

Terrace Tower Apartment
Rental Application Cover Page

1. A copy of the following documents are required when submitting your application:
 - Photo Identification Card,
 - Socials Security Card
 - Birth Certificate
2. Please use a Blue pen to complete application.
3. Each adult household will need to complete a separate application.
4. Applicants must be at least 62 years of age or have a verifiable disability.
5. We only have Studio apartments for rent.
6. Federal Assistance is available to those who qualify.
7. Applications are accepted:

Tuesdays and Thursdays
10:00 am to 2:00 pm

15600 Terrace Road, East Cleveland, Ohio 44112
phone: (216) 268-1212 fax: (216) 268-0600



Date Received: _____
 Time: _____
 By: _____

Complex: Terrace Towers

APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

Applicant Name _____

Current Address _____

City, State, Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Terrace Towers does not discriminate on the basis of disability status in admission or access to, or treatment, or employment in, it's federally assisted programs and activities.

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

How did you hear about us: _____ Bedroom Size requested: _____

1. List the Head of Household and all other members who will be living in the unit. Give the Relations of each family member to the Head of Household.

Member No	Last	First	Middle Name (Full Legal Middle Name)	Relationship Code	Birthdate	Age	Sex (Optional)	Social Security Number	Student Y or N
1									
2									
3									
4									
5									
6									

(Relationship code and sex inquiry is made for the purpose of determining # of bedrooms which a household is entitled.)

(Relationship Codes: Self, Spouse, Co-Head, Dependent, Foster, Live in Aide)

2. **Ethnicity of Head of Household** (Select one) (For statistical purposed only.)

- Hispanic or Latino Not-Hispanic or Latino

3. **Race of Head of Household:** (Select all which apply) (For statistical purposes only.)

- White Black or African American American Indian/Alaskan Native
 Asian Native Hawaiian or Other Pacific Islander

4. Are you or any adult household members enrolled as a full or part time student in an institute of higher education: ___ Yes ___ No

Please ensure the Student status in Section 1 above is completed for each household member

5. Does anyone live with you now who is not listed above: ___ Yes ___ No

6. Do you expect a change in your household composition? Yes No

Explain if you answered yes to either question 5 or 6:

7. Do you have legal guardianship/custody of all children in household? Yes No

If no, explain:

8. Please list all the states where the applicant and members of the applicant's household have resided:

9. Is Head of Household or Spouse handicapped or disabled? Yes No (For program and unit eligibility purposes only.)

Do you qualify as a person with disabilities as described in Section 504 of the Rehabilitation Act of 1973 for an accessible unit/features? Yes No

10. Please identify any special housing needs your household may have:

11. Are any members of the applicant household US Military Veterans? Yes No

If yes, List name(s) of US Military Veteran(s) _____

12. Are you seeking housing as result of a Presidentially Declared Disaster? Yes No

13. Are you lacking a Fixed Nighttime Residence? Yes No

14. Are you Attempting to Flee Violence? Yes No

15. Have you ever lived in subsidized housing before? Yes No

If yes, please list all complexes:

16. Have you ever lived at this property or any other property operated by Retiree Housing Management, Inc?
 Yes No

17. Are you now living in a subsidized housing unit? Yes No

If yes:

Name of Complex: _____

Name of Manager: _____

Manager's Telephone Number: _____

18. Has your assistance ever been terminated for fraud, non-payment of rent or failure to recertify?
 Yes No

19. Have you ever been evicted? Yes No If yes, when: _____
Explain:

20. Have you ever been convicted or have a history of any criminal activity, drug related criminal activity or any unlawful activity? Yes No
If yes, explain: _____

21. Has any other household member ever been convicted or have a history of any criminal activity, drug related criminal activity or any unlawful activity? Yes No
If yes, explain:

22. Are you or any other member of the applicant's household subject to a lifetime state sex offender registration program in any state? Yes No
If yes, explain:

23. Do you abuse alcohol or use illegal drugs? Yes No
If yes, explain:

24. Have you ever had issues with bed bugs? Yes No

25. Do you currently own a pet, or do you anticipate owning a pet? Yes No
If yes, explain:

26. Has anyone in your household ever filed for bankruptcy? Yes No
If yes, explain:

27. In case of an emergency notify:

Name _____ Address _____

Telephone No. _____ Relationship _____

Name _____ Address _____

Telephone No. _____ Relationship _____

28. Do you own a Car, Truck, Boat or Trailer? Yes No
 Make _____ Model _____ Year _____ License No. _____

29. Are you an applicant who was age 62 or older as of January 31, 2010, and do not have a Social Security Number and were receiving HUD rental assistance at another location on January 31, 2010?
 Yes No

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes", provide details in the charts below.

Does any member of your household:

YES NO

- ___ ___ 1. Work full-time, part-time or seasonally?
- ___ ___ 2. Expect to work for any period during the next year?
- ___ ___ 3. Work for someone who pays them cash?
- ___ ___ 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
- ___ ___ 5. Currently receive or expect to receive unemployment benefits?
- ___ ___ 6. Currently receive or expect to receive child support?
- ___ ___ 7. Entitled to child support that he/she is not currently receiving?
- ___ ___ 8. Currently receive or expect to receive alimony?
- ___ ___ 9. Have an entitlement to receive alimony that is not currently being received?
- ___ ___ 10. Currently receive or expect to receive public assistance (welfare)?
- ___ ___ 11. Currently receive or expect to receive Social Security or disability benefits?
- ___ ___ 12. Currently receive or expect to receive income from a pension or annuity?
- ___ ___ 13. Currently receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- ___ ___ 14. Receive income from assets, including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
- ___ ___ 15. Own real estate or any assets for which you receive no income (checking acct., cash)?
- ___ ___ 16. Have you sold or given away real estate property or other assets (including cash) in the past two years?

MEMBER NAME	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSETS

1. List all checking and savings accounts for all household members. (including IRA's, Keogh accounts, and Certificates of Deposits)

Member Name	Bank Name	Type of Account	Account Number	Balance
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

2. Do you have stocks, bonds, trusts, pensions, real estate or other assets and their value owned by any household member? Yes No
If yes, explain: _____

3. Did you have any assets disposed of for less than their fair market value during the past two years?
 Yes No If yes, explain: _____

4. Do you have any Real Estate owned/co-signed for? Yes No
If yes, explain: _____

EXPENSES

Yes No Do you have expenses for child care of a child aged 12 or younger?
If yes, provide the name, address and telephone number of the care provider:

What is the weekly costs to you of the child care? _____

Yes No Do you pay a care attendant or for any equipment for any handicapped or disabled household member(s) necessary to permit that person or someone else in the household to work? If you pay a care attendant, provide their name, address and telephone number:

What is the weekly cost to you for the care attendant and/or the equipment?

