

1654 W 51st St  
Sioux Falls, SD 57105  
605-271-0838



Dear prospective resident,

Thank you so much for your interest in the Glory House Apartments. Our home here is sober living and all utilities are included in rent! The application fee is \$40 per adult and we accept check or money order. The deposit is \$400 and is not required until you have been approved to move in. Our team is so excited you chose to apply, now we just need a few things from you to get the application process started;

- Birth certificates for all household members
- Social security cards for all household members
- Green cards for all household members (if applicable)
- 2 months of pay stubs (if applicable)
- Most recent tax returns
- Awards letters for any retirement, SSI, SSDI, etc... (if applicable, must be dated within 120 days of the move in date)
- Account numbers for any bank account held by any household member

If you do not have these items or are unsure of how to obtain them, let our team know so we can help! Please also understand that this is just a starting point, we may need you to provide more documentation as we process your application. The time it takes to process an application depends on how quickly the applicants are able to provide the documents we request and how long it takes us to verify all sources of income and assets for the entire household. If you have any questions or concerns feel free to reach out to the Glory House Apartments manager.

Thanks again,

Glory House Apartments

# Resident Selection Criteria



<b>For Office Use Only</b>		
Property _____	Building/Apt # _____	
Rent \$ _____	Housing Recipient? __Yes __N	
Received _____	_____	_____
Date	Time	Agent

Thank you for applying at a Glory House Apartments, where we take great pride in our customer service and satisfaction of our residents. The following is a set of guidelines that residents must pass to qualify to live at one of our income-limited, rent-controlled properties:

- ✓ All Applicants age 18 or older and/or emancipated minors will be screened for residency.
- ✓ An application fee of \$40 per Applicant over 18 and/or emancipated minor will be required at the time of application.
- ✓ The following screening criteria will be applied to all applicants.

**Glory House Standards:** 2 persons per efficiency  
**All properties built in 2012 or after will be entirely smoke free.**

## CREDIT REPORT CRITERIA

- The Credit Score will be used as a tool, but it will not be used as a qualifier.
  - Student Loans, Medical Debts and number of inquiries will not be determining factors.
- No credit history will be considered good credit with 3 good references (one must be a landlord reference if the applicant has rented previously).
- Addresses listed on the credit report will be compared to the application.

## JUDGMENTS & COLLECTIONS

- If the applicant has a previous landlord debt, the applicant will need to provide proof of a payment arrangement with landlord.
- If an applicant owes back child support exceeding \$7,500, the applicant will need to provide documentation for review or proof of payment arrangement to determine eligibility for approval.

## BANKRUPTCY

- Discharged 2+ years prior to application, the applicant's credit will be considered in good standing as long as the report indicates good credit history since the date of the bankruptcy.
- Must also have 3 good references.
- More than one bankruptcy will result in denial.

## INCOME REQUIREMENTS

- For Affordable Units, the applicant's gross monthly income must be 2.0 times the monthly rent unless the applicant has a payee who approves the rent amount.
- HUD Units- income guidelines established by HUD must be followed.
- Housing Choice Voucher Recipients (Sioux Falls Housing Vouchers) - gross income must be 2.5 times **their portion** of the monthly rent.

## CRIMINAL HISTORY CRITERIA

- In an addendum to the application form, the management company will explain its policies and procedures on criminal activity and will inform the applicant of his or her right to request a reasonable accommodation. The addendum will also inform the applicant of his or her opportunity to submit with the application evidence of mitigating circumstances, as well as the protections available under the Violence Against Women Act.
- The management company will conduct a criminal background check on each adult member of an applicant household. An adult means a person 18 or older or a person convicted of a crime as an adult under federal, state, or tribal law.
- If the criminal background report reveals negative information about a household member and the management company proposes to deny admission due to the negative information, the subject of the record (and the applicant, if different) will be provided notice of the proposed adverse action and an opportunity to dispute the accuracy and relevance of the record. The notice will also provide the opportunity for the applicant to request a copy of the criminal record report.
- If the applicant does not contact the management company to dispute the accuracy of the criminal record within 10 days, the management company will send a written notice of ineligibility to the applicant stating the specific reason for denial. If the applicant did not contact the management company within the specified time period due to a disability, the management company may provide a reasonable accommodation extending the dispute period as is reasonable.

