

DENVER TERRACE

110 DENVER STREET

RAPID CITY, SD 57701

PHONE: 605-484-4213

FAX: 605-791-0407

EMAIL:

[denverterrace@midconetwork.com](mailto:denverterrace@midconetwork.com)

\*\*\*\*\*

## HOUSING APPLICATION PACKAGE



OCCUPANCY STANDARDS ARE GENERALLY BASED ON TWO (2) PERSONS PER BEDROOM WITH AN EXCEPTION FOR AN INFANT UNDER ONE YEAR OF AGE.

There may be an exception to this standard in the event the bedrooms are unusually large - more than 350 square feet - or there is an unusually spacious configuration or layout - such as extra rooms. The occupancy standards comply with Federal, State, and local fair housing and civil laws; Tenant-landlord laws; zoning restrictions; and HUD's Equal Opportunity and nondiscrimination requirements under HUD's administrative procedures.





## APPLICANT REQUIREMENTS

When your name reaches the top of the waiting list, you will be notified a unit is available for you. You will be required to schedule an appointment and all adults are required to attend this interview. You must notify the Site Manager immediately of any change in your mailing address or phone number to insure you are contacted in a timely manner.

### DOCUMENTS NEEDED FOR INTERVIEW:

- Original birth certificates for all household members.
- Original social security cards for all household members.
- Income: All sources of income. (Social Security award letters, pension letters, TANF, child support, 6 consecutive pay stubs, etc.)
- Assets: Bank accounts. Name of Bank with any accounts (checking, savings, etc.) for all household members.
- Expenses: Name and address of Child Care Provider. If head of household is elderly (62 or older), list of medical facilities you are paying any out of pocket expenses.
- Proof of Citizenship: Immigration status.

NOTE: If applicant does not have birth certificates and/or social security cards at the time of the interview, you will be given ninety (90) days to provide these documents and your name will remain on the wait list until these documents are provided. You will then be notified when next available unit is available. If documents are not provided within the ninety (90) day time line, your name will be removed from the wait list and you will need to reapply.

### SCREENING PROCESS FOR ELIGIBILITY:

- Do not exceed income guidelines for household size set by HUD.
- Pass criminal background and registered sex offender check.
- Pass rental history.
- Pass Credit history.
- Be U.S. Citizen or have eligible immigration status.
- Meet requirements of Student Eligibility.
- Meet Occupancy Standards.

NOTE: If your application is denied you have the right to request an informal review to discuss the reason for denial. You may request a copy of our Resident Selection Plan from the Site Manager.

Lewis, Kirkeby & Hall Management, Inc. and its employees do not discriminate against any person because of race, religion, color, national origin, sex, handicap, creed, or familial status.

All agents and employees of Lewis, Kirkeby & Hall Management, Inc. represent the owner of the property in this and any other transaction.

~~Persons with disabilities who, as a result of their disabilities, cannot complete this application may request and will be provided alternative methods to complete the application process.~~



# DENVER TERRACE APARTMENTS

## Housing Application for HUD Housing/Tax Credit Property/RD Property

FOR OFFICE USE ONLY

HEAD OF HOUSEHOLD: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Client#: \_\_\_\_\_

### Instructions for Head of Household

1. The individual applying as Head of Household will complete the Rental Application. Each additional adult who will live in the apartment must sign the Rental Application, and must complete all applicable verifications forms.
2. Please print all information using ink. Do not leave any sections blank. If a section does not apply to your house-hold, enter "NONE". If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change. White out is not acceptable.
3. It is important that all information on the Rental Application be legible, complete and correct. False, incomplete or misleading information will cause your household's application to be rejected.
4. As long as your application is on file with us, it is your responsibility to contact us whenever any of the information in the Rental Application (i.e. your address, telephone number, income situation, or family size) changes. Failure to do so may result in your Rental Application being rejected.
5. Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

If you require special unit features, the owner/agent must verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1 Chapter 3 \*\*3-28\*\*B. Check any of the following that is applicable:

- Wheelchair accessible unit     Visual-impaired unit     Hearing-impaired unit     Barrier-free unit

### HOUSEHOLD COMPOSITION

List ALL persons who will live with you when you receive housing assistance. Also, if you or a member of your household is expecting a child, list "unborn child" in one of the "minor" lines and give the expected due date in the column for date of birth. DO NOT list persons who will NOT be living with you when you are housed.

