BAY COUNTY HOUSING DEPARTMENT

Center Ridge Arms, 798 N. Pine, Essexville, Michigan 48732
(989) 895-8191 FAX (989) 895-7419

Center Ridge Arms Applicant,

Enclosed you will find the application packet that you have requested for housing at Center Ridge Arms. Fill the application out **completely** and **sign** at every place indicated. Make sure you read everything very carefully.
Please call the office to schedule an appointment for us to review your completed application and answer your questions.

Filling out the application:
-The first two pages are the actual application; please answer every question where applicable.
-Pages 3 & 4 are the checklist. Please answer **YES** or **NO** to every question. All yes answers should include the name and telephone number of the source.
-The remainder of the pages are release forms. Please sign and date where indicated.

*** Please note that we will need a copy of your social security card, ID and your birth certificate when you return this completed packet to the office to be placed on our waiting list. We can make copies for you during your scheduled appointment.**

Remember, you are applying for **HUD Public Housing Assistance**. Should you commit fraud to obtain assisted housing from HUD there are serious consequences. If you provide us with false information on your application you will be denied housing and not be allowed to re-apply for a period of 5 (five) years. Please read the flyer enclosed directly from HUD if you should have any questions regarding the penalties.

Thank you for your interest in making Center Ridge Arms your new home. Please do not hesitate to give us a call should you have any questions.

Jonelle Box
Admissions & Occupancy
Bay County Housing Department
Center Ridge Arms

BAY COUNTY HOUSING DEPARTMENT
CENTER RIDGE ARMS
798 N. PINE RD.
ESSEXVILLE, MI 48732
(989) 895-8191

APPLICATION

Head of Household: _____ **Date of Birth**: _____
List all prior name(s): _____ **Driver's License#**: _____
Social Security #: _____ **or Michigan ID#**: _____

Co-Applicant: _____ Date of Birth: _____
Relationship to Head: _____
List all prior name(s): _____ Driver's License#: _____
Social Security #: _____ or Michigan ID#: _____

Present Address: _____ **Telephone #** _____ **Alternate #** _____
_____

If renting, name and address of your current landlord:

_____
Telephone # of Landlord: _____
Monthly Rental Payment $_____ Move in Date (MM/YY) _____ Are you related to your landlord? _____

Name and Address of your previous landlord(s): Use additional attached page if necessary to include complete landlord history.

_____
Telephone # of Landlord: _____ Are you related to this person? _____
Monthly Rental Payment $ _____ Move in Date (MM/YY) _____ Move out Date (MM/YY) _____

Head of Household Information:
Employer: _____ Hourly/Annual Wage $ _____ Position: _____
Address: _____ Telephone #: _____

Has any member of your household ever lived in public housing? _____ If yes, when/where? _____

***If any member of your household a smoker, please be aware that Center Ridge Arms is a smoke-free building (including balconies).**

Has any member of your household ever been evicted? _____ When? _____ Where? _____

Have you or your spouse **ever** been convicted of a **misdemeanor** or **felony**? _____ If yes, who? _____
If yes, please describe and tell when/where: _____
_____
Do you own a vehicle? _____ Year/Make/Model: _____ Plate number: _____

Is the applicant or co-applicant 62 or older, handicapped, or disabled? ☐YES ☐NO

Does any member of the household receive Social Security benefits? ☐YES ☐NO If yes, monthly total $_____

Does any member of the household receive Supplemental Security Income (SSI) benefits? ☐YES ☐NO If yes, monthly benefit $_____

Does any member of the household receive State Disability Assistance (SDA)? ☐YES ☐NO If yes, monthly benefit $_____

Do you need any special accommodation related to a disability or impairment? ☐YES ☐NO If yes, Explain _____

Does any member of your household have a legal guardian, payee representative, or conservator? ☐YES ☐NO
If yes, Name and Address of this person: _____

Reference:

Name: _____ Telephone #: _____

Address: _____ Relationship to you: _____

FAMILY PHYSICIAN: _____ Telephone #: _____

Who referred you to Bay County Housing Department? _____

How long have you lived in Bay County? _____

List all other Counties/States you have lived. _____

_____

The following information is used for statistical purposes so that the US Government Department of Housing and Urban Development may determine the degree to which the housing program is assisting minority families. Checking is optional.