Complete this medical expense portion if you are elderly, age 62 or older or disabled.

Yes No Do you have Medicare or any other kind of medical insurance? If yes, please provide name and address for the insurance provider as well as policy number and monthly premium.

Yes No Do you have outstanding medical bills? If yes list them below.

Yes No Do you expect to incur any medical expenses in the next twelve months? If yes list below.

Yes No Do you have a Medicare Prescription Drug Plan? If yes list below.

Yes No Do you anticipate any Medical Expense **not covered by insurance** for yourself or other household member during the next 12 months? If yes, explain below.

PREVIOUS RENTAL HISTORY (please give a 3 year rental history)

Name and Address of your Present Landlord:

Telephone No. _____
How long have you lived there? _____
Reason for leaving? _____
Amount of Rent: _____
Do you pay utilities? _____

Name and address of your Former Landlord:

Telephone No. _____
How long did you live there? _____
Reason for leaving? _____
Amount of Rent: _____
Did you pay utilities? _____

Name and address of your Former Landlord:

Telephone No. _____
How long did you live there? _____
Reason for leaving? _____
Amount of Rent: _____
Did you pay utilities? _____

EMPLOYMENT HISTORY

Name and Address of Head's Present Employment:

Telephone No. _____
Supervisor's name? _____
How long have you worked there? _____

Name and Address of Head's Previous Employment:

Telephone No. _____
Supervisor's name? _____
How long did you work there? _____

Name and Address of Other Adult Member's Employer:

Telephone No. _____
Supervisor's name? _____
How long have you worked there? _____

DEFINITION OF NON-IMMIGRANT STUDENT-ALIEN:

An alien having a residence in a foreign country which he/she has no intention of abandoning, who is a bona fide student, qualified to pursue a full course of study and who is admitted to the United States temporarily and solely for the purpose of study at an established institution of learning or other recognized place of study in the United States, particularly designated by him/her and approved by the Attorney General after consultation with the Department of Education of the United States, which institution or place of study shall have agreed to the Attorney General the termination of attendance of each non-immigrant student. If any such institution of learning or place of study fails to make reports promptly, approval of the alien spouse and minor children of any such alien, to accompany him/her or to join him/her shall be withdrawn.

I certify that I have read the information above and that I am not a non-immigrant student alien, and that no others in my household are non-immigrant student aliens.

Applicant _____ Date _____

FOUR CLASSES OF APPLICANTS THAT WILL BE REFUSED ADMISSION :

1. Applicants who have been evicted within the last three years from federally assisted housing for drug related criminal activity or non-payment of rent.
2. Individuals currently engaging in illegal drug use;
3. Sex offender with lifetime registration requirements, and;
4. Alcohol abusers whose behavior could interfere with others health, safety and right to peaceful enjoyment.

APPLICANT CERTIFICATION

I/we understand that this is not a contract and does not bind either party. I/we certify that if selected to receive assistance, 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. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we authorize the owner/manager/PHA to complete on all applicants and household members criminal background checks. 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.

Signature of Head _____ Date: _____
Signature of Spouse/Co-head _____ Date: _____
Other Members 18 and over _____ Date: _____
Other Members 18 and over _____ Date: _____
Other Members 18 and over _____ Date: _____
Signature of Manager: _____ Date: _____

Upon completion of this form and attachments noted below, please mail back or deliver, in person, to the manager of the complex.

Attachments: Supplement to Application, HUD 92006 form,
HUD Fact Sheet, HUD 9887, 9887 A
Acknowledgement Sheet
Attachment 3,4,5,6, 8 and 10
Disposal of Asset
Student Certification



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.

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.);	O/A requesting release of information (Owner should provide the full name and address of the Owner.);	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.);
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household _____

Date _____

Other Family Members 18 and Over _____

Date _____

Spouse _____

Date _____

Other Family Members 18 and Over _____

Date _____

Other Family Members 18 and Over _____

Date _____

Other Family Members 18 and Over _____

Date _____

Other Family Members 18 and Over _____

Date _____

Other Family Members 18 and Over _____

Date _____

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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.

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

Signature of Applicant

Date

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

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

Retiree Housing Management
26949 Chagrin Blvd., Suite 208
Beachwood, Ohio 44122

Complex Name: TERRACE TOWERS

DISPOSAL OF ASSET CERTIFICATION

Please list any asset that you or any family member disposed of for less than fair market value during the last two years preceding the effective date of your certification or recertification.

I certify I, _____,

have NOT disposed of assets for less than fair market value.

OR

have disposed of the following assets for less than fair market value.

Disposed assets listed below:

<u>Asset Disposed</u>	<u>Disposal Date</u>	<u>Market Value of the Asset at the time of disposition</u>	<u>Amount Received</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant/Tenant

Date

Signature of Spouse

Date

Acknowledgement Sheet

This Acknowledges, that I/we (applicant(s) / Resident(s)) have received a copy of the following:

Please **check** ✓ each item or mark N/A if not applicable

1. _____ The Resident Right and Responsibilities Brochure
2. _____ Fraud (Replaces Things You Should Know)
3. _____ Lead Based Paint Brochure (If Applicable)
4. _____ How Your Rent is Determined (HUD Fact Sheet ~ June 2007)
5. _____ EIV Brochure
6. _____ Bed Bug Brochure
7. _____ HUD 9887/9887A Fact Sheet

The following parties have reviewed the information above and certify receipt of such documents.

Applicant / Resident

Date

Applicant / Resident

Date

Applicant / Resident

Date

Terrace Towers Apartments
15600 Terrace Road
East Cleveland Ohio 44112
216-268-1212 216-268-0080

TENANT ASSET SELF-CERTIFICATION

Last Four Digits of SSN: _____ Unit: _____

I, _____ certify that

I receive my awarded benefit(s) from Social Security and/or SSI Benefits by check,

My Social Security and/or SSI Benefits is sent directly to my assigned Payee,

and I do not have any of the listed accounts below:

- Checking Account
- Savings Account
- Direct Express Card

Signature: _____ Date: _____

PENALTIES FOR MISUSING THIS CONSENT Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD 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 208 a(6)(7) and (8). Violations of these provisions are cited as violations of 42 USC 408 a(6)(7) and (8).