## Admission Process

- If a member of the applicant household has been evicted from federally assisted housing for drug related criminal activity in the past one (1) year, the management company:
  - Will deny admission based on this eviction.
- If a member of the applicant household is currently engaging in illegal use of drugs, the management company:
  - Will deny admission based on evidence of use.

- If a member of an applicant household has been convicted of a violent felony offense involving crimes of physical violence to persons or property or the nature of which would be detrimental to the safety or welfare of other residents or their peaceful occupancy of the premises, the management company:
  - Will review the offense and any documentation during the approval process.
  
- If a member of an applicant household has been convicted of a nonviolent felony offense, the management company:
  - Will review the offense and any documentation during the approval process.
  
- If a member of an applicant household has been convicted of a nonviolent misdemeanor offense, the management company:
  - Will review the offense and any documentation during approval process.
  
- If a member of an applicant household has been convicted of a crime involving arson, the management company:
  - Will deny based on the conviction
  
- The management company will not consider an arrest or charge that was resolved without conviction. In addition, the management company will not consider expunged or sealed convictions. The management cannot deny admission or terminate housing solely on the basis of an arrest, although an arrest may be the basis for further inquiry and a decision can be made on the conduct and other supporting information such as police reports detailing the circumstances of the arrest, witness statements, and other relevant documentation.
  
- Where the management company “may deny” admission to a household, the management company will conduct an individualized assessment of the criminal record and its impact on the household’s suitability for admission. This individualized assessment will include consideration of the following factors: (1) the seriousness of the criminal offense; (2) the relationship between the criminal offense and the safety and security of residents, staff, or property; (3) the length of time since the offense, with particular weight being given to significant periods of good behavior; (4) the age of the household member at the time of the offense; (5) the number and nature of any other criminal convictions; (6) evidence of rehabilitation, such as employment, participation in a job training program, education, participation in a drug or alcohol treatment program, or recommendations from a parole or probation officer, employer, teacher, social worker, or community leader; and (7) tenancy supports or other risk mitigation services the applicant will be receiving during tenancy (8) tenancy supports a case management participation program agreement.

***By signing below, I hereby agree that I have read and understand the above listed Glory House Apartments Resident Selection Criteria requirements. I also understand that a credit and criminal background check is required in order for me to apply, along with a non-refundable application fee of \$40 per person over the age of 18 or emancipated minor.***

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Representative

\_\_\_\_\_  
Date



**Rental Application**

GLORY HOUSE APARTMENTS, 1654 W 51<sup>st</sup> St, Sioux Falls, SD 57105, Phone (605) 271-0838

All information is kept in confidence

**Applicant Information**

<b>Full Name:</b>		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<b>Are you known by any other name:</b>		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Work Phone</i>
<i>Social Security Number</i>	<i>Date of Birth</i>	<i>Other ID Number</i>
<i>Personal Email Address</i>		<i>Other Email Address</i>

**Additional Applicant Information**

<b>Emergency contact information</b>			
<i>First &amp; Last Name</i>	<i>Phone Number</i>	<i>Relationship</i>	
<i>Street Address</i>	<i>Apt/Unit#</i>	<i>City</i>	<i>State</i> <i>Zip</i>
<b>License/Vehicle information:</b>			
<i>Drivers License #</i>	<i>State Issued</i>		
<i>Vehicle Make/ Model</i>	<i>Vehicle Color</i>		
<i>License Plate #</i>	<i>State Issued</i>		
<b>Do you have a legal right to be in this country?</b>	<input type="checkbox"/> YES <input type="checkbox"/> US Citizen <input type="checkbox"/> Other	Please Explain: <input type="checkbox"/> NO	