Race:

_____ White _____Black or African American _____ American Indian or Alaskan Native

_____ Asian _____ Native Hawaiian or Other Pacific Islander

Ethnicity:

_____ Hispanic or Latino _____ Non-Hispanic or Latino

PET INFORMATION:

Do you own a pet? _____ If yes, what type of pet? _____ Pet weight _____

How long have you owned this pet? _____ Do you have shot records & license? _____

Veterinarian Name and Telephone #: _____

Has it ever bitten/injured anyone, please describe? _____

Has your pet lived in rental housing before? _____ If yes, when and where? _____

By signing below, I certify that the above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. I authorize Bay County Housing Department to do a Landlord, Criminal History, and Credit background check on any co-applicants and myself.

_____ _____

Head of Household Co-Applicant

Date: _____ Date: _____

Please complete, sign, and date this and the following forms:

- Applicant/Tenant Income and Expense Checklist
- Declaration of Section 214 Status
- Authorization for Release of Information
- Authorization for Release of Information (Authorization to check for any criminal history, landlord reference, and credit)
- HIPPA
- HUD Form 52675 DebtsOwed to Public Housing Agencies and Terminations

You will need to provide the Housing Department with copies of Social Security Card, Driver's License or State ID Card, and Birth Certificates for each member of your household.

****

FOR OFFICE USE ONLY

Application #_____ Barrier Free Unit Needed? Yes _____ No _____

Criminal History Run: (date) _____

AS400 _____ Clear? Yes _____ No_____ OTIS _____ Clear? Yes _____ No _____

IChat _____ Clear? Yes _____ No_____ MSP Sex Offender Register Clear? Yes _____ No _____

LEIN _____ Clear? Yes _____ No_____ NCIC Probably Existing Record _____ No Record Found _____

State of MI Probably Existing Record _____ No Record Found _____

Landlord Verification Mailed/Faxed: (date) _____ Returned (date):_____

Comments: _____

Landlord Verification Mailed/Faxed: (date) _____ Returned (date):_____

Comments: _____

Application Disposition (circle one) APPROVED DENIED Based on: _____

Date Letter Mailed: _____

Offer: #1) Date: _____ Apartment # _____ Accept: Yes___ No ___ Why? _____

Offer: #2) Date: _____ Apartment # _____ Accept: Yes___ No ___ Why? _____

Offer: #3) Date: _____ Apartment # _____ Accept: Yes___ No ___ Why? _____

EQUAL HOUSING OPPORTUNITY

BAY COUNTY HOUSING DEPARTMENT
CENTER RIDGE ARMS
798 N. PINE RD.
ESSEXVILLE, MI 48732
(989) 895-8191

ADDITIONAL RENTAL HISTORY FORM

Please use this page for additional information regarding your rental history.

Previous Address: _____

_____

Landlord's Name: _____

Landlord's Address: _____

_____

Landlord's Phone Number: _____ **How long have you lived here?** _____

Monthly Rent Payment $_____ **Are you related to the landlord?** _____
If yes, how are you related? _____

Previous Address: _____

_____

Landlord's Name: _____

Landlord's Address: _____

_____

Landlord's Phone Number: _____ **How long have you lived here?** _____

Monthly Rent Payment $_____ **Are you related to the landlord?** _____
If yes, how are you related? _____

Previous Address: _____

_____

Landlord's Name: _____

Landlord's Address: _____

_____

Landlord's Phone Number: _____ **How long have you lived here?** _____

Monthly Rent Payment $_____ **Are you related to the landlord?** _____
If yes, how are you related? _____

Bay County Housing Department

Applicant/Tenant Income and Expense Checklist

Directions: Please complete a separate form for each household member over 18 years of age. Pease make Yes or No for each question. When marked yes, please indicate name and telephone number of source.