STUDENT CERTIFICATION



Thank you for your interest in our apartment community. HUD has restrictions of students in the Section 8 housing program. You may research the HUD student restrictions in the HUD Handbook 4350.3, REV-1, Change 2, Chapter 3, pages 3-35 through 3-38 and page 15 of the Glossary. The following households are considered eligible: 1.) 24 or older 2.) Veteran 3.) Have dependents 4.) Married 5.) Parent's income is not over the "Low" income level (for the area that the parent's live) and student is income eligible 6.) Meet the U.S. Department of Education definition of an "Independent Student" (page 15 HUD Handbook 4350.3) 7.) Has maintained a household separate from parents for a full year and NOT claimed on their parents tax returns as a dependent, 8.) persons already receiving Section 8 assistance as of November 30, 2005 and are disabled (as defined by HUD), (both parts of # 8 must be met).

We must verify the below with your parents and third party institutions. Please ensure all questions are completely answered so that we may verify eligibility. If it is determined that you are "eligible" during the application process, the "student eligibility process" will be completed again during your next annual recertification process. If it is determined that you are no longer an "eligible student" as defined by HUD, a 30 day termination of assistance will be provided and you will be required to pay full rent.

1. Are you a part-time or full-time Student of higher education? Yes No
(If No was answered, it is not required to answer any of the below; however, you must sign and date this form.)

2. Are you an "Independent Student" as defined by Title IV aid? Yes No
(If yes, please circle any of the conditions that apply to you below.)

1. Be at least 24 years old by December 31 of the award year for which aid is sought.
2. Be an orphan or a ward of the court through the age of 18.
3. Be a veteran of the U.S. Armed Forces.
4. Have legal dependents other than a spouse (for example, dependent children or an elderly dependent parent.)
5. Be a graduate or professional student.
6. Be married.

How may we verify this? Please provide the name and address for the school or agency that can verify the information above.

Name of School: _____

Address: _____

3. Amount of monthly financial contributions that are provided by parents, guardians or others? _____

4. How long have you established a household separate from parents or legal guardians?

Please provide your address(s) for the last year: _____

(Attach a copy of a utility bill or driver's license that verifies this address)

5. Are you claimed as a dependent by your parents or legal guardians pursuant to IRS regulations? Yes No

6. Do you receive financial aid? Yes No

(Please document the address for the Financial Aid office that may verify.)

7. Have you received Section 8 assistance as of NOVEMBER 30, 2005? Yes No (If yes) Are you Disabled?

Yes No (You are not required to answer this question; however, it may qualify you as an eligible student.)

We may need to verify your parent/guardian's income; therefore, you MUST complete your parents contact information below. If your parent's income is OVER the HUD "Low" income level (for the county where your parent's live), you may not qualify for the program (if any of the other eligible conditions do not exist).

Parents Name/Guardian: _____ Number of family members living in parent's household: _____

Address & Phone Number: _____ County where parents live: _____

I do hereby swear and attest that all the information above is true and correct.

Signature

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD 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 208 a(6)(7) and (8). Violations of these provisions are cited as violations of 42 USC 408 a(6)(7) and (8).

"Management" does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

OWNER'S NOTICE NO. 1
FOR A TENANT FAMILY

Dear: _____

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

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payments program
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 101/Rent Supplement Program

You are receiving assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are receiving housing assistance. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members residing in the assisted unit.
2. Have a Declaration Format (Attachment 6) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the address listed below by _____.

Project Name: Terrace Towers
Project Address: 1500 Terrace Road
E. Cleve., OH 44112

If one or more members of your family elect not to contend that they have eligible immigration status, and other members of the family establish their citizenship or eligible immigration status, your family may be eligible for prorated assistance; i.e. the amount of assistance will be determined by the number of members of your household who are eligible. Your family must identify to the project owner, the family member (or members), who will not elect to contend that he or she has eligible immigration status. Block 3 on the attached Declaration Format can be used for this purpose.

This Section 214 review will be completed in conjunction with the regular reexamination of tenant income and will be performed only one time during continuously assisted occupancy for each member of your household under any covered program. For any new occupant of your unit, the required evidence shall be submitted at the first interim or regular recertification following the person's occupancy.

If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact Mgr - 216-268-1212. We will be happy to assist you.
(manager name and phone number)

Also, if you are unable to provide the required documentation by the date show above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in the termination of your housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for temporary deferral of termination of assistance, continued assistance or proration of assistance. The conditions and availability of these options will be discussed with you in detail if you contact Terrace Towers Mgr.
(manager name)

You will be contacted as soon as we have further information regarding your eligibility for assistance.

Attachments

RHM Inc., 2003

ATTACHMENT 5

FAMILY SUMMARY SHEET

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

TENANT
DECLARATION FORMAT

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet

LAST NAME: _____

FIRST: _____ MIDDLE NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ SEX: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____ ALIEN REGISTRATION NO.: _____

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

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

SAVE VERIFICATION NO.: _____
(to be entered by owner if and when received)

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

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am:
(Print or type first name, middle initial, last name)

____ 1. a citizen or national of the United States

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

Signature

Date

Check here if adult signed for a child:

____ 2. a non-citizen with eligible immigration status in the category checked below:

- ____ (i) A non-citizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) Of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1001 (a) 20) and 1101 (a) (15), respectively. [immigrants] (This category includes a non-citizen admitted under section 210 or 210A of the INA (8 U.S.C 1160 or 1161). [special agricultural worker], who has been granted lawful resident status);
- ____ (ii) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);

- (iii) A non-citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153 (a) (7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- (iv) A non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (D) (5) or the INA (8 U.S.C. 1182 (d) (5)) [parole status];
- (v) A non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or
- (vi) A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245].

If you checked this block and you are 62 years of age or older and receiving assistance on June 19, 1995, you should submit a proof of age document, together with this format, and sign here:

Signature

Date

OR

If you checked this block and you are under 62 years of age, you must submit the following documents:

- a. Verification Consent Format (Attachment 8)
- AND
- b. one of the following documents:
 - (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
 - (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - (i) "Admitted as Refugee Pursuant to section 207";
 - (ii) "Section 208" or "Asylum"
 - (iii) "Section 243 (h)" or "Deportation stayed by Attorney General";
 - (iv) "Paroled Pursuant to Sec. 212 (d) (5) of the INA";
 - (3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - (i) A final court decision granted asylum (but) only if no appeal is taken;
 - (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);

- (iii) A court decision granting withholding or deportation; or
- (iv) a letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- (4) Form I-688, Temporary Resident Card which must be annotated "section 245A" or "section 215";
- (5) Form I-688B, Employment Authorization Card which must be annotated "Provision of Law 274a.12 (11)" or "Provision of Law 274a.12";
- (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.
- (7) Form I-151, Alien Registration Receipt Card

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is check on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the format. If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

Signature Date

Check her if adult signed for a child:

REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be under-taken to obtain this evidence.

