

Application Cover Sheet
PLEASE COMPLETE ENTIRE APPLICATION

Answer all yes or no questions. If a section does not apply to you, you must indicate as such (e.g., N/A).

BEFORE SUBMITTING YOUR APPLICATION, REVIEW THE FOLLOWING:

- Are all names, birthdates, SSN, addresses, and contact information correct for all household members listed?
- Please include full names, *including* middle initials, of all household members listed. If a household member does not have a middle initial, please indicate that next to their name.
- Provide the last 5 years of housing history for all applicants over the age of 18. This includes but is not limited to: housing provided by private & public landlords, family, friends, school, shelters, government organizations, camping.
- Please include ANY history of anyone in your household ever being charged with or convicted of a crime.
- Are all sources of income listed for all household members? (employment, reach-up, Social Security, Unemployment, or Other)
- Have you answered all yes or no questions and provided clarification if applicable?
- Do the character references listed know all adult household members for at least one year?
- Make sure all household members over 18 have signed and dated the application on page 12 of the Vermont Common Rental Application
- Please include any supplemental material you would like to be considered when reviewing & processing your application

If you are unsure on how to complete a part of the application, please contact Sasha Bradford at 802-877-2626 x100 or at sasha@addisonhousingworks.org

Complete applications can be submitted by:

- **Mail to:** Addison Housing Works, PO BOX 156 Vergennes, VT 05491
- **E-Mail to** sasha@addisonhousingworks.org
- **Drop Off:** Please use the drop box at 272 Main Street Vergennes, VT

FXED APPLICATIONS CANNOT BE ACCEPTED

Applications with sections/questions left blank will be considered incomplete and will be returned to the applicant via mail. This will result in a processing delay. Incomplete applications that are re-submitted will receive a new date and time stamp. Applications are processed in the order they are received.

Check all properties and bedroom sizes for which you would like to apply on Page 2

Please see page 3 of cover sheet for an authorization for the release of information(optional)



Apartment Management Division
 272 Main Street - PO BOX 156 - Vergennes, VT 05491
 P: 802-877-2626 | F: 802-877-2627 | TTY: 711
www.addisonhousingworks.org

MIDDLEBURY									
Property	Efficiency	1BR	2BR	3BR	4BR	Rental Subsidy	ADA Unit(s)	Pet Policy	
Addison Housing LP (15 Court St & 11 Seminary St)						Some—must apply w/ VSHA	YES	One cat, indoor at all times or one caged animal - no snakes, no rodents	
Middlebury South Apts (30 S Village Green)						None		One cat, indoor at all times or one caged animal - no snakes, no rodents	
N Pleasant Housing LP (31, 37 N Pleasant St & 51,53,56 John Graham Ct)						Some—must apply w/ VSHA	YES	One cat, indoor at all times or one caged animal - no snakes, no rodents	
Smith HLP (32 Seminary St. & 76, 78, 88 S Pleasant St.)						Some—must apply w/ VSHA		One cat, indoor at all times or one caged animal - no snakes, no rodents	
Stone Hill Housing LP (428 Court St.)						None		NO PETS ALLOWED	
Otter Creek Housing LP (Pine Meadow) 11 Jackson Ln						Some—must apply w/ VSHA		One cat, indoor at all times or one caged animal - no snakes, no rodents	
Weybridge St Apts (1-4 Jayne Ct.)						Some—must apply through Coordinated Entry		One pet per household. Dog must be less than 40 lbs. Deposit required for dog.	
VERGENNES									
	Efficiency	1BR	2BR	3BR	4BR				
Addison Housing LP (97-101 Main St., 10 S Water St., & 14 S Maple St.)						Some—must apply w/ VSHA	YES	One cat, indoor at all times or one caged animal - no snakes, no rodents	
Creekview Housing LP (20-36 Hillside Acres)						Some, through ACCT	YES	One cat, indoor at all times or one caged animal - no snakes, no rodents	
Smallest City Apts (206 & 224 Main St)						Yes, through ACCT	YES	One cat, indoor at all times or one caged animal - no snakes, no rodents	
Vergennes Community Apts (45 Armory Ln)						None	YES	One cat, indoor at all times or one caged animal - no snakes, no rodents	
BRISTOL									
		1BR	2BR	3BR					
Bristol Firehouse Apts (45,47, & 75 Firehouse Drive)						Some—must apply through Coordinated Entry		One cat, indoor at all times or one caged animal - no snakes, no rodents	
HANCOCK									
	Efficiency	1BR	2BR	3BR	4BR				
Mountain View Apts (123 VT Rte 125)						Yes, through ACCT		One cat, indoor at all times or one caged animal - no snakes, no rodents	
WALTHAM									
			2BR	3BR					
McKnight Lane (7-57 McKnight Lane)						Some—must apply w/ VSHA	YES	One cat, indoor at all times or one caged animal - no snakes, no rodents	
SENIOR & DISABLED HOUSING ONLY									
	Efficiency	1BR	2BR	3BR	4BR				
Pleasant Hills (93 Mountain St) - Bristol						Yes, through ACCT	YES	NO PETS ALLOWED	
SENIOR HOUSING ONLY									
Armory Lane (50 Armory Lane) - Vergennes						Some, through ACCT	YES	One pet: Dog under 40lbs, or 1 cat always indoors, or 1 caged animal - no snakes, no rodents.	