NAME: _____

YES NO

___ ___ I receive or have received a bonus, back payment or lump sum payments for
_____

___ ___ I receive income from employment (Name, address, and phone # of employer)
_____

_____

___ ___ I regularly receive cash contributions or gifts from persons not living with me (Includes rent Or utility payments)

___ ___ I receive periodic payments from Workmen's Compensation

___ ___ I receive Veteran's Administration benefits

___ ___ I receive G.I. Bill benefits

___ ___ I receive death benefits

___ ___ I receive Social Security Retirement, Disability or Survivor benefits

___ ___ I receive Supplemental Security Income (S.S.I.)

___ ___ I receive State Disability Assistance (S.D.A.)

___ ___ I collect Food Stamps

_____ _____

Case Worker's Name Case Number

___ ___ I receive educational grants or scholarships

___ ___ I receive unemployment benefits

___ ___ I receive child support or alimony

_____ _____

Father's or Mother's Name File Number

___ ___ I receive periodic payments for trust, annuity or inheritance

___ ___ I receive periodic payments from insurance policies such as disability or retirement annuity Name of Insurance Co.:_____ Policy # _____

___ ___ I receive periodic payments from retirement pensions funds
Name of Company: _____ Telephone#:_____

___ ___ I receive periodic payments from lottery winnings

___ ___ I receive interest or dividends
From where? _____

YES	NO	
___	___	I receive income from rental of real or personal property
___	___	I have money market funds
___	___	I own or co-own real estate, land contracts or mobile homes
___	___	I have checking account(s) account number(s) _____ Name and phone #of bank(s) _____ _____
___	___	I have savings account(s) account number(s) _____ Name and phone # of bank(s) _____ _____
___	___	I have certificates of deposit Name and phone # of bank(s) _____
___	___	I have IRA's or Keogh accounts
___	___	I have treasury bills
___	___	I have stocks and bonds
___	___	I have WHOLE (not Term) life insurance policy (ies): Policy (ies) number_____ Insurance Company_____ Phone number_____
___	___	I have personal property held for investment (gems, jewelry, coin and/or stamp collections)
___	___	I have disposed of assets within the last (2) years. (If yes, we need you to sign a statement.)
___	___	I pay Medicare premiums
___	___	I pay Supplemental Health Insurance Premiums (including Medicare part D premiums) Name and phone # of Insurance Company_____ Name and phone # of Insurance Company_____
___	___	I pay medical or prescription expenses, **which are not, reimbursed by insurance** plus I pay Non-prescription drug expenses Name and phone # of Pharmacy(s) **(we only want who *you paid money to* in the last 12 months)** _____ _____ _____ Name and phone # of Doctor(s) **(we only want who *you paid money to* in the last 12 months)** _____ _____ _____ _____
___	___	I pay childcare expenses (in order to be gainfully employed or to further education). Child must be under the age of 13 years old.
___	___	I pay handicap assistance expenses for_____

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ARE TRUE AND THAT WHEN CIRCUMSTANCES CHANGE, I WILL NOTIFY THE BAY COUNTY HOUSING DEPARTMENT FOR A POSSIBLE RECERTIFICATION WITHIN 5 (FIVE) DAYS OF THE CHANGE.

_____ _____

Signature Date

BAY COUNTY HOUSING DEPARTMENT

Center Ridge Arms, 798 N. Pine, Essexville, Michigan 48732
(989) 895-8191 FAX (989) 895-7419

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to Bay County Housing Department. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury [1], that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

( ) I am a citizen by birth, a naturalized citizen or a national of the United States; or

( ) I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age [2]; or

( ) I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

[ ] Immigrant status under ¶¶1001(a)(15) or 101 (a)(20) of the INA [3]; or

[ ] Permanent residence under ¶249 of INA [4]; or

[ ] Refuge, asylum, or conditional entry status under ¶¶207, 208, or 203 of the INA [5]; or

[ ] Parole status under ¶¶212(d)(f) of the INA [6]; or

[ ] Threat to life or freedom under ¶243(h) of the INA [7]; or

[ ] Amnesty under ¶245A of the INA [8].

