



Gaylord Tower
707 Market Street
Steubenville, OH 43952
Phone: 740-283-7970
Fax: 740-283-8911

Dear Applicant,

To be eligible for Gaylord Tower, **you MUST be 62 or older and/or disabled**. The following information MUST be turned in with your application **WHEN** applying: (for all household members)

VALID PHOTO ID
SOCIAL SECURITY CARD
BIRTH CERTIFICATE
SOCIAL SECURITY/SSI/SSDI AWARD LETTER

You will also need to bring the following documentation when you come in for your one-on-one appointment: (for all household members)

6-MONTHS OF MOST RECENT CHECKING ACCOUNT STATEMENTS
CURRENT MONTH SAVINGS STATEMENT

For applicants 62 or older and/or disabled applicants, you will need verification of any medical expenses paid out of pocket, including prescriptions, vision, dental and health insurance.

All applicants are placed on the waiting list, and you will be notified via mail when your name reaches the top of the list. Please **DO NOT** call the office to check your place on the waiting list, we cannot tell you where you are on the list.

If your phone number or address changes, it is **YOUR** responsibility to update that information with the office **IN WRITING**.

Thank you,
Gaylord Tower Management

Jefferson Metropolitan Housing Authority
GAYLORD TOWER APPLICATION FOR ELIGIBILITY DETERMINATION FOR RESIDENCY
707 Market Street, Steubenville, OH 43952
Phone: 740-283-7970 Fax: 740-283-8911

Office Use Only

EL Low Income	Very Low-Income	Low Income
Date Received:	Time Received:	Application#:

1. APPLICANT(S)

Head of Household:

First Name: _____ Middle Initial: _____ Last Name: _____

Current Mailing Address: Street: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

Spouse/Co-Head:

First Name: _____ Middle Initial: _____ Last Name: _____

Current Mailing Address: Street: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

2. Household Composition and Characteristics:

(list the head of household and all other members who will be living in the assisted unit
give the relationship of each member to the head of household)

Members Full Name	Relationship	Birth Date	Sex - Male/Female/Other	Social Security Number
	Head Of Household			
	Spouse/Co- Head/Youth			

If Live-In Attendant is needed: Name of Attendant: _____

Name and Address of a doctor who can verify this need: _____

3. Current Housing Status (Where you are living NOW)

Please list all addresses where you have lived in the past FIVE years:
(use additional sheet if necessary)

Street Address: _____ Apt#: _____

City _____ State _____ Zip Code: _____

Dates lived at this address: _____ Rent: Yes No

Landlord Name: _____ Phone Number _____

Street Address: _____ Apt#: _____

City _____ State _____ Zip Code: _____

Dates lived at this address: _____ Rent: Yes No

Landlord Name: _____ Phone Number: _____

List all States you lived in: _____

4. Employment

Are you/household members currently employed? Yes No
If YES give the name of your employer(s)

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

5. Income:

Do you or any members of your household receive any of the following types of income on a regular basis? Circle "YES" or "NO" then MUST add the amount you are receiving.

Circle One	Source	Monthly Amount	Document Needed
YES No	Wages/Salaries		Pay stub/Letter
YES No	Social Security/ SSI/ SSDI		Award Letter
YES No	Private Pensions/ Railroad/OPERS/ Etc.		Recent statement/ Check Stub
YES No	Annuities		Recent statement/ Check Stub
YES No	Disability Insurance/ Workers Comp		Recent statement/ Check Stub
YES No	Interest Form Investments		Bank Statement/ 1099 Forms
YES No	Dividends		Dividend Statement
YES No	Trust Income		Recent Statement
YES No	Income From Self-Employment		Tax Documents/ Notarized Statement
YES No	Other (rental property/monthly contributions/ etc.)		Tax Documents/ Notarized Statement

Do you or any members of household have any regular sources of income not listed? YES NO
If YES please describe:

6. Assets:

Do you or any members of your household receive any of the following types of assets:

Circle One	Source	Current Value	Documents Needed
YES NO	Cash (In excess of \$1,000)		Signed and Notarized Statement
YES NO	Checking Account(s)		Copy of 6 most recent statements (all pages)
YES NO	Savings/Money Market Account(s)		Copy of most recent statement
YES NO	Stock and Bonds		Most recent statement(s)
YES NO	Certificate of Deposit		Copy of Certificate
YES NO	Collectables held for investment		Current Appraisal
YES NO	Trust, IRSS, Pension		Most recent statements

7. Do you or any members of household own a home? YES NO

If YES please list Address: Address: _____

Estimated value: _____

8. Do you or any member of the household have any life insurance? YES NO

(May be called "Whole Life", "Universal" or "Paid Up" coverage)

If "yes" please list policies below:

Name of Company	Policy Number	Face Value	Current Cash Value
		\$	\$
		\$	\$
		\$	\$

9. Medical/Medical Expenses (only for elderly or disabled applicants)

Do you have Medicare? YES NO Do you have other medical insurance? YES NO

If yes, give the name of insurance company and the policy number:

Are you bills paid by insurance? YES NO

Are you receiving medical assistance through welfare or Jobs and Family Services?