OPTIONAL AUTHORIZATION FOR THE RELEASE OF INFORMATION

By signing this form, information can be released to and/or discussed with your selected parties. This form is signed voluntarily, and you may make changes at any time. All disclosures made pursuant to this form are valid if they were made before the date of revocation.

I (please print), _____ authorize Addison Housing Works (AHW) to communicate with the following persons or organizations regarding my application and waitlist status.

Name: _____ Telephone #: _____

Relationship to Tenant: _____

E-Mail: _____ Organization: _____ [] N/A

Name: _____ Telephone #: _____

Relationship to Tenant: _____

E-Mail: _____ Organization: _____ [] N/A

DESCRIPTION OF INFORMATION TO BE DISCLOSED:

- Requests for missing information Decision Letter(s) Lease Up Process
 Appeals Process Waitlist Verification Letter

By signing below, I acknowledge that I have read and understand this document, that I have voluntarily given my authorization to Addison Housing Works (AHW) to disclose the information selected above and that I may revoke this Authorization at any time by providing a written notice to AHW. The revocation shall be effective except to the extent that AHW has already used or disclosed information in reliance on the Authorization. I understand that my information may be redisclosed by the authorized person/organization receiving the information, and at that point, the information may no longer be protected under the terms of this agreement. **This consent form will expire one year following the date signed unless revoked by you in writing or upon the happening of an event/condition as listed:**

_____.

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Legal Guardian/Personal representative:

Signature: _____ **Date:** _____

Witnessed by: _____ **Date:** _____

Form RENT		Common Rental Application for Housing in Vermont	FORM REVISED
State of Vermont's Housing Community			OCTOBER 2022

Do you speak or read English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need an interpreter to complete the application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you need language translation or an interpreter, notify the management company.

INSTRUCTIONS (not for tenant-based vouchers)

<i>Please type or print in ink the information requested on this form. Please read through this application carefully. Incomplete or unsigned applications will be returned. Use additional sheets if necessary. Please return completed application to:</i>		FOR OFFICE USE ONLY Date/time received:
Management company	Agent name	
I wish to apply for housing at (Property name)	Location	

Please check the size of the apartment you are interested in: <input type="checkbox"/> Efficiency <input type="checkbox"/> 1-bedroom <input type="checkbox"/> 2-bedroom <input type="checkbox"/> 3-bedroom <input type="checkbox"/> 4-bedroom
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FAMILY COMPOSITION

Complete the following information for each person who will live in your apartment. Attach a separate sheet of paper if needed.