	Legal Last Name	First Name	MI	Relationship to Head	Date of Birth		SSN	Student Y/N	U.S. VETERAN?
Head									
Spouse/ Co-Head									
Minor									
Minor									
Minor									
Minor									
Minor									
Minor									
Minor									

Current Mailing address	Physical Street address/State & ZIP code	Home/Cell phone #	Work phone #
Email:			



## APPLICANT DECLARATION ON REQUESTED BEDROOMS

<b>OCCUPANCY STANDARD</b> Number of Bedrooms    Number of Persons Minimum    Maximum 2                      2                      4 3                      3                      6			Using the occupancy guidelines shown at left, I am requesting that provide me with housing assistance for a unit size of _____ bedrooms.
--	--	--	--

## CURRENT EMPLOYMENT HISTORY

Provide complete information requested for everyone in the household.

Household member:	Current hourly rate of pay \$
Current Employer:	Average hours worked per week:
Employer Address:	Tips (weekly):                      Bonus (annually):
	Food allowance (per day):
Employer Phone #:	Hire date:
Email:	From:    /    /    (date) to    /    /    (date)
Remarks:	Remarks:
Household member:	Current hourly rate of pay \$
Current Employer:	Average hours worked per week:
Employer Address:	Tips (weekly):                      Bonus (annually):
	Food allowance (per day):
Employer Phone #:	Hire date:
Email:	From:    /    /    (date) to    /    /    (date)
Remarks:	Remarks:

ATTACH AN ADDITIONAL SHEET IF NEEDED

## WORK HISTORY – prior 3 years to current employment (for all adult household members)

Household Member	From (year)	To (year)	Employer

## OTHER INCOME IN THE HOUSEHOLD

	YES	NO	Monthly		YES	NO	Monthly
TANF			\$	Social Security			\$
Child Support			\$	SSI			\$
Spousal Support			\$	SSD			\$
Pension, retirement, etc.			\$	Disability Payments			\$
Unemployment			\$	Self Employed			\$
Other							



## ASSETS IN THE HOUSEHOLD

Does anyone own STOCKS, BONDS, CERTIFICATES OF DEPOSIT or OTHER ASSETS?  No  Yes

Does anyone own any REAL ESTATE?  No  Yes; describe:

Has any family member sold or disposed of any ASSETS, for less than fair market value, in the last 2 years?  No  Yes  
Describe:

Does any family member have a CHECKING ACCOUNT? <input type="checkbox"/> No <input type="checkbox"/> Yes Household member(s) on account:	Bank: _____
Does any family member have a SAVINGS ACCOUNT? <input type="checkbox"/> No <input type="checkbox"/> Yes Household member(s) on account:	Bank: _____

ANY WHOLE LIFE INSURANCE POLICIES?  No  Yes      Cash Value: \$

Name of Company: \_\_\_\_\_  
Complete Address: \_\_\_\_\_

## ALLOWABLE EXPENSES

**Child Care: For minors 12 years of age or younger or disabled family member**

Child care provider's name: \_\_\_\_\_ Phone # of child care provider: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Amount paid by you per week: \$ \_\_\_\_\_ Number of children cared for: \_\_\_\_\_

**Medical and/or Handicap Expenses** (elderly, handicapped disabled only) (OUT OF POCKET NOT REIMBURSED)

Medicare	\$ _____	Per month
Supplemental health care insurance	\$ _____	Per month
Prescriptions (regular recurring, i.e., insulin)	\$ _____	Per month
Outstanding Doctor and hospital bills owed	\$ _____	Monthly Payment
Other, i.e., handicap equipment expenses	\$ _____	Monthly Payment

## PROGRAM INTEGRITY INFORMATION

Do you expect anyone to move in or out of your household during the next twelve months?  No  Yes

Does anyone live with you now who is not listed on this application?  No  Yes

Have you ever lived in assisted housing before?  No  Yes

If Yes: When? \_\_\_\_\_ Where (physical address, city, state, ZIP code)? \_\_\_\_\_

Under what name? \_\_\_\_\_

Who was head of household? \_\_\_\_\_

Name of agency: \_\_\_\_\_

Have you ever used a name other than the one you are using now?  No  Yes

If Yes: What name? \_\_\_\_\_

Have you ever used a social security number other than the one you have listed above?  No  Yes

If Yes: What is it? \_\_\_\_\_

Are any members of the household (over the age of 18) – full or part time students of higher education?  No  Yes

If Yes: Where? \_\_\_\_\_  
(i.e. college, technical school etc.)