**Background Information (A Credit & Criminal Background Check Will Be Required)**

<b>Have you or any member of your household ever been charged with a crime? (Excluding traffic violations)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If you have answered yes, please explain:</b>		
<b>Awaiting Trial:</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>What was the crime you were convicted of or awaiting trial? When and where did it occur:</b>		
<b>Are you or any member of your household required under South Dakota law to register as a sex offender?</b>		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Rental History ( Application cannot be processed without thorough completion including dates & accurate phone numbers)**

<b>Have you ever applied at or lived at a Lloyd managed property before?</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If Yes:</b>	<i>Property Name</i>	<i>Street Address</i>	<i>Apt. #</i> <i>City</i> <i>State</i>
<b>Have you or any other people occupying your apartment ever been evicted from a rental property?</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If Yes:</b>	<i>Property Name</i>	<i>Street Address</i>	<i>Apt. #</i> <i>City</i> <i>State</i>
<i>Landlord Name</i>		<i>Phone Number</i>	



<b>Current Address:</b>				
<i>Your Address</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Landlord Name</i>	<i>Phone Number</i>	<i>Dates Rented</i>		
<b>Previous Address:</b>				
<i>Your Address</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Landlord Name</i>	<i>Phone Number</i>	<i>Dates Rented</i>		
<b>Prior Address:</b>				
<i>Your Address</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Landlord Name</i>	<i>Phone Number</i>	<i>Dates Rented</i>		
<b>List 2 additional references which have known you for 2 years or longer. (NO FRIENDS OR RELATIVES)</b>				
<i>Name</i>	<i>Relationship</i>	<i>Home Phone Number</i>	<i>Cell Phone Number</i>	
<i>Name</i>	<i>Relationship</i>	<i>Home Phone Number</i>	<i>Cell Phone Number</i>	
<b>Service Animals</b> (The need for Service Animals must be verified, unless the disability/need nexus is readily apparent, prior to allowing the Service Animal on the property. In addition, documentation regarding appropriate licensing, vaccinations, etc. must be complete prior to the Service Animal being on the property.)				
<b>Animal #1 Type:</b> <input type="checkbox"/> DOG <input type="checkbox"/> CAT <b>Age:</b>		<b>Breed:</b>	<b>Animal #2 Type:</b> <input type="checkbox"/> DOG <input type="checkbox"/> CAT <b>Age:</b>	
<b>Name of Veterinary Clinic:</b>		<b>Phone #:</b>	<b>Fax #:</b>	
Additional Comments (if needed)				
<p>Lloyd Property Management Selection Criteria: All Applicants are interviewed and must complete an application before acceptance. These screening criteria will be applied uniformly to all applicants and will be used for the basis of final acceptance of the application.</p> <p>1. Credit Report 2. Criminal Background 3. Comments from prior landlords 4. Comments from present landlords 5. Comments from other references  LLOYD PROPERTY MANAGEMENT WILL NOT DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP, FAMILIAL STATUS, SEXUAL ORIENTATION, OR CREED</p> <p>Applicant understands and represents: (A) That this application is complete and contains all material facts, (B) Applicant hereby gives full permission to verify the information set forth therein with the business and personal references stated, (C) Applicant represents that statements and information set forth herein are true, and correct, (D) Lloyd Property Management, at its option, may investigate and verify such information before and after renting to the applicant, (E) APPLICANT AGREES THAT IF S/HE RENTS, SUCH RENTAL MAY BE CANCELLED BY LLOYD PROPERTY MANAGEMENT IN THE EVENT THAT ANY STATEMENT OR INFORMATION FURNISHED BY THE APPLICANT IN THIS APPLICATION IS FALSE.</p>				
<b>DAMAGE/CLEANING DEPOSIT AGREEMENT</b>				
<p>\$_____ Deposit paid _____, 20____ to be applied to Damage/Cleaning Deposit if this application is accepted. I understand that if application is accepted and I cancel my rental more than 72 hours after approval, I forfeit \$200 of my deposit. The Damage/Cleaning deposit will be placed in an interest bearing account at _____ Bank, of which the interest will be paid to the owner of the property. The resident agrees that the deposit can be transferred to the owner or new property manager, upon mailing of proper notification, when the owner or property manager changes. The Damage/Cleaning Deposit will be refunded only after each and all of the conditions as set forth in the rental agreement and house policies have been met. Resident agrees that in the case of roommates the Damage/Cleaning Deposit will remain with the unit until all parties have vacated. Resident may not apply Damage/Cleaning Deposit to rent.</p> <p>A non-refundable processing fee of \$_____ has been paid.</p> <p><b>By signing below, I hereby understand that all Lloyd Companies employees are AGENTS for the owner, are authorized to manage the Premises, and are authorized by the OWNER to accept service of process and to receive and give receipt for notices and demands, in accordance with South Dakota Statutes.</b></p> <p style="text-align: center;"><b>THIS IS A LEGAL DOCUMENT – READ CAREFULLY BEFORE SIGNING.</b>  <b>I HAVE READ AND UNDERSTAND THIS APPLICATION IN ITS ENTIRETY.</b></p>				
_____	_____	_____	_____	_____
APPLICANT	DATE	OWNERS REPRESENTATIVE	DATE	TIME