***The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service and US Department of Housing and Urban Development, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, familial status, age, disability, marital status, receipt of public assistance, or because a person is a victim of abuse, sexual assault, or stalking are complied with.*

You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants based on visual observation or surname.

	Head of Household	Person 2	Person 3	Person 4
First name				
Middle initial				
Last name				
Relationship	<i>Head of household</i>			
Social Security number				
Place of birth (city, state)				
Birthdate (mm/dd/yyyy)				
Live in unit Full time	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Live in unit Part time	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Marital Status				
Single				
Married				
Divorced				
Legally separated				
Estranged				
Sex **				
Male				
Female				
Other/Intersex				
Ethnicity **				
Hispanic or Latino				
Not Hispanic or Latino				
Race (mark one or more)**				
American Indian/ Alaska native				
Asian				
Black or African-American				
Native Hawaiian or Other Pacific Islander				
Other Race				
White				

Do you have primary custody of all children listed in the Family Composition Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you expect any additions to the household in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any absent household members not listed in the Family Composition section? If "Yes", please explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you live with others? If "Yes", please explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What is your current address?	Please list current mailing address, if different
How long have you lived at this address? _____ Years _____ Months	How many bedrooms in your present home?
Home phone number	Cell phone number
Other phone number	Email address

Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", market value \$	Outstanding mortgage balance \$
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Do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Landlord's name	Landlord's phone number
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Landlord's address & E-mail address

PREVIOUS HOUSING

Fill out this information for all places you have lived in the past five (5) years, not including your present housing. Attach a separate sheet of paper if needed.

Dates From (mm/yy): To (mm/yy):	
Landlord name	Rental property address
Landlord address	
Landlord phone number	Landlord email address

Dates From (mm/yy): _____ To (mm/yy): _____	
Landlord name	Rental property address
Landlord address	
Landlord phone number	Landlord email address

Dates From (mm/yy): _____ To (mm/yy): _____	
Landlord name	Rental property address
Landlord address	
Landlord phone number	Landlord email address

Do you currently live in a subsidized or Tax Credit apartment? For example, do you need to provide income information each year to your landlord? Yes No

Please list all states you have previously lived in

INCOME

*Please list **all sources of income** for each person who will live in your apartment. Be sure to list gross amounts and where the income comes from. Attach a separate sheet of paper, if needed.*

Employment income		<input type="checkbox"/> N/A
Applicant Name	Employer address, phone, email	Gross weekly salary \$
Applicant Name	Employer address, phone, email	Gross weekly salary \$

Applicant Name	Employer address, phone, email	Gross weekly salary \$
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Applicant Name	Employer address, phone, email	Gross weekly salary \$
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Do you anticipate any changes to your income during the next 12 months? Yes No

Other income

N/A

Child support, pension/annuity, Social Security, public assistance, unemployment, other periodic payments, unearned income, etc. If you receive Social Security, please attach a copy of your award letter with your application. Enter all other sources of income including current gross Social Security monthly amount. If self-employed, provide prior year's taxes with W-2's, 1099's etc. and current financial statement. Attach a separate sheet of paper, if needed.

Applicant name	Income type	Source address, phone, email	Gross monthly amount \$
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Applicant name	Income type	Source address, phone, email	Gross monthly amount \$
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Applicant name	Income type	Source address, phone, email	Gross monthly amount \$
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Assets

Bank accounts and other cash accounts

N/A

Please list all accounts held by each person who will live in your apartment. Attach a separate sheet of paper, if needed.