_____ _____
(Signature of Family Member) (Date)

[ ] Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

(See reverse side for footnotes and instructions)

Declaration of Section 314 status continued:

1. Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or does a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

2. Eligible immigration status and 62 years of age or older. For non-citizens who are 62 years of age or older who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
3. Immigrant status under 101 (a)(15) or 101(a)(20) of INA. A non-citizen lawfully admitted for permanent residence, as defined by 101 (a)(15) of the INA (8 U.S.C. 1101 (a)(20) and 1101 (a)(15), respectively [immigrant status]. This category includes a non-citizen admitted under 210 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.
4. Permanent residence under 249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].
5. Refugee, asylum, or conditional entry status under 207, 208, or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203 (a)(7) of the INA (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 [conditional entry status].
6. Parole status under 212 (d)(5) of INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182 (d)(5)) [parole status].
7. Threat to life or freedom under 243 (h) of INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243 (h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom].
8. Amnesty under 245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

Instructions for Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions To Family Member for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or check in the appropriate boxes. Sign and date at bottom of page. Place an "X" or check in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

BAY COUNTY HOUSING DEPARTMENT

Center Ridge Arms, 798 N. Pine, Essexville, Michigan 48732
(989) 895-8191 FAX (989) 895-7419

FEDERAL PRIVACY ACT NOTICE
for the
Section 8 Rental Certificate, Rental Voucher, Moderate Rehabilitation, and the Public and Indian Housing Programs

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

USE: HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the Government's financial interest; and to verify the accuracy of the information furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. 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.

PENALTY: You must provide all of the information requested by the public housing agency/Indian housing authority, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

I read this Federal Privacy Act Notice in its entirety on _____(date).

Signature of Head of Household or Spouse _____

Printed / Typed Name _____

BAY COUNTY HOUSING DEPARTMENT

Center Ridge Arms, 798 N. Pine, Essexville, Michigan 48732
(989) 895-8191 FAX (989) 895-7419

AUTHORIZATION for Release of Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Bay County Housing Department any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status
Medical or Child Care Allowances
Employment, Income, and Assets
Credit and Criminal Activity
Residences and Rental Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers
Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers
Veterans Administration
Retirement Systems
Banks and other Financial Institutions
Credit providers and Credit Bureaus
Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

SIGNATURES: Head of Household: _____ Date: _____

PRINTED/TYPED NAME_____

Spouse: _____ Date: _____

PRINTED/TYPED NAME_____

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

I _____, authorize you, _____, to release the information identified on the forms to Bay County Housing Department for the purpose of determining my eligibility for housing assistance.

Check the appropriate box and provide additional information, if applicable.

☐ I am authorizing you to disclose information about my personal medical data.

☐ I am authorizing you to disclose information about my minor child(ren)s medical data. My authorization is based on my capacity and authority as a custodial parent. The name(s) of my child(ren) is (are):

Full Name	Relationship	Sex	DOB (MM/DD/YY)

☐ I am authorizing you to disclose information about_____. My authority to act as their personal representative is documented by the attached document(s): Identify the document(s) by name or type: _____.

This authorization expires upon the earlier of the date you provide the requested information or 90 days from the date of this authorization.

_____
Type or Print Name of Signer

_____ _____
Authorized Signature Date

Health Insurance Portability and Accountability Act of 1996 Disclosures

_____ may revoke this authorization by providing a written notice of revocation to _____(Doctor/Pharmacy name), who is bound to comply with the request if the information requested in this authorization has not yet been provided.

_____(Doctor/Pharmacy name) may not withhold treatment, payment, enrollment, or eligibility for benefits if _____ does not sign this authorization.

It is possible that the information disclosed using this authorization would be re-disclosed by Bay County Housing Department and will no longer be protected by federal law. However, state law prohibits Bay County Housing Department from disclosing this information without further authorization.

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 18 and over must provide the Housing Owner 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 and a Public Housing Agency (PHA) may verify the information you provide by checking with the records kept by certain public agencies (IRS, Social Security Administration, and the State agency that keeps wage and unemployment compensation claim information).

   You give your consent to the release of this information by signing form HUD-9887.

   Only HUD and the PHA can receive information authorized by this form.

2. The Owner 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-A and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the Owner can receive about you.

   Example: The amount of income you receive helps to determine the amount of rent you will pay. The owner will verify all of the sources of income that you report.