**Lloyd Property Management**  
**LIHTC Compliance**  
 101 S. Reid Street, Suite 201,  
 Sioux Falls, SD 57103  
 Phone: (605)323-2820 fax: (605)323-2824

FOR OFFICE USE ONLY

BEDROOM SIZE:  
 DATE RECEIVED:  
 TIME RECEIVED:  
 RECEIVED BY:

Please print and be sure to completely fill out the application. Use the correct legal name for each member of your household as it appears on your Social Security Card. All members of the household (18 or older) must sign and date this application.

FAMILY SUMMARY – List all persons, including yourself, who will be living in the apartment. List head of household first.

Name (last, first, MI)	*Relationship (see below)	Social Security #	Gender	Birth Date	Place of birth	**Race (see below)	Are you Hispanic? Yes or No
1.	HEAD						
2.							
3.							
4.							
5.							
6.							
7.							

\*Relationship: Use the code that best describes the relationship of each person in the household to the Head of Household  
 S=Spouse      K=Co-head/significant other      C=child of the head or co-head of household      F=Foster child/adult  
 Y=Other youth under 18 yrs old      E=Full time student over 18 yrs old      L= Live-in aide      A=Other adult

\*\*Race: This information is optional. Use the code that best describes the race of each household member. You may choose multiple categories.  
 W=White      B=Black      NA=Native American or Alaskan Native      A=Asian/Pacific Islander      H=Hispanic      O=Other

Current Phone Number:(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Co-Head Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

In the next 12 months, do plan to have any deletions or additions to your household (this includes pregnancy, fostering, and adoption) that is not listed in the Family Summary above? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Are there any household members that are temporarily away from home? \_\_\_\_ Yes \_\_\_\_ No If yes, please complete:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Expected date of return: \_\_\_\_\_

\*Tenants or Co-Tenants who are disabled, handicapped or over age 62 may qualify for an income adjustment.

\*Do you qualify under any of these provisions? \_\_\_\_ Yes \_\_\_\_ No

\*Does anyone in your household require a handicap-accessible unit? \_\_\_\_ Yes \_\_\_\_ No

\*If you require modifications to the unit, please explain: \_\_\_\_\_

\_\_\_\_\_

Will your Household be receiving a Section 8 Voucher or Certificate? \_\_\_\_ Yes \_\_\_\_ No

List members of household who are over 18 and a full-time student or expecting to become a full-time student:

Full Name	Date Enrolled	Name & Address of School

Income received or expected to receive:	Yes or No		Monthly Amount	Family Member
Wages (include overtime, tips, bonuses, commissions, etc)			\$	
Net Income from a business (self-employment, including Uber or Lyft driver, Door Dash, Uber Eats, or similar types of positions, rental property, land contracts or other forms of real estate.)			\$	
Cash payments for employment			\$	
Tips			\$	
Social Security or SSI			\$	
Pension/Retirements/VA Benefits			\$	
Annuities/Life Insurance Dividends/Death Benefits			\$	
Child Support or Alimony			\$	
Welfare/Public Assistance Payments/TANF			\$	
Workman's Compensation			\$	
Unemployment Benefits or Severance Pay			\$	
Regular Military Income			\$	
Regular Cash Contributions or Gifts			\$	
Educational Grants/Scholarships/VA Students Benefits			\$	
Earned Income Tax Credit			\$	
Lump Sum Payments (Inheritances, lottery winnings, insurance settlements, capital gains, etc)			\$	
Other Income			\$	

APPLICANT'S EMPLOYER:

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

CO-APPLICANT'S EMPLOYER:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ASSET INFORMATION: (All information will be verified by a third party.)

Please answer each of the following questions, including all household members. For each yes answer, provide the current balance and the family member owning the asset.

Do you currently have funds in:	Yes or No		Current Balance	Family Member
Checking Accounts			\$	
Checking Accounts			\$	
Savings Accounts			\$	
Savings Accounts			\$	
Direct Deposit Card (Way2Go, Direct Express, Walmart, etc.)			\$	
Cash on hand or internet accounts (Venmo, Square, Cash App, PayPal, etc.)			\$	
HSA Accounts			\$	
Certificate of Deposits			\$	
Stocks			\$	
Bonds			\$	
Securities/Trusts/Money Market Accounts			\$	
Other			\$	

Real Estate and Other Assets	Yes or No		Value/Amount	Family Member
Do you own a home, farm, land or other real estate?			\$	
Do you hold a contract-for-deed?			\$	
Do you receive real estate rental income? (per mo/yr)			\$	

Do you have any items that are held as investment? (coin collection, gems/jewelry, antique cars, etc.)			\$	
Do you have any assets not listed?			\$	

Do you own any assets jointly with another person? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, with whom, what assets, and what are the values?

\_\_\_\_\_

Have you disposed of any assets within the last two for less than market value? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list the asset's market value and amount received.

\_\_\_\_\_

\_\_\_\_\_

<b>DO NOT LEAVE THIS SECTION BLANK</b>			
From Income and assets above, provide contact information for all "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary)			
Asset type	HH Member	Name and mailing address of income or asset source	Contact name and phone/fax number

Household members statement and signature:

I/We understand that the above information is being collected to determine my/our eligibility for housing assistance. I/We authorize the Owner to verify all information which may be released to appropriate federal, state, or local agencies. 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 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Reasonable Accommodation**

If an applicant/resident requests that another person assist with the completion of this paperwork as a Reasonable Accommodation, enter the person's printed name, relationship to applicant, and signature of the person that assisted the applicant/resident on the lines below.

I certify that I assisted the above-named applicant/resident in completing this application as a Reasonable Accommodation.

Printed Name: \_\_\_\_\_ Relationship to Applicant/Resident \_\_\_\_\_

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

Signature of Applicant/Resident: \_\_\_\_\_ Date: \_\_\_\_\_







# HOME Tenant Questionnaire

Project Name: Glory House Apartments Initial Certification: \_\_\_\_\_

Unit No.: \_\_\_\_\_ Bedroom Size: 0 Annual Recertification: \_\_\_\_\_

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

Address: \_\_\_\_\_

Street, Box No. City State Zip

### 1. List all occupants of the unit

Occupant	Relationship	Social Security Number	Date of Birth	Sex
(a) _____	Head of Household	_____	_____	_____
(b) _____	_____	_____	_____	_____
(c) _____	_____	_____	_____	_____
(d) _____	_____	_____	_____	_____
(e) _____	_____	_____	_____	_____
(f) _____	_____	_____	_____	_____

2. Are all members of the household U.S. Citizens? Yes  No

### 3. Race - Head of Household:

- White
- Asian & White
- Asian
- American Indian/Alaskan Native
- American Indian/ Alaskan Native & Black African American
- American Indian/Alaskan Native & White
- Black/African American
- Black/African American & White
- Native Hawaiian/Pacific Islander
- Other Multi-Racial