Are you currently receiving housing assistance?  No  Yes

Have you ever been evicted from Public or Assisted housing?  No  Yes

Have you ever violated a lease obligation in a HUD-assisted housing program?  No  Yes

Do you owe any money to a Landlord or Assisted Housing Agency?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you or any household member required to register as a sex offender? If Yes, Who? <b>NOTE: FAILURE TO RESPOND TO THIS QUESTION MAY JEOPARDIZE THE APPROVAL OF THE APPLICATION.</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has anyone in your household ever been engaged in the use, sale, manufacturing or distribution of any controlled substance? If Yes: Who? _____ When? _____ What substance? _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has anyone in your household ever been arrested for any type of criminal activity? If Yes: Who? _____ Crime: _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

### CURRENT MONTHLY EXPENDITURES

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

Do you have any other regular monthly payments besides those above?  No  Yes  
If Yes: Specify: \_\_\_\_\_

### LANDLORD REFERENCE INFORMATION

List your addresses and landlords names, addresses or email address for the past three years.

ADDRESS OF UNIT	LANDLORD NAME & ADDRESS or EMAIL ADDRESS	FROM	TO	TELEPHONE
				( ) -
				( ) -
				( ) -
				( ) -

List all States you have lived in: \_\_\_\_\_

### CREDIT REFERENCES – List 3 credit references

COMPANY	ACCOUNT NUMBER	TELEPHONE
		( ) -
		( ) -
		( ) -

### Statements by all Household Members

I/We certify that all information given in this Rental Application and any and all attachments is true, complete and accurate to the best of my knowledge. I/We understand that management is relying on this information to verify the household's eligibility and that providing false information or making false statements may be grounds for denial of the application or termination of tenancy. I/We also understand that 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.

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse or Other Adult \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:** I have reviewed all answers and certifications with applicant(s):

Signature of property representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Exhibit 17-1  
Student Status Verification**

Head of Household Name: \_\_\_\_\_

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. \_\_\_\_\_ Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.
- C. \_\_\_\_\_ Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

- |  |     |    |
|--|-----|----|
| 1. Is at least one student receiving assistance under Title IV of the Social Security Act?   | Yes | No |
| 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation)   | Yes | No |
| 3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation) | Yes | No |
| 4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent?   | Yes | No |
| 5. Are the students married and entitled to file a joint tax return?   | Yes | No |

*Households composed entirely of full-time student that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.*

Verification completed by: \_\_\_\_\_

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

## STUDENT STATUS CERTIFICATION

Applicant/Resident \_\_\_\_\_ Date \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Number \_\_\_\_\_ Property \_\_\_\_\_

### TO BE COMPLETED BY EACH ADULT APPLICANT/RESIDENT STUDENT

YES NO

Are you a student at an institution of higher education?

I am a student at the following educational institution: \_\_\_\_\_

\*Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.

**If you have answered no, please skip the following questions and sign below.**

**If you answered yes, please complete the following questions:**

	YES	NO
Are you a full time student?	<input type="checkbox"/>	<input type="checkbox"/>
Are you disabled?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were you receiving Section 8 assistance as of November 30, 2005?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a graduate or professional student?	<input type="checkbox"/>	<input type="checkbox"/>
Are you at least 24 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a dependent child?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents other than a child or spouse?	<input type="checkbox"/>	<input type="checkbox"/>
Were you an orphan or a ward of the court through the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be living with your parents?	<input type="checkbox"/>	<input type="checkbox"/>
If no:		
a. Are your parents receiving or eligible to receive Section 8 assistance?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you claimed as a dependent on your parent's tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Are you receiving any financial assistance to pay for your education?	<input type="checkbox"/>	<input type="checkbox"/>
I have established a household separate from my parents or legal guardians for at least 12 consecutive months prior to my application.	<input type="checkbox"/>	<input type="checkbox"/>

### PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 43 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

Signature \_\_\_\_\_

Date \_\_\_\_\_



ADDENDUM FOR HOUSING APPLICATION FORM

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

Project Name and Unit #: \_\_\_\_\_

Are all members of the Household U.S. Citizens? Yes ( ) No ( )

If not, please explain: \_\_\_\_\_

Race/Ethnicity of Head of Household: ( ) White, not Hispanic  
( ) Asian/Pacific Islander ( ) Black, not Hispanic Origin  
( ) Hispanic ( ) American Indian

The following question is optional. However, the information supplied may be used to determine any special needs you may have.