YES NO

If you pay any portions of your medical and/or drug cost, please furnish us with an anticipated cost for the upcoming 12 month (12) period:

10. Do you have any dependents that live with you? YES NO
11. Have you or any members of the household disposed of assets for less than fair market value during the past 2 years? YES NO
- If yes, please explain: _____
12. List names, addresses and phone numbers of two relatives or friends who generally know how to contact you.
- Name: _____
- Address: _____
- Phone Number: _____
- Name: _____
- Address: _____
- Phone Number: _____
13. How did you hear about Gaylord Tower?
- _____ Current Resident
- _____ Friend
- _____ Family Member
- _____ Employee
- _____ Religious Organization
- _____ Information provided by government agency
- _____ Advertisement: (Where) _____
- _____ Other: _____
14. Have you or any other of the household ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the "Controlled Substance Act" within the past 5 years? This includes harassment, sexual assault, drug abuse and other crimes. YES NO
- If "YES", please explain: _____
15. Are you or any member of the household subject to a state lifetime sex offender registration program? YES NO
- (Failure to respond to this question may jeopardize the approval of the application)
16. Are you or a member of the household a current drug user? YES NO
17. Have you or a member of the household been evicted from federally assisted housing within the past (5) years? YES NO
18. Do you have a pattern of alcohol abuse that could interfere with another's health, safety, and/or right to a peaceful enjoyment of the premises? YES NO

19. Optional Information:

Do you plan to use a service animal in this facility? YES NO
If "YES" please list the organization that trained and place the animal: _____

Do you plan to bring a pet onto the premises? YES NO
Do you currently own a pet? YES NO

20. Are you enrolled as a student in an institute of higher education? YES NO

21. Applicant(s) Certification

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify any information provided on this application and to contact previous or current landlords or other sources for credit, criminal background checks and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law and could result in this application being rejected. I/we am/are aware that the applicant may be given less than (30) days' notice to move into an available apartment. If for any reason am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact Gaylord Tower in writing every six (6) months should we decide to remain on the waiting list. I/we understand that the failure to complete this application in its entirety may result in the rejection of the application.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Gaylord Tower does not discriminate in any fashion based upon a person(s) race, color, sex, creed, national origin, handicap status, religion, familia status, source of income, sexual preference, or disability. Residency is open to all qualified person(s) in accordance with any State recognized protected classes. Gaylord Tower does not discriminate based upon age for any reason, excluding HUD program/project requirements.

I do hereby certify that I have reviewed all answers and certification with the applicant prior to signatures:

Property Manager Initials: _____ Date: _____
Date entered on computer: _____ Criminal History Sent: _____ Landlord Check: _____

Penalties for misusing the consent: Title 18, section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the US Government. HUD and any owner (or any employee of HUD or owner) may be subject to penalties for unauthorized or improper use 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 and willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 408(a)(6)(7) and (8).



Jefferson Metropolitan Housing Authority

153 North Fifth Street, Steubenville, OH 43952

Phone: (740) 282 0994 – Fax (740) 314 5002

DRUG POLICY

Since you are applying/participating in housing with Jefferson Metropolitan Housing Authority, Gaylord Tower, we must inform you that the sale of/or processing of illegal drugs in Federal Funded Housing Program dwellings is strictly prohibited including permitting the unit you will live in to be used for a place to sell drugs.

Violation of this drug policy will result in immediate eviction.

By signing this drug policy statement below, you are attesting that you have had it read and explained to you by a JMHA representative and understand its meaning.

The undersigned applicant/participant for housing certifies that they have disclosed any and all arrests and/or convictions for drug violations in the accompanying applications for Housing.

X _____ Head of Household Signature
X _____ Spouse/Other Adult Signature
X _____ Other Adult Signature
X _____ JMHA Representative Signature
X _____ Date

Penalties for misusing the consent: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the US Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 408(a)(6) (7) and (8).



Jefferson Metropolitan Housing Authority

153 North Fifth Street, Steubenville, OH 43952

Phone: (740) 282-0994 Fax: (740) 314-5002



REQUEST FOR REASONABLE ACCOMMODATION

People with disabilities may request reasonable accommodation in order to fully utilize this housing program and any related services. Gaylord Towers will make all reasonable efforts to be flexible in assisting people with disabilities to participate in the program successfully. Requests for accommodation will be verified to ensure that the accommodation is reasonable. Examples of reasonable accommodation are as follows:

- Home visits if your disability prevents you from coming to the Gaylord Tower office.
- TTD or TDY devices
- Accessible format for Gaylord correspondence
- The use of an advocate or interpreter
- If the family includes a person with a disability, the family may request a current listing of accessible units that may be available

I understand I have the right to request a reasonable accommodation for disabilities to participate in Gaylord Tower program.