Signature Date

Check here if adult signed for a child:

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

If you check this block, no further information is required and the person name above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is check on behalf of a child, and the adult living in the unit and responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child:

TENANT
VERIFICATION CONSENT FORMAT

INSTRUCTIONS: Complete this format for each non-citizen member of the household who declared eligible immigration status on the Declaration Format and is under 62 years of age. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(Print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to continue receiving financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
 - (i) HUD, as required by HUD; and
 - (ii) the INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO TENANTS:

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature

Date

Check here if adult signed for a child:

ATTACHMENT 10

OWNER'S SUMMARY OF FAMILY

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

DECLARATION LEGEND: 1 - Citizen/National
 2 - Noncitizen tenant 62 or older
 3 - All other noncitizens
 4 -Not contending eligibility

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 03/31/2014)

TERRACE TOWERS 042SH027

15600 TERRACE ROAD, EAST CLEVELAND OH 44112

Name of Property	Project No.	Address of Property
Retiree Housing Management Inc.		Section 202-8
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 form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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

A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Complex Name: Terrace Towers
 CERTIFICATION/RECERTIFICATION QUESTIONNAIRE

Please complete this questionnaire for each household member 18 years or older at the initial move in and each annual recertification. Do not leave any areas incomplete. Dependent information should be noted also.

Tenant Name: _____ Unit Number: _____

INCOME: Do you receive income from the following sources?

- | <u>YES</u> | <u>NO</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security. List recipients: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Supplemental Security Income (SSI). List recipients _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | SSI/SSP-Pennsylvania Supplementary Income _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | KTAP or any State SSI Supplementary Income _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Employment Income. List all employers: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Tips, Bonus or commission. List _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Self employment income. List type of business: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Assistance, General Assistance, TANF/AFDC. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Disability or death benefits other than Social Security _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Pension. List: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Annuities: List _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Retirement Income: List _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Disability or Death Benefits. List: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Veterans Administration Benefits (VA) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Military Pay _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployment Compensation _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Underemployment Income _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Workmen's Compensation _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance Policies. List: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Trusts _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Annuities, Inheritance, or nonrevocable trust fund _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Alimony _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Support. List: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Ownership of a Business or Profession Income _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Real Estate Income. Explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Strike Benefits _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Severance Pay _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Interest or Dividend Income _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Regular monetary support from persons not residing in the unit _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Lottery Winnings _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Income under Title V of the Older Americans Act or any special program which is not to be counted as income by federal and HUD law (such as RSVP, Green Thumb, Senior Aides, Older American Community Service Employment Program, Foster Grandparent Program) |

FAMILY MEMBERS

- | <u>YES</u> | <u>NO</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your household composition changed? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are any household members temporarily absent? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are any household members permanently absent? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or any members of your household 18 years of age and a Full or Part time student? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any Foster children who are part of the household? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any Live-In Care Attendants who are part of the household? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the employment status of any household member(s) changed? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there any member living in your unit who you have not reported to this office? _____ |

ASSETS: Do you have any of the following assets?

<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Checking Accounts. How many? _____ List all institutions: _____
<input type="checkbox"/>	<input type="checkbox"/>	Savings Accounts. How many? _____ List all institutions: _____
<input type="checkbox"/>	<input type="checkbox"/>	Direct Express Debit Card. Balance: \$ _____ (Provide current statement including name and current balance)
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Deposit. How many? _____ List all institutions: _____
<input type="checkbox"/>	<input type="checkbox"/>	Money Market Funds How many? _____ List all institutions: _____
<input type="checkbox"/>	<input type="checkbox"/>	Trusts (If yes, is the trust irrevocable? <input type="checkbox"/> yes or <input type="checkbox"/> no) _____
<input type="checkbox"/>	<input type="checkbox"/>	IRA/Keogh Accts. Or other Capital Retirement Accounts. List: _____
<input type="checkbox"/>	<input type="checkbox"/>	Stocks or Bonds. List: _____
<input type="checkbox"/>	<input type="checkbox"/>	Personal property held as an investment. Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Land contract, mortgage or deed of trust _____
<input type="checkbox"/>	<input type="checkbox"/>	Assets held in another state _____
<input type="checkbox"/>	<input type="checkbox"/>	Lottery Winnings (lump sum) _____
<input type="checkbox"/>	<input type="checkbox"/>	Inheritances, Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Cash held in Safety Deposit Boxes. How much: _____
<input type="checkbox"/>	<input type="checkbox"/>	Real Estate: List address: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other. List: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you disposed of any asset for less then fair market value in the last two (2) years?

Complete expenses if the head of household is 62 years of age or older or disabled.

EXPENSES: Do you have any of the following medical expenses?

<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Medical Insurance Premiums. List all carriers: _____
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid _____
<input type="checkbox"/>	<input type="checkbox"/>	Medicare _____
<input type="checkbox"/>	<input type="checkbox"/>	Medicare Part B, If so, how much _____
<input type="checkbox"/>	<input type="checkbox"/>	Prescriptions. List all pharmacies: _____
<input type="checkbox"/>	<input type="checkbox"/>	Payments on unpaid medical bills. List: _____
<input type="checkbox"/>	<input type="checkbox"/>	If employed, childcare expenses such as day care or babysitting _____
<input type="checkbox"/>	<input type="checkbox"/>	If employed, Handicap Assistance _____
<input type="checkbox"/>	<input type="checkbox"/>	Other. Details: _____

CRIMINAL HISTORY:

<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Are you or any member of the household subject to a lifetime state sex offender registration program in any state? Please explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household engaged in criminal activity since your last recertification or admission? If yes, please explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any other member of your household been convicted or arrested for a felony since your last certification or admission? If yes, please explain _____

I/WE CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO REPORT TO MANAGEMENT SUCH CHANGES IN INCOME AND ASSETS WHENEVER THEY OCCUR. SUBMITTAL OF FALSE STATEMENTS OF INFORMATION IS PUNISHABLE UNDER FEDERAL LAW.