Bank/institution	Type of account	Interest rate	Current balance
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Bank/institution	Type of account	Interest rate %	Current balance \$
Bank/institution	Type of account	Interest rate %	Current balance \$
Peer-to-peer account, eWallet, Direct Express Debit Card and other accounts such as Venmo, Paypal and Bitcoin, etc.	Type of account		Current balance \$
Cash on hand			Current balance \$

IRA/Keogh/annuity/pension/stocks

 N/A

Name of account	# of shares	Share Price \$	Cash value \$	Quarterly dividend \$
Name of account	# of shares	Share Price \$	Cash value \$	Quarterly dividend \$
Name of account	# of shares	Share Price \$	Cash value \$	Quarterly dividend \$

Bonds/insurance policies

 N/A

Type	Date of purchase	Current value/cash value \$
Type	Date of purchase	Current value/cash value \$

Other assets

Do you own real estate (other than the home you currently live in)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", where is it located (address, city, state)	Market value \$	
Mortgage holder and address	Mortgage balance \$	
Is this an income-producing property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does anyone applying own any other asset not already listed? (Do not include furniture. Do not include motor vehicles used for personal transportation.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes", please describe	Market value \$
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Have you or any member of the household disposed of, transferred, or otherwise given away any cash, property, or other assets for less than they are worth in the past two (2) years?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please describe				
Cash value \$	Amount received \$	Date disposed of		

Do you or any member of the household receive regular gifts or contributions from any person or organization? Gifts or contributions include cash, non-cash items, bills paid on your behalf, or items paid on your behalf.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please describe				
Cash value \$	Received from	Frequency		

MONTHLY EXPENSES

Child care

 N/A

For care that enables you to work or attend school, complete for children 12 and younger

Name of provider	Address of provider	Phone number of provider	Email of provider
Amount per month assisted \$	Amount per month unassisted \$		

Medical expenses

 N/A

Complete if head of household, co-head or spouse is elderly or disabled

Physicians/health care provider name	\$
Medical premiums	\$
Hospitals/other health care facilities	\$
Prescription/non-prescription medicine	\$
Dental	\$
Other	\$
Auxiliary apparatus or attendant care	\$

List names of providers and contact information:

GENERAL INFORMATION

Are you or any member of your family in need of an accessible apartment and/or if handicapped/disabled, requesting a reasonable accommodation to enable you to live in this unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If "Yes", list accommodations needed:

Will you or any member of your household require a live-in attendant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have a disability that results in a disability-related need for a reasonable accommodation for an assistance animal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you requesting an adjustment to income? (This adjustment is available in federally-subsidized rental housing to households in which either the head or co-head is (1) age 62 or older, or (2) under age 62 and disabled)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If offered an apartment and I accept, this apartment will serve as my sole residence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you displaced due to: Natural disaster	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Other governmental action	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Domestic violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you currently homeless?	<input type="checkbox"/> Yes (Please complete Appendix 1)	<input type="checkbox"/> No
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Are you at risk of homelessness?	<input type="checkbox"/> Yes (Please complete Appendix 2)	<input type="checkbox"/> No
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Are all members of the household citizens of the United States or non-citizens with eligible immigration status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is your household comprised entirely of full-time students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If "Yes," check all that apply:

All household members are fulltime students, and such students are married and file a joint tax return	<input type="checkbox"/> Yes
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The household consists of single parents and their children, and such parents and children are not dependents of another individual	<input type="checkbox"/> Yes
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At least one member of the household receives assistance under Title IV of the Social Security Act (i.e. TANF assistance)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
At least one member of the household is enrolled in and a job training program receiving assistance under the Job Training Partnership Act or similar federal, state, or local laws	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Full-time student formerly in foster care	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you or any member of your household been a full-time student in the past year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does the Head of household plan to enroll as a full-time student in the upcoming year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please list all schools attended:				
Do you currently have a Section 8 Housing Choice Voucher (HCV)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes," which public housing authority or authorities?				
If "No," are you on the waiting list for a Section 8 HCV?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever lived in subsidized rental housing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes," specify the agency and the years in which you lived there:				
Is anyone in your household subject to a lifetime registration requirement under a state sex offender registration program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes," please explain:				
Have you or any member of the household ever committed fraud in a federally-assisted housing program or have been requested to repay money for knowingly misrepresenting information for such a housing program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes," please explain and give the state and date:				
Has anyone in your household ever been charged with or convicted of a crime?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes," please explain and give the state and date:				
Has anyone in your household ever been charged with or convicted of illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes," please explain and give the state and date:				