Hispanic Head of Household: Yes  No

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

Do any family members have a disability? Yes  No

If so, what type of special accommodations may be needed? \_\_\_\_\_

5. If tenant is already residing in the HOME project, complete this section. Otherwise, go to Question 7

6. CURRENT RENT CURRENT UTILITY ALLOWANCE

Monthly \$ \_\_\_\_\_

Monthly \$ \_\_\_\_\_

7. Do you currently receive rental assistance? Yes  No

If yes, are you receiving:

- Section 8 Certificate
- Section 8 Voucher
- Other

Amount Per Month

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. Please answer each of the following questions. For each "Yes" answer provide details in the chart below.**

	<u>Yes</u>	<u>No</u>
Is any member of your household employed, full-time, part-time, or seasonally?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household expect to work for any period during the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household work for someone who pays them in cash?	<input type="checkbox"/>	<input type="checkbox"/>
Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household now receive or expect to receive unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household now receive or expect to receive child support?	<input type="checkbox"/>	<input type="checkbox"/>
Is any member of your household entitled to child support that he/she is not now receiving?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household now receive or expect to receive alimony payments?	<input type="checkbox"/>	<input type="checkbox"/>
Is any member of your household entitled to alimony payments that he/she is not now receiving?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive or expect to receive welfare assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive or expect to receive Social Security benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive or expect to receive income from a pension or annuity?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive income from assets, including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from the rental of property?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone in the household a student at an institute of higher learning and age 18-23?	<input type="checkbox"/>	<input type="checkbox"/>

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next 12 months.

FAMILY MEMBER	SOURCE OF INCOME/ TYPE OF INCOME	ANNUAL INCOME

If additional space is needed attach a separate sheet.

**9. List all checking and savings accounts (including IRA's, Keough accounts, and Certificates of Deposit) of all household members, including accounts disposed of during the past two years.**

FAMILY MEMBER	FINANCIAL INSTITUTION	ACCOUNT NUMBER	TYPE	BALANCE

List value of all stocks, bonds, trusts, pension contributions, or other assets: \_\_\_\_\_

\_\_\_\_\_

Do you own a home or other real estate? yes or no \_\_\_\_\_

\_\_\_\_\_

Did you have any assets in the last two years not listed above? yes or no \_\_\_\_\_

If yes, did you dispose of any assets for less than fair market value? yes or no \_\_\_\_\_  
(This means that the assets were either given away or sold at less than the allotted market value.)

What were the assets, the market value at the time of disposition, the amount received, and date you disposed of the assets? \_\_\_\_\_

\_\_\_\_\_

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification will be counted as assets if the difference between the value and the amount received exceeds \$1000.

**RESIDENT'S STATEMENT:** I understand that the above information is being collected to determine my eligibility for residency. I authorize the owner/manager to verify all information provided on this application and my signature is consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no assets other than those listed on this form (other than personal property). I further certify that the statements made in this application are true and complete to the best of my knowledge and belief and am aware that false statements are punishable under Federal law and grounds for eviction. I declare and affirm under the penalties of perjury that the claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

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

Signature of Spouse or Co-Tenant: \_\_\_\_\_ Date: \_\_\_\_\_





# Student Status Questionnaire

I/We hereby certify that all information stated below is true and correct to the best of my/our knowledge.

List all household members below.