   Example: There are certain allowances that reduce the income used in determining tenant rents. Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allow ance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the owner 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 ex penses does not change the amount of rent he pays. There fore, the owner 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 PHA or the Owner is subject to State privacy laws. Employees of HUD, the PHA, and the Owner are subject to penalties for using these consent forms improperly.

You do not have to sign the form HUD-9887 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 Owner 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 Owner 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 Owner 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 Owner must tell you, or a third party which you choose, of the findings made as a result of the Owner verifications authorized by your consent. The Owner must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3. However, for information received under the form HUD-9887, HUD, the PHA, or the Owner may inform you of these findings.

Owners must keep tenant files in a location that ensures confidentiality.

Any employee of the Owner 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 Owner 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 verify-cation 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 Owner 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 Owner must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the Owner. See paragraph 17 of your Lease.

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payment 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

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD)
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)	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.) **Bay County Housing Department**

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 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 to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Purpose: In signing this consent form, you are authorizing HUD and the above-named PHA to request income information from the government agencies listed on the form. HUD and the PHA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD 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 and the PHA to seek wage and income 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 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 and the PHA may inform the owner that your eligibility for or level of assistance is uncertain and needs to be verified and nothing else.

HUD 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. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older 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. If a tenant is denied assistance for this reason, the owner must follow the procedures set out in the lease.

Consent: I consent to allow HUD or the PHA to request and obtain income information from the public 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:

Head of Household	Date
Spouse	Date
Other Family Member 18 and over	Date
Other Family Member 18 and over	Date

Additional Signatures, if needed:

Other Family Member 18 and over	Date
Other Family Member 18 and over	Date
Other Family Member 18 and over	Date
Other Family Member 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.)

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 Barters 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 or the PHA (whichever is applicable) and the owner (as required by HUD or the PHA), 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 PHA or the owner 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.

If an adult member of the household, due to extenuating circumstances, is unable to sign the form on time, the owner 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 or a Public Housing Authority (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 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 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 PHA or the Owner responsible for the unauthorized disclosure or improper use.

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 (Appendices 5 to 17 of HUD Handbook 4350.3).

2. Verbally inform applicants and tenants that
   a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
   b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.

3. Owners are required to give each household a copy of the HUD-9887/A Fact sheet, form HUD-9887, and form HUD-9887-A (signed by the head of household) after obtaining the applicants/tenants signature. 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 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 813.109(b), 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 affect 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 level. 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 PHA and the Owner 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 18 years of age or older 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 Owner must follow the notification procedures in Handbook 4350.3. If a tenant is denied assistance for this reason, the Owner must follow the procedures set out in the lease which require that the tenant pay the higher, HUD-approved market rent for the unit for failure to provide recertification information.

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 owner 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 Owner has verified whether you have 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 Owner does not have another individual verification consent with an original signature and the Owner is required to send out another request for verification (for example, the third party fails to respond). If this happens, the Owner 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 Owner and the individual may agree to sign more than one consent for each type of verification that is needed.

The Owner 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.

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

If an adult member of the household, due to extenuating circumstances, is unable to sign the required forms on time, the Owner may document the file as to the reason for the delay and the specific plans

Individual consents to the release of information expire 15 months after they are signed. The Owner may use these individual consent forms during the 90 days preceding the certification period. The Owner may also use these forms during the certification period, but only in cases where the Owner receives information indicating that the information you have provided may be incorrect. Other uses are prohibited. The Owner 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 Owner may obtain information within the last 5 years when you have received assistance.

I have read this information on the purposes and uses of information that is verified and/or it has been explained to me 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.

Zachary Brunett

Name of Project Owner or his/her representative

Executive Director

Title

_____

Signature & Date

cc: Applicant/Tenant

Owner file

Penalties for Misusing this Consent:

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 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 PHA or the Owner responsible for the unauthorized disclosure or improper use.

OMB No. 2577-0266 Expires 04/30/2013

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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?
The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?
PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?
Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?
In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?
You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:	I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:
BAY COUNTY HOUSING DEPARTMENT **CENTER RIDGE ARMS** **798 N. PINE RD.** **ESSEXVILLE, MI 48732**	Signature Date Printed Name

APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS... IS FRAUD WORTH IT?

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to $10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410