Signature of Applicant/Resident:

Date:

I wish to schedule a meeting to review my request for reasonable accommodation

Signature of Applicant/Resident:

Date:

Accommodation request granted? YES NO

Gaylord Tower Manager:

Date:

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



Jefferson Metropolitan Housing Authority
153 North Fifth Street, Steubenville, OH 43952
Phone: (740) 282 0994 – Fax (740) 314 5002

Gaylord Tower – 707 Market Street, Steubenville, Ohio 43952 740.283.7970 Fax 740.283.8911

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)	
☐ Emergency	☐ Assist with Recertification Process
☐ Unable to contact you	☐ Change in lease terms
☐ Termination of rental assistance	☐ Change in house rules
☐ Eviction from unit	☐ Other: _____
☐ Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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Signature of Applicant

Date

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

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

Form HUD- 92086 (05/09)



Jefferson Metropolitan Housing Authority
815 North Sixth Avenue, Steubenville, OH 43952

Washington Square: 740-282-6430 Fax: 740-314-5358

Gaylord Tower: 740-283-7970 Fax: 740-283-8911

Public Housing: 740-282-0994 Fax: 740-314-5002

Section 8: 740-282-0994 Fax: 740-284-7079

www.jeffersonmha.org



Authorization for Release of Information
Records of Arrests and Prosecutions

Applicant Name: _____

Social Security Number: _____

Date of Birth: _____ Sex: Male Female

Phone Number: _____

Race: Black White Asian Native American Island Pacific Other: _____

States that you have resided in for the last ten (10)
years : _____

This person has applied for housing assistance under a program of the U. S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing this information and returning it to the person listed at the top of this page. Your prompt return of this information will assure timely processing of the application for assistance. Enclosed is a self-addressed stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

Applicant/Tenant Statement of Release:

I understand that my eligibility for housing assistance may be affected by the nature and extent of any criminal history that I may have. I have disclosed my criminal history (if any) on my application for housing assistance, and hereby authorize Jefferson Metropolitan Housing Authority to request verification from local, State or Federal law enforcement agencies and court records.

Signature _____

Date _____

Result of Search:

_____ No record has been found

_____ Copy of record is attached

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of Housing

OMB Approval No. 2502-0204

Gaylord Tower

OH160013026

707 Market Street

Name of Property

Project No.

Address of Property

Jefferson Metropolitan Housing Authority Section 8 50059

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

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

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

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

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



Jefferson Metropolitan Housing Authority

153 North Fifth Street, Steubenville, OH 43952

Phone: (740) 282 0994 – Fax (740) 314 5002

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or Local agency, organization, business, or individual to release to the Jefferson Metropolitan Housing Authority (JMHA) any information or material needed to complete and verify my application for participation, and/or maintain my continued assistance under Section 8 Rental Rehabilitation, Low Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD and/or the JMHA to release information from my file about rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes information from my file about payment history and any violations of my lease or JMHA policies.

Information covered

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include, but are not limited to: identity and marital status, employment, income and assets, residences and rental activity, medical, or childcare allowances, and credit and criminal activity. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

Groups or individuals that may be asked

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but aren't limited to: previous landlords (including public housing authorities), courts and post office, schools, and colleges, support and alimony providers, past and present employers, welfare agencies, Social Security Administration, medical and childcare providers, Veteran's Administration, retirement systems, banks and other financial institutions, credit bureaus, and utility companies.

Computer matching notice and consent

I understand that HUD or the JMHA may conduct computer-matching programs to verify the information supplied for my application or re-certification. If computer match is done, I understand that I have the right of notification of any adverse information found and a chance to disprove incorrect information. HUD or JMHA may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: state employment agencies, Department of Defense, office of personal management, the U.S. Postal service, the Social Security Administration, and state welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original is on file with JMHA and will stay in effect for fifteen (15) months from the date it was signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES REQUIRED BY ALL ADULT HOUSEHOLD MEMBERS(S)

X _____ DATE _____
Head of Household PRINT Name

X _____ DATE _____
Adult Household Member PRINT Name

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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.

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

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

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

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

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

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):

HUD Cleveland Office
1350 Euclid Avenue Suite 500
Cleveland, OH 44115-1815

O/A requesting release of information (Owner should provide the full name and address of the Owner.):

Jefferson Metropolitan Housing
Authority
815 North Sixth Avenue
Steubenville, OH 43952

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.):

Columbus Metropolitan Housing Authority
Attn: Charles Hillman, President/CEO, 880 E. 11th Ave
Columbus, OH 43211-2771

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 W-2-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.

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 &
4571.3 and HOPE 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

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 HUD-9887/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.