Signature of Tenant

Relationship to Head of Household

Date

Manager

Date

=====

_____ does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.





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

Name: _____

S.S.# (Last four digits): _____

Date: _____

Document YES answers with third party verification.

INCOME

Table with 4 columns: Income Sources, I have or receive the following: (Check YES or NO), Monthly Amount, Notes. Rows include Job 1, Job 2, Self Employment, Social Security, Supplemental Security Income (SSI), Pension / Veteran's Administration, TANF/ AFDC, Unemployment Benefits, Workers Compensation, Educational Financial Assistance, Other.

Do you receive regular or periodic payments from:

Persons not Living in the Unit? YES NO Holder/Provider
Trust, Annuity or Other Claims? YES NO Holder/Provider
Peer-to-Peer Payment systems? YES NO Holder/Provider

Amount Frequency

Do you currently receive Assistance with your housing payment? If yes; Agency Name? _____

YES NO

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

YES NO

Ordered Amount: _____

Are you currently receiving child support or alimony?

YES NO

Amount Received: _____

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

YES NO N/A

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

YES NO

ASSET SOURCES

YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Checking Account?	6 Month Avg.			
	Balance	\$ _____	Interest Rate	_____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Savings/Holiday Account?	Balance	\$ _____	Interest Rate	_____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Certificate of Deposit (CD)?	Cash Value	\$ _____	Interest Rate	_____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Direct Express® Card? <i>(or any card where benefits or pay are deposited)</i>	Balance	\$ _____	Interest Rate	_____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cash on Hand?	Amount	\$ _____		
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cryptocurrency? (e.g. Bitcoin)	Cash Value	\$ _____	Annual Earnings	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Internet Based Funding? (e.g. Go Fund Me)	Cash Value	\$ _____	Annual Earnings	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Stocks, Bonds or Annuities?	Cash Value	\$ _____	Annual Earnings	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Money Market or Mutual Funds?	Cash Value	\$ _____	Annual Earnings	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have IRA, 401K, or Keogh Accounts?	Cash Value	\$ _____	Annual Earnings	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Treasury Bills?	Cash Value	\$ _____	Annual Earnings	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Safety Deposit Box? What is held in the Box? _____			Cash Value	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have any Personal Property held as on Investment? **			Cash Value	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you own a Home, Rental Property or other Capital Investments? <i>(Market Value less unpaid balance and selling costs = Cash Value)</i>			Cash Value	\$ _____

Current Status/Intention: Keeping Selling Renting Being Foreclosed Giving Away

Notes: _____

YES NO Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)
When: _____ Amount: \$ _____

YES NO Do you have Whole Life Insurance or Universal Life Insurance policies?
Cash Value \$ _____ Annual Earnings \$ _____

YES NO Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?
If yes, list items: _____ Date: _____

YES NO Are there minor children in the household that have any assets (Savings Account, Certificate of Deposit, Savings Bond(s), etc.)?
If yes, please provide:

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

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

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

The information provided on this form will be used to determine maximum income eligibility.

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.

Signatures:

Signature of Applicant/Lessee _____
Date

Owner/Management Agent Signature _____
Date

**Verification of
Disability**

**APPENDIX 6-B: SAMPLE VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION
OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY**

**FOR USE WITH SECTION 202/8, SECTION 202 PAC, Section 202 PRAC,
AND SECTION 811 PRAC**

DATE:

TO:

FROM: Terrace Towers
Management Office
15600 Terrace Road
East Cleveland, OH 44112
p. 216-268-1212
f.216-268-0080

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE (or other instructions to the third party to ensure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

SUBJECT: Verification of Disability

NAME _____

ADDRESS _____

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 the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure 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 above.

INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

-
1. YES NO Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
2. YES NO Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitation in three or more of the following areas of major life activity;
 - (1) Self-care,
 - (2) Receptive and expressive language,
 - (3) Learning,
 - (4) Mobility,
 - (5) Self-direction,
 - (6) Capacity for independent living, and
 - (7) Economic self-sufficiency; and
 - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
3. YES NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

4. YES NO Is a person whose sole impairment is alcoholism or drug addiction.

NAME AND TITLE OF PERSON
SUPPLYING THE INFORMATION

FIRM/ORGANIZATION

SIGNATURE

DATE

Public reporting burden for this collection is estimated to average 12 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 is 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. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

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).

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

Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD 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 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).



LANDLORD VERIFICATION



TO: _____ _____ _____ PHONE: _____ FAX: _____		FROM: <u>Terrace Towers Apartments</u> <u>15600 Terrace Road</u> <u>East Cleveland, OH 44112</u> PH <u>216-268-1212</u> FAX <u>216-268-0080</u> TTY <u>711</u>	
Applicant:		Date of birth:	
Address:		Unit #	SS#

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

APPLICANT SIGNATURE

DATE

INFORMATION BEING REQUESTED

Dear _____:

_____ has applied for housing with us. We would appreciate any information you can give us regarding the kind of tenant he/she was/is while renting from you. Please complete the information below and return the form to us.

Sincerely Yours,
Management

Move-in Date _____ Move-out Date _____

PLEASE CHECK THE APPROPRIATE ANSWER:

1. Rent Inquiry:
- a. Amount of monthly rent payment? \$ _____
 - b. Is this person/family receiving federal rental assistance at this time? Yes No
 - c. Does this applicant have a Lease Agreement? Yes No
 - d. Does the applicant pay rent on time? Yes No
 - e. Has the applicant ever paid rent late? Yes No
If so, how late? _____
How often? _____
 - f. Does the applicant keep the unit clean, safe and sanitary? Yes No
 - g. Has the applicant damaged the unit? Yes No
If so, has the applicant paid for the damage? Yes No
 - h. Will you keep any of the security deposit? Yes No
 - i. Has the applicant ever had bed bugs in their unit? Yes No
 - j. Does the applicant currently have bed bugs in their unit? Yes No
2. Lease Compliance Inquiry:
- a. Is the applicant listed on the Lease Agreement for the unit? Yes No
 - b. Does the applicant permit unauthorized persons to live in the unit on a regular basis? Yes No

- c. Has the applicant, household members or guests damaged or vandalized common areas? Yes No
- d. Has the applicant, household member or guest created any physical hazards to the property or other residents? Yes No
- e. Has the applicant, household members or guest disturbed other tenants? Yes No
- f. Has the applicant, household member or guest engaged in any criminal activity, including drug-related criminal activity in the unit or building? Yes No
- g. Has the applicant given you any false information? Yes No
- h. Has the applicant, household members or guest acted in a physically violent and/or verbally abusive manner towards neighbors, Landlord, or staff? Yes No
- i. Would you re-rent to this applicant? Yes No

REASONS FOR MOVING AND ANY COMMENT:

Information provided by:

 NAME AND TITLE OF PERSON
 SUPPLYING THE INFORMATION (PRINT)

 PHONE #

 SIGNATURE

 DATE

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD 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 208 a(6)(7) and (8). Violations of these provisions are cited as violations of 42 USC 408 a(6)(7) and (8).

