This consent is limited to the following information that may appear on your current tax return:  
 U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

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  
 Income

1099-OLD 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 W-2-G  
 Statement of Gambling Winnings

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

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

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

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

Original is retained on file at the project site  
 ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 &  
 4571.3 and HOPF II Notice of Program Guidelines  
 form HUD-9887 (02/2007)



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

## Verification by Owners of Information

### Supplied by Individuals Who Apply for Housing Assistance

#### Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.

a. The HUD-9887/A Fact Sheet.

b. Form HUD-9887.

c. Form HUD-9887-A.

d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).

2. Verbally inform applicants and tenants that

a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and

b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.

3. Owners are required to give each household a copy of the 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 5.859, 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 Contact 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)

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 238

HOPE 2 Home Ownership of Multifamily Units

**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.

Signature & Date  
 cc:Applicant/Tenant  
 Owner file

Title

Name of Project Owner or his/her representative

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.

Signature of Applicant or Tenant & Date

Name of Applicant or Tenant (Print)

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.

**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 circumstances is unable to sign the required forms on time, due to extenuating circumstances

TESCOproperties

TESCO Form #487 (04/17)

Penalties for Misusing This Consent: Title 18, Section 1801 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any other owner for any employee of HUD, the PHA or the owner may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible to the unauthorized disclosure or improper use. Penalties provisions for misusing the social security number are contained in the Social Security Act set 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 \_\_\_\_\_ Date \_\_\_\_\_

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

DO NOT SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

Signature of Banking Official \_\_\_\_\_ Name (print) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Financial Institution \_\_\_\_\_ Telephone Number \_\_\_\_\_

I certify that this information is accurate

DOES THIS PERSON OR HIS/HER DEPENDENTS HOLD ANY OTHER ACCOUNTS?  Yes  No

Account Type	Last six months average balance	Last six months interest income	Date Account opened	Penalties for early withdrawal
Checking Account:	\$ _____	\$ _____	_____	_____
Savings Account:	\$ _____	\$ _____	_____	_____
Other Accounts (list):	\$ _____	\$ _____	_____	_____

The person referenced above is a participant in a federally assisted housing program. Federal regulations require that we verify all assets of program participants and their household. Please complete all of the information below. Thank You for your assistance!

Re: Applicant/Resident's Name (print) \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
To: \_\_\_\_\_  
From: \_\_\_\_\_  
Date: \_\_\_\_\_  
(Return this verification to the person listed above)

BANKING VERIFICATION

### Certification of Student Status

Head of Household Name	Unit Number
------------------------	-------------

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

Please choose one option below that best describes your household:

	The household contains no occupants who are students (full-time or part-time).
	The household contains at least one occupant who is not a student and has not been and will not be a student for five months or more out of the current calendar year (months need not be consecutive).
	List non-student here:
	The household contains all students, but is qualified because at least one occupant is a part-time student. Verification of part-time status is required.
	List part-time student here:
	The household contains all full-time students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If yes, you must answer all five questions below.

Yes	No	Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)							
		Are all adult members single parents with child(ren), and not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than the parent(s)?							
		Is at least one student receiving Temporary Assistance to Needy Families (TANF)?							
		Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)							
		Does the household consist of at least one student who was previously under foster care? (provide verification of participation)							

#### Signatures:

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

This form must be signed by each household member age 18 and older.

Resident Signature	Date
Resident Signature	Date
Resident Signature	Date
Resident Signature	Date



Do you currently receive Assistance with your housing payment?  
If yes, Agency Name: \_\_\_\_\_

Do you HAVE court-ordered or an agreement for child support or alimony? (This means there is an order for you to receive child support or alimony, not pay support to someone else)

Are you currently receiving child support or alimony?

Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? \_\_\_\_\_ and County \_\_\_\_\_ where granted.

Are you a student (either full or part-time) enrolled in an institution of higher learning?

AMOUNT RECEIVED \$ \_\_\_\_\_

ORDERED AMOUNT \$ \_\_\_\_\_

I have or I receive the following: (Check YES or NO)

Income Source	Job 1	Job 2	Self Employment	Social Security	Supplemental Security Income (SSI)	Pension / Veteran's Administration	TANF/ AFDC	Unemployment Benefits	Workers Compensation	Educational Financial Assistance	Other:
Job 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Job 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Self Employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Supplemental Security Income (SSI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Pension / Veteran's Administration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
TANF/ AFDC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Unemployment Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Workers Compensation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Educational Financial Assistance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Do you receive regular or periodic payments from:  
Persons not living in the Unit  
Trust, Annuity, or Other Claims

Holder/Provider \_\_\_\_\_

Holder/Provider \_\_\_\_\_

Amount \_\_\_\_\_

Frequency \_\_\_\_\_

Frequency \_\_\_\_\_

Notes \_\_\_\_\_

Document Yes answers with third party verification.


Name: \_\_\_\_\_

S.S. #(last 4 digits): \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: All household members 18 years of age or older are required to complete a separate income statement. All applicable questions must be completed in their entirety.

Applicant / Tenant Sworn Income and Asset Statement





Page 2 of 2  
10/1/2010  
10:10:11

Owner / Management Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant / Lessee \_\_\_\_\_ Date \_\_\_\_\_

Signatures:

The information provided on this form will be used to determine maximum income eligibility. Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud, false, misleading or incomplete information may result in the termination of the application or lease agreement.