Are any family members disabled or handicapped ( ) Yes ( ) No  
Which Member \_\_\_\_\_

Do you have any unusual expenses, such as care attendance or auxiliary apparatus for the disabled or handicapped family member? ( ) Yes ( ) No

Explain \_\_\_\_\_

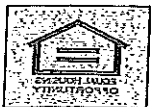
Do you currently receive rental assistance? ( ) Yes ( ) No  
\$Amount

If yes, are you receiving: Section 8 Certificate: ( ) \_\_\_\_\_  
Section 8 Voucher ( ) \_\_\_\_\_ Other  
( ) \_\_\_\_\_

Does any member of your household work for someone who pays them in cash? ( ) Yes ( ) No  
Explain \_\_\_\_\_

Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? ( ) Yes ( ) No

Explain \_\_\_\_\_





PROPERTY MANAGEMENT

401 E. Sturgis Street  
Rapid City, SD 57702

Phone: 605-348-1865 Fax: 605-348-7279

**AUTHORIZATION**

HUD Programs are 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 laws. 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 & 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.

**TENANT RELEASE AND CONSENT**

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to Lewis-Kirkeby-Hall Property Management, for all purposes of verifying information on my/our apartment rental. This information will only be used to determine my/our eligibility and/or amount of rental assistance in AHP.

**INFORMATION COVERED**

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

**GROUPS/INDIVIDUALS THAT MAY BE CONTACTED (INCLUDED BUT NOT LIMITED TO):**

- \*Present Employers
- \*Veterans Administration
- \*State Unemployment Agencies
- \*Retirement Systems
- \*Banks/Other Financial Institutions
- \*Pharmacy Providers
- \*Welfare Agencies
- \*Previous Landlords (including public housing agencies)
- \*Social Security Administration
- \*Child Support and Alimony Providers
- \*Medical & Child Care Providers
- \*Credit/Background Reporting Agencies

**\*\* Child Support Agencies:**

I/We authorize the Department of Child Support (DCS) to release a 12 month printout history of any and all cases filed with this department. I also authorize DCS to verify if a Court Order is in place for any/all cases.

**Conditions**

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

**Signatures:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**BLACK HILLS POWER, INC.**

**AUTHORIZATION FOR RELEASE OF CUSTOMER INFORMATION**

I, \_\_\_\_\_, am a customer of  
Black Hills Power, Inc. (BHP) maintaining an electric account in my name at:

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

My BHP Account Number(s): \_\_\_\_\_  
\_\_\_\_\_

By my signature below, I authorize Black Hills Power, Inc. to release any and all oral and written  
information about my utility account(s) to the following person(s), agency or company:

\_\_\_\_\_  
NAME OF PERSON(S), AGENCY OR COMPANY

\_\_\_\_\_  
STREET ADDRESS/PO BOX

\_\_\_\_\_  
CITY STATE ZIP CODE PHONE NO.

I understand and agree that this authorization includes the release and discussion of all  
information concerning this account, to a third party, including, but not limited to, the  
billing and payment history. I hold Black Hills Power, Inc., their employees, officers,  
agents, parent companies and subsidiaries, harmless from any and all liability which may  
arise from information which is released as a result of this authorization. I understand  
that I may cancel this authorization at any time by submitting a written request.

\_\_\_\_\_  
CUSTOMER'S PRINTED NAME

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

\_\_\_\_\_  
DATE

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

OMB Approval #2602-0204  
HUD form 9887-9887A OMB exp.(06/30/2012)

#### 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-9 887:** Allows the release of information between government agencies.
3. **Form HUD-9 887-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); Dept of HUD - Multi-Family Housing 670 Broadway 24 <sup>th</sup> Floor Denver, CO 80202	O/A requesting release of information (Owner should provide the full name and address of the Owner.);  Lewis, Kirkeby, Hall Property Mgmt. 401 Sturgis Street Rapid City, SD 57702	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.);  SD Housing Development Authority P.O. Box 1237 Pierre, SD 57501
---	--	--

**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 202/182 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 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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

--	--

**Signature of Applicant**

**Date**

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

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

COPIES OF ALL ADULTS SOCIAL SECURITY CARDS

AND PICTURE ID'S MUST BE INCLUDED WITH THE

APPLICATION FOR PROCESSING.

INCOMPLETE APPLICATIONS AND/OR MISSING SS CARDS/ID'S

WILL RESULT IN DELAYING THE PROCESS.