"Management" does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

Informal Support Verification



To: Name: _____ Address: _____ _____ _____ Phone: _____ Fax: _____	From: Name: <u>Terrace Towers Apts</u> Address: <u>15600 Terrace Road</u> <u>East Cleveland, OH</u> <u>44112</u> Phone: <u>216-268-1212</u> Fax: <u>216-268-0080</u>
--	--

RE: Name: _____ SSN: _____	Address: _____ _____ _____
---	----------------------------------

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

 Signature Date
You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

The individual named above has applied for residency or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to annually verify the family's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the family's eligibility for the program and **will be kept in strict confidence**. We are required to complete our verification process in a short time period and would appreciate your prompt response. If this correspondence is being conducted via fax, please return this form to our fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Information Being Requested:

I certify that I provide assistance in the amount of \$ _____ each month.
 The assistance provided is for: _____
 Date assistance began: _____
 Date assistance will end: _____
 Please list other assistance provided: _____
 I certify this information to be accurate:

 Name of Person Supplying Information Relationship to Participant

 Signature Date

 Phone # E-mail

Penalties for misusing this content: 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 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 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 208(a), (6),(7) and (8). Violation of these provisions are cited as violations of 42 U.S.C.408 (a), (6), (7) and (8).



DIVESTITURE OF ASSETS

Applicant Name: _____
Address: _____
City, State, Zip: _____

SSN: _____
Phone: _____

Our apartment community provides affordable housing under Section 42 of the Internal Revenue Code. Households applying for occupancy are required to disclose their employment status and future intentions for purposes of determining income eligibility.

Who must complete this form: If you are age 18 or older or an emancipated minor, you need to certify whether or not you have disposed of any assets for less than fair market value in the past 2 years.

We are required to inform you that intentionally supplying false information is punishable under the Statute of Frauds.

The US Government requires the following:

- All questions must be answered.
- If a question does not apply, put N/A.
- If uncertain, use best available information.
- Use of "White out" and pencil is prohibited.
- If information must be changed, strike through & initial change.
- Signature and date of person completing this form is required.

Check appropriate statement A or B below:

- A. _____ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
- B. _____ I/we have sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

PLEASE COMPLETE THE FOLLOWING IN ITS ENTIRETY IF STATEMENT 2 IS CHECKED:

1. Please describe the asset that was disposed of: _____
2. When was the asset disposed of? _____
3. What was the fair market value of this asset at the time of disposal? \$ _____
4. How was the fair market value of this asset determined? _____

(Attach documentation providing proof of the amount of sale, i.e. closing papers, final bank statement, sale of stocks, etc...)

5. What was the gross amount received for this asset? \$ _____
(Attach copies of receipts or any other documentation supporting the amount entered.)

By my signature below, I certify the above representations to be true as of the date shown below. I further understand and agree that any misrepresentation herein will be considered a material breach of my lease agreement and could lead to eviction, financial and other penalties. Prior to move in, I will notify management of any changes to these circumstances.

Applicant Signature

Date



**Office Use Only
(attach tape total)**

The cash value that will be shown for this family member on the Tenant Income Certification is:

Cash Value:
\$ _____

NON-EMPLOYMENT AFFIDAVIT

(A separate form to be completed by each non-employed adult member of the household)

Applicant Name: _____ **SSN:** _____
Address: _____ **Phone:** _____
City, State, Zip: _____

Our apartment community provides affordable housing under Section 42 of the Internal Revenue Code. Households applying for occupancy are required to disclose their employment status and future intentions for purposes of determining income eligibility.

Who should complete this form: If you are age 18 or older or an emancipated minor and you are not employed, this form must be completed.

We are required to inform you that intentionally supplying false information is punishable under the Statute of Frauds.

The US Government requires the following:

- All questions must be answered YES, NO or,
- If a question does not apply, put N/A.
- If uncertain, use best available information.
- Use of "White out" and pencil is prohibited.
- If information must be changed, strike through & initial change.
- Signature and date of person completing this form is required.

Choose the appropriate numbered statement below:

- _____ 1. I am not currently employed and I do not intend on becoming employed in the next 12 months due to: _____.
(Please check one)
(a) _____ I am currently receiving unemployment benefits.
(b) _____ I am **not** currently receiving but **do anticipate** receiving unemployment benefits.
(c) _____ I am **not** currently receiving and **do not anticipate** receiving unemployment benefits.
- _____ 2. I am not currently employed but I anticipate becoming employed in the next 12 months. I have accepted a position with _____ (employer) that will begin on _____ (date).
- _____ 3. Other (explain):

By my signature below, I certify the above representations to be true as of the date shown below. I further understand and agree that any misrepresentation herein will be considered a material breach of my lease agreement and could lead to eviction, financial and other penalties. Prior to move in, I will notify management of any changes to these circumstances.

Applicant Signature

Date

Subscribed and sworn to me before under oath this _____ day of _____, _____.

Printed Name of Notary Public

Signature of Notary Public

Notary Public, State of _____. My commission expires on _____, _____.

Office Use Only

See reverse side for instructions.

\$ _____



Property Name: Terrace Towers Apartments
 Address: 15600 Terrace Road, East Cleveland OH 44112
 Phone: (216) 268-1212 TTY: 711
 Fax: (216) 268-0080

Date Received: _____
 Time: _____ am/pm

LOW INCOME HOUSING TAX CREDIT RENTAL APPLICATION

All co-applicants, age 18 or older, including spouse, should complete a separate application. The information you provide below will be used to determine if you meet the eligibility guidelines for becoming a resident of our community. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law.