\*\*Personal property held as an investment may include, but is not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled. Property such as, but not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

Total of Net Family Assets \$ \_\_\_\_\_ (Total Value of Assets Listed Above)

Type	Value \$	Where Held	Annual Yield
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If yes, please provide:

Are there minor children in the household that have any assets (Savings Account, Certificate of Deposit, Savings Bonds(s), etc.)?

If yes, list items: \_\_\_\_\_ Date: \_\_\_\_\_

Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years? \_\_\_\_\_

Do you have Whole Life Insurance or Universal Life Insurance policies? Cash Value \$ \_\_\_\_\_ Annual Earnings \$ \_\_\_\_\_

Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements) When \_\_\_\_\_ Amount \_\_\_\_\_

Notes:

Current distribution:  Keeping  Saving  Rollover  Being Forwarded  Giving away

Do you own a Home, Rental Property or other Capital Investment? (Market Value less unpaid balance and selling costs = Cash Value) Cash Value \$ \_\_\_\_\_

Do you have any Personal Property held as an investment? Cash Value \$ \_\_\_\_\_

Do you have a Safety Deposit Box? What is held in the box? Cash Value \$ \_\_\_\_\_

Do you have Treasury Bills? Cash Value \$ \_\_\_\_\_ Annual Earnings \$ \_\_\_\_\_

Do you have IRA, 401K, or Keogh Accounts? Cash Value \$ \_\_\_\_\_ Annual Earnings \$ \_\_\_\_\_

Do you have Money Market or Mutual Funds? Cash Value \$ \_\_\_\_\_ Annual Earnings \$ \_\_\_\_\_

Do you have Stocks, Bonds or Annuities? Cash Value \$ \_\_\_\_\_ Annual Earnings \$ \_\_\_\_\_

Do you have Cash on Hand? Amount \$ \_\_\_\_\_

Do you have a Direct Express @ Card? (or any card where benefits or pay are deposited) Balance \$ \_\_\_\_\_

Do you have a Certificate of Deposit (CD)? Cash Value \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_

Do you have a Savings / Holiday Account? Balance \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_

Do you have a Checking Account? 6 Month Avg. Balance \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_

Assal Source Yes No

Applicant / Tenant Sworn Income and Asset Statement



NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, REQUEST FOR COPY OF TAX FORMS MUST BE PREPARED AND SIGNED SEPARATELY.

_____	_____	_____
Date	(Print Name)	Adult Household Member
_____	_____	_____
Date	(Print Name)	Adult Household Member
_____	_____	_____
Date	(Print Name)	Co-Applicant/Resident
_____	_____	_____
Date	(Print Name)	Applicant/Resident

**SIGNATURES**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for twelve months from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

**CONDITIONS**

- Past and Present Employers
- Public Housing Agencies (including Previous Landlords)
- Support and Alimony Providers
- Welfare Agencies
- State Unemployment Agencies
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions

The groups or individuals that may be asked to release the above information include, but are not limited to:

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are limited to: personal identity; employment; income; and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

**INFORMATION COVERED**

I/We \_\_\_\_\_ (Owner or agent) for purposes of verifying information on my/our apartment rental application.

I/We \_\_\_\_\_ the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to \_\_\_\_\_

**TENANT RELEASE AND CONSENT FORM**

TESCOproperties

TESCO Form #489 (11/08)

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**

Phone# \_\_\_\_\_  
 Fax# \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Management Company Name and Address \_\_\_\_\_  
 Landlord's Signature \_\_\_\_\_  
 Landlord's Printed Name \_\_\_\_\_  
 Date \_\_\_\_\_

Any additional comments? \_\_\_\_\_

Would you recommend this applicant as a tenant?  Yes  No

Have you received complaints?  Yes  No If so, describe: \_\_\_\_\_

How many people occupy the premises as per your record? \_\_\_\_\_

Did the applicant leave owing rent?  Yes  No

Does/did the applicant pay rent on time?  Yes  No

What is/was the applicant's monthly rent? \$ \_\_\_\_\_ Does/did rent include utilities?  Yes  No

Was the appropriate notice given?  Yes  No

Was the full lease term completed?  Yes  No

Does/Did the applicant have a current or previous lease with you?  Yes  No Dates: \_\_\_\_\_

**THIS SECTION FOR COMPLETION BY PAST LANDLORDS**

We would appreciate it if you would answer the following questions regarding their tenancy.

The applicant has indicated \_\_\_\_\_ Landlord/Management Co. Name

to be their present/previous landlord.

An Application has been submitted by \_\_\_\_\_ Applicant/Tenant Name & Address

for residency in our apartment community.

Return this verification to the person listed here \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

Date: \_\_\_\_\_

Mode of Delivery:  Mail  Fax  Hand Delivered

**THIS SECTION FOR COMPLETION BY PAST RESIDENTS**

**PAST RESIDENT VERIFICATION**



We're sorry, but your incoming fax may be incomplete. Please call the sender to verify your fax or to request a re-send.

Your fax may be incomplete because one or more of the following has occurred:

1. Fax transmission was interrupted.
2. "End fax" signal not received.
3. Unable to convert to desired file format.

We apologize for any inconvenience.

You will not be charged for this additional page.