Is anyone in your household currently engaging in the illegal use of a controlled substance? Yes No

If "Yes," please explain and give the state and date:

Do you have any pets? *Some properties do not allow pets*
 Yes No

Type

Number

All properties have a smoking policy. Would you like a copy of the policy for the property for which you are applying?

Yes

No

Why do you want to move to this property?

EMERGENCY

Please provide the name of any family or friends you would like involved in this application process. Please also list any family or friends we may contact if we are unable to reach you.

Name	Address (Street, city/town, state)
Phone number	Relationship
Email address	
Name	Address (Street, city/town, state)
Phone number	Relationship
Email address	
Name	Address (Street, city/town, state)
Phone number	Relationship
Email address	

Please provide three (3) character references who have known ALL adult applicants for at least one (1) year. References may not be related to the applicant(s).

Name	Phone number & E-mail address
Name	Phone number & E-mail address
Name	Phone number & E-mail address

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY
BEFORE SIGNING THIS APPLICATION:**

I/we certify that the information given on household composition, income, net family assets, allowances and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/we understand that false statements or information are grounds for termination of housing assistance, termination of tenancy and/or retroactive rent increases.

My/Our signature(s) below constitute(s) my/our consent to have the MANAGEMENT COMPANY conduct a background check, including verification of the information contained herein. I/we hereby expressly consent to the release of information by prior landlords, employers, credit bureaus/references, criminal information centers, Vermont Adult Abuse Registry, and/or the Vermont Child Protection Registry, and other individuals or entities with information relevant to the information provided herein to representatives of the MANAGEMENT COMPANY processing this application and performing the background check as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d). I also consent to release wage matching data to RHS and the MANAGEMENT COMPANY.

I/We understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit, landlord references, police records indicating unacceptable criminal behavior, and/or poor personal interview.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

“I have read and understand this statement.”

Signature – Head of household	Date
Signature – Other adult household member	Date
Signature – Other adult household member	Date
Signature – Other adult household member	Date

**ALL APPLICANTS MUST BE INCOME ELIGIBLE AND MEET ALL
ADMISSIONS CRITERIA FOR THEIR PROSPECTIVE APARTMENT**

APPENDIX 1

If you indicated "yes" that you are currently homeless on Page 7 of the Common Rental Application for Housing in Vermont, check one box to describe your household:

CRITERIA FOR DEFINING HOMELESS	<input type="checkbox"/> Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	<input type="checkbox"/> Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	<input type="checkbox"/> Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	<input type="checkbox"/> Category 4	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

APPENDIX 2

If you answered "yes" that you are at risk of homelessness on Page 7 of the Common Rental Application for Housing in Vermont, please confirm that your household falls into one of the three categories below:

Yes, my household falls into one of these categories.

CRITERIA FOR DEFINING HOMELESSNESS	Category 1	Individuals and Families	<p>An individual or family who:</p> <ul style="list-style-type: none"> (i) Has an annual income below <u>30%</u> of median family income for the area; <u>AND</u> (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; <u>AND</u> (iii) Meets one of the following conditions: <ul style="list-style-type: none"> (A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u> (B) Is living in the home of another because of economic hardship; <u>OR</u> (C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; <u>OR</u> (D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; <u>OR</u> (E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; <u>OR</u> (F) Is exiting a publicly funded institution or system of care; <u>OR</u> (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan
	Category 2	Unaccompanied Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
	Category 3	Families with Children and Youth	An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

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.

Notice and Consent for the Release of Information

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

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

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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