PROPERTY INFORMATION (For Office Use Only):	
Unit Address: _____	<input type="checkbox"/> Initial Certification
Unit Number: _____	<input type="checkbox"/> Recertification
# of Bedrooms: _____	<input type="checkbox"/> Other _____
Proposed Effective Date: _____	

HOUSEHOLD COMPOSITION AND STATUS:						
<i>List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the Head. Choose only one member to be Head of Household. Please answer all questions. Write N/A if a particular question is not applicable. Do no leave any questions blank or unanswered. List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.</i>						
Household Member's Full Name (first and last)	Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult or Child L=Live-In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Student Y or N	If "yes" Part time (PT) or Full time (FT)*
	Head					

***For each household member listed above - List this member as a full-time or part-time student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. The educational institution defines student status. Please include all school-age children, even if home-schooled.**

1. If every household member listed above is indicated as a full-time (FT) student, please answer the following questions:

Circle One

- a. Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF) Yes or No
- b. Were any full-time students previously under the care and placement responsibility of the local county children services agency (i.e.foster care)? Yes or No
- c. Are any full-time students enrolled in a government-sponsored job training program? Yes or No
- d. Are any full-time students married and entitled to file a joint tax return? Yes or No
- e. Is the household comprised entirely of a single parent & child(ren) none of whom are dependents of another individual? Yes or No



2. If you are divorced or separated, please provide date effective: _____
If divorced within last 3 years, please provide full copy of divorce decree.
3. Do you expect any changes in the household in the next 12 months? Yes or No
If yes, please describe change _____
When will this occur? _____
(If adding a new member, this person should be listed as a household member on page 1 of this application.)
4. Are any household members, under age 18, claiming emancipation (yourself included)? Yes or No
If yes, please provide documentation to validate emancipation.

CURRENT EMPLOYMENT INFORMATION:		
Company Name: _____	Title: _____	
Address: _____	Date of Hire: _____	
City/State/Zip: _____	Monthly Gross Wage: \$ _____	
Phone: _____	Fax: _____	Supervisor: _____
ADDITIONAL EMPLOYER INFORMATION:		
Company Name: _____	Title: _____	
Address: _____	Date of Hire: _____	
City/State/Zip: _____	Monthly Gross Wage: \$ _____	
Phone: _____	Fax: _____	Supervisor: _____
PREVIOUS EMPLOYMENT INFORMATION:		
Company Name: _____	Title: _____	
Address: _____	Date Left: _____	
City/State/Zip: _____	Monthly Gross Wage: \$ _____	
Phone: _____	Fax: _____	Supervisor: _____

OTHER INCOME INFORMATION:		
<i>Identify each source of income currently received or anticipated to be received in the next 12 months.</i>	Circle Yes or No for each item listed	Monthly Gross Income (Enter N/A if none)
1. Self-Employment	Yes or No	\$ _____
2. Not Employed	Yes or No	\$ _____
3. Unemployment Compensation	Yes or No	\$ _____
4. Disability/Worker's Compensation/Severance Pay	Yes or No	\$ _____
5. Social Security/SSI Benefits	Yes or No	\$ _____
6. VA Benefits	Yes or No	\$ _____
7. Pension/Annuity	Yes or No	\$ _____
8. Military Pay	Yes or No	\$ _____
9. Public Assistance (AFDC/TANF/W-2)	Yes or No	\$ _____
10. Child Support/Alimony/Family Maintenance	Yes or No	\$ _____
11. Recurring Gift/Contribution	Yes or No	\$ _____
12. Rental Income	Yes or No	\$ _____
13. Lottery Winnings Paid Periodically	Yes or No	\$ _____
14. Adoption Assistance	Yes or No	\$ _____
15. Trust Income	Yes or No	\$ _____
16. Educational Financial Assistance	Yes or No	\$ _____
17. Other Income (i.e. inheritance, insurance policies)	Yes or No	\$ _____



18. Zero Income (No income from any source)	Yes or No	\$ _____
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ASSET INFORMATION: List all assets for this household member. Complete one for every household member.

	Name of Financial Institution(s)	Circle One	Amount
1. Checking	_____ _____	Yes or No	\$ _____ \$ _____
2. Savings	_____ _____	Yes or No	\$ _____ \$ _____
3. Cash on Hand		Yes or No	\$ _____
4. Stocks/Mutual Funds	_____ _____	Yes or No	\$ _____ \$ _____
5. CD/Money Markets	_____ _____	Yes or No	\$ _____ \$ _____
6. Treasury Bill	_____ _____	Yes or No	\$ _____ \$ _____
7. Bonds	_____ _____	Yes or No	\$ _____ \$ _____
8. IRA/KEOGH	_____ _____	Yes or No	\$ _____ \$ _____
9. 401K	_____ _____	Yes or No	\$ _____ \$ _____
10. Pension/Annuity	_____ _____	Yes or No	\$ _____ \$ _____
11. Whole Life Insurance	_____ _____	Yes or No	\$ _____ \$ _____
12. Universal Life Insurance	_____ _____	Yes or No	\$ _____ \$ _____
13. Land Contract/Deed of Trust	_____ _____	Yes or No	\$ _____ \$ _____
14. Real Estate	_____ _____	Yes or No	\$ _____ \$ _____
15. Safety Deposit Box	_____ _____	Yes or No	\$ _____ \$ _____
16. Personal Property Held as an Investment	_____ _____	Yes or No	\$ _____ \$ _____
17. Trusts	_____ _____	Yes or No	\$ _____ \$ _____
18. Lottery Winnings (Lump Sum)	_____ _____	Yes or No	\$ _____ \$ _____



19. Lump Sum Receipts	_____	Yes or No	\$ _____
	_____		\$ _____

1. Do all combined assets of the entire household total less than \$5000? Yes or No
2. In the past two (2) years, have you sold or given away any assets listed in the chart above, for more than \$1,000 less than Fair Market Value? Yes or No

If yes, please completed the following:

Was the disposal of this asset due to:

Bankruptcy Yes No
 Foreclosure Yes No
 Marital Separation Yes No
 Divorce Yes No

Asset Disposed: _____
 Date Disposed: _____
 Amount Disposed: _____

Was the disposal of this asset due to:

Bankruptcy Yes No
 Foreclosure Yes No
 Marital Separation Yes No
 Divorce Yes No

Asset Disposed: _____
 Date Disposed: _____
 Amount Disposed: _____

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes or No

Gifted To: _____
 Date Gifted: _____
 Amount Gifted: _____

Gifted To: _____
 Date Gifted: _____
 Amount Gifted: _____

RESIDENTIAL HISTORY: Please provide 3 years of housing history	
Current Address: _____	____ Own ____ Rent ____ Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____
Previous Address: _____	____ Own ____ Rent ____ Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____



Previous Address: _____		____ Own ____ Other	____ Rent
City/State/Zip: _____		Date Moved In: _____	
Landlord Name/Mortgage Company: _____		Rent/Mortgage: \$ _____	
Phone: _____	Reason for leaving: _____		