Household Members	Age	Attending School	Name of School	Month/Year Started	Month/Year Ended
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

- Are **any** household members a student at an institution of higher education?  Yes  No  
*(Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes", and we will verify it.)*
  - Are **all** household members currently full-time students?  Yes  No
  - Will **all** household members be full-time students for any part of the next 12 months?  Yes  No
  - Will **all** household members be full-time students during any 5 months of this year?  Yes  No
  - Have **all** household members been full-time students during any 5 months of last year?  Yes  No
  - Are **any** students disabled, AND receiving Section 8 assistance as of November 30, 2005?  Yes  No
  - Are **any** students a graduate or professional student?  Yes  No
  - Are **all** students at least 24 years of age?  Yes  No
  - Are **any** students Veterans of the United States military?  Yes  No
  - Are **any** students married and entitled to file a joint tax return?  Yes  No
  - Are **any** students a dependent child?  Yes  No
  - Were **any** students an orphan or a ward of the court through the age of 18?  Yes  No
  - Will **any** students be living with their parents?  Yes  No
- If no:**
- Are the parents of the student(s) receiving or eligible to receive Section 8 assistance?  Yes  No
  - Are any students claimed as a dependent on their parent's tax return?  Yes  No
- Are you receiving any financial assistance to pay for your education?  Yes  No

**PENALTIES FOR MISUSING THIS FORM**

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

**ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW**

Signature of Applicant/Resident	Date	Signature of Applicant/Resident	Date
Signature of Applicant/Resident	Date	Signature of Applicant/Resident	Date





Complete this Declaration for each member of the household listed on the Family Summary Sheet

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

FIRST 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 DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or 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 by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

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

## 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.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
    - (a) United States (U.S.) Passport
  - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
    - (a) U.S. Birth Certificate
    - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
    - (c) U.S. Citizen ID card issued by USCIS
    - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
    - (e) Certificate of Citizenship issued by USCIS
    - (f) American Indian card issued by USCIS for the Kickapoo tribe
    - (g) Final Adoption Decree
    - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
    - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
    - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
    - (k) Extract of U.S. hospital birth record established at the time of birth
  - (3) Proof of Identity includes
    - (a) Driver's License
    - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
    - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
    - (d) Day care or nursery record (minors only)
    - (e) School record or report card (under 16 only)
    - (f) School ID with picture
    - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child,

**2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

*If you checked this block, you must submit the following documents:*

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

c. One of the following documents:

- 1. Form I-551, Permanent Resident Card.
- 2. Form I-94, Arrival-Departure Record annotated with one of the following:
  - a. "Admitted as a Refugee Pursuant to Section 207";
  - b. "Section 208" or "Asylum";
  - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
- 3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
  - a. A final court decision granting asylum (but only if no appeal is taken);
  - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
  - c. A court decision granting withholding of deportation; or
  - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- 4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- 5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child.



**EXTENSION**

I hereby certify that I am a noncitizen 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 undertaken to obtain this evidence.

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

Check here if adult signed for a child.

**3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named 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 checked on behalf of a child, the adult who is responsible for the child should sign and date below.

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

Check here if adult signed for a child.





**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Glory House Apartments

1654 W 51st St, Sioux Falls, SD 57105

**Name of Property**

**Project No.**

**Address of Property**

Glory House

LIHTC

**Name of Owner/Managing Agent**

**Type of Assistance or Program Title:**

**Name of Head of Household**

**Name of Household Member**

**Date (mm/dd/yyyy):** \_\_\_\_\_

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

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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

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



## 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.

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)**

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

## Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

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

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

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

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

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

### Customer Protections

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

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

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

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

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

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

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

### Consequences for Not Signing the Consent Forms

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

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

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

### Programs Covered by this Fact Sheet

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

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

# Notice and Consent for the Release of Information

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

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

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

Director, Multifamily Division  
Dept. of Housing and Urban Development  
1670 Broadway Denver, CO 80202-4801

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

Lloyd Property Management  
101 S Reid St Suite #201  
Sioux Falls, SD 57103

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.):

South Dakota Housing Development Authority  
PO Box 1237 Pierre, SD 57501-1237

**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

## 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.

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

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

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

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

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



### Failure to Sign the Consent Form

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

### Conditions

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

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

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

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

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

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

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

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

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Name of Applicant or Tenant (Print)

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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.**

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Name of Project Owner or his/her representative

Property Manager

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Title

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Signature & Date

cc:Applicant/Tenant

Owner file

### Penalties for Misusing this Consent:

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

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

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