1. Have you ever been evicted from tenancy? Yes or No
If yes, please list date: _____
2. Have you ever filed for bankruptcy? Yes or No
If yes, please list date: _____
3. Have you ever been convicted of a felony? Yes or No
If yes, please list what for: _____
4. Will this be your only place of residence? Yes or No
If no, please explain: _____
5. Will you have 50% or more physical custody of all minor members in household? Yes or No
If no, please explain: _____
6. Will you be receiving rental assistance while living at this community? Yes or No
If yes, please list source of assistance: _____
 - a. Has your rental assistance ever been terminated for fraud, nonpayment of rent or failure to recertify? Yes or No
If yes, please explain: _____
7. Do you own any pets that would be moving with you into the community? Yes or No
If yes, please list types: _____

OTHER INFORMATION:		
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____

EMERGENCY INFORMATION: <i>In case of emergency, notify...</i>	
Name: _____	Phone #1 _____ Phone #2 _____
Address: _____	Relationship: _____

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and complete to the best of knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/We applied. I further understand and agree that the owner/management agent will use this information to investigate My/Our credit worthiness through credit bureau, criminal checks and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not



be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that we may be subject to eviction or punishable by law.

I swear that I have read the above statement and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.

Applicant's Signature

Date



OFFICE USE ONLY

ADDITIONAL DOCUMENTS REQUIRED FOR THIS HOUSEHOLD

Needed	Received	<u>Household Composition</u>
<input type="checkbox"/>	<input type="checkbox"/>	Social security cards for each member of household.
<input type="checkbox"/>	<input type="checkbox"/>	Birth certificates for all minor members.
<input type="checkbox"/>	<input type="checkbox"/>	Student Question
<input type="checkbox"/>	<input type="checkbox"/>	1.a. Public Assistance Verification
<input type="checkbox"/>	<input type="checkbox"/>	1.b. Documentation of JTPA enrollment or other qualified program
<input type="checkbox"/>	<input type="checkbox"/>	1.c. Full copy of most recent federal and state <u>joint</u> tax return
<input type="checkbox"/>	<input type="checkbox"/>	1.d. Full copy of most recent federal and state tax return
<input type="checkbox"/>	<input type="checkbox"/>	2. Copy of divorce decree including child support and property settlement
<input type="checkbox"/>	<input type="checkbox"/>	3. Application for additional household member(s) expected
<input type="checkbox"/>	<input type="checkbox"/>	4. Emancipation documentation
<input type="checkbox"/>	<input type="checkbox"/>	<u>Employment Income</u>
<input type="checkbox"/>	<input type="checkbox"/>	Employment Verification of current employment
<input type="checkbox"/>	<input type="checkbox"/>	Employment Verification of additional employment
<input type="checkbox"/>	<input type="checkbox"/>	Employment Verification of previous employment
<input type="checkbox"/>	<input type="checkbox"/>	<u>Other Income (number corresponds to type of income listed in chart)</u>
<input type="checkbox"/>	<input type="checkbox"/>	1. (New)-Complete Newly Self-Employed Verification
<input type="checkbox"/>	<input type="checkbox"/>	1. (Established)-Affidavit of Self-Employment Income and a full copy of most recent federal and state tax return, including all schedules
<input type="checkbox"/>	<input type="checkbox"/>	2. Non-Employment Affidavit
<input type="checkbox"/>	<input type="checkbox"/>	3. Unemployment Compensation Verification
<input type="checkbox"/>	<input type="checkbox"/>	4. Disability/Severance Pay/Worker's Compensation Verification
<input type="checkbox"/>	<input type="checkbox"/>	5. Social Security/SSI Income Verification
<input type="checkbox"/>	<input type="checkbox"/>	6. Veteran's Administration Income Verification
<input type="checkbox"/>	<input type="checkbox"/>	7. Pension/Annuity Income Verification
<input type="checkbox"/>	<input type="checkbox"/>	8. Military Compensation Verification
<input type="checkbox"/>	<input type="checkbox"/>	9. Public Assistance Verification
<input type="checkbox"/>	<input type="checkbox"/>	10. Child Support/Spousal Support/Family Maintenance Verification
<input type="checkbox"/>	<input type="checkbox"/>	10. Affidavit of Child Support, alimony or Family Maintenance
<input type="checkbox"/>	<input type="checkbox"/>	11. Recurring Gift/Contribution Verification
<input type="checkbox"/>	<input type="checkbox"/>	12. Affidavit of Rental Income
<input type="checkbox"/>	<input type="checkbox"/>	13. Lottery Winnings Income/Asset Verification
<input type="checkbox"/>	<input type="checkbox"/>	14. Adoption Assistance Verification
<input type="checkbox"/>	<input type="checkbox"/>	15. Trust Income-Asset Verification
<input type="checkbox"/>	<input type="checkbox"/>	16. Educational Financial Assistance (unless applicant is over 23 with dependent children)
<input type="checkbox"/>	<input type="checkbox"/>	17. Other Income Verification
<input type="checkbox"/>	<input type="checkbox"/>	18. Certification of Zero Income
<input type="checkbox"/>	<input type="checkbox"/>	<u>Asset Information</u>
<input type="checkbox"/>	<input type="checkbox"/>	1. Checking/Savings Asset Verification
<input type="checkbox"/>	<input type="checkbox"/>	2. Checking/Savings Asset Verification
<input type="checkbox"/>	<input type="checkbox"/>	3. Affidavit of Cash Assets
<input type="checkbox"/>	<input type="checkbox"/>	4. Stocks/Mutual Funds Asset Verification



5. CD/Money Market/Treasury Bill Asset Verification
6. CD/Money Market/Treasury Bill Asset Verification
7. Bond Asset Verification
8. IRA/Keogh Asset Verification
9. 401K Asset Verification
10. Pension/Annuity Asset Verification
11. Whole Life/Universal Life Insurance Asset Verification
12. Whole Life/Universal Life Insurance Asset Verification
13. Real Estate Land Contract Verification
14. Real Estate Asset Value Verification
14. Real Estate Mortgage Verification
14. Real Estate Brokerage Verification
15. Affidavit of Safety Deposit Box Assets
16. Personal Property Held As An Investment
17. Trust Income-Asset Verification
18. Lottery Winnings Income/Asset Verification

Asset Questions

1. Under \$5,000 Asset Certification
2. Divestiture of Assets
3. Divestiture of Assets

