



Address: 133 Third Ave SW, Hutchinson, MN 55350  
Phone: 320-587-2168  
Fax: 320-587-3748  
TDD/TYY 1-800-545-1833 ext. 709  
Email: [stevenolson@hutchtel.net](mailto:stevenolson@hutchtel.net)  
[www.hutchinsonhra.com/park-towers/](http://www.hutchinsonhra.com/park-towers/)

Thank you for your interest in Park Towers Apartments (Park Towers). To apply to live at Park Towers, a multi-page application packet must be read, filled out, signed and returned to the Park Towers Office. In addition to filling out the multi-page application, each person applying must also provide additional documents that are used to verify such facts as identity and income.

To clarify, each person, 18 years and older, who is applying to live at Park Towers must fill out their own multi-page application packet **and** provide the required additional documents.

To help keep track of the required information, on the back of this page is a checklist. Use it to organize the required application pages and required verification documents needed to submit your application.

**All of the multi-page application and all of the required additional documents listed on the checklist must be turned in at the same time to be considered for processing.** All applicants must pass a criminal background check and pay a security deposit equal to one month of rent at time of lease signing.

If all applicable items listed on the checklist are not turned in together then your incomplete application will be returned to you along with a letter highlighting what is missing.

If your application is returned to you as incomplete, it means you do not have a spot on our wait list.

Please contact the office if you have any questions.

Regards,

Steven Olson

Housing Specialist

*We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.*





# Application Packet Checklist

All items listed below, must be included with your rental application. If any applicable items from this list are missing, your application will be returned to you.

## ☐ **Rental Application**

### ☐ **Rental Application-Member Information**, 4 pages (One set for each household member)

Within the packet is a set of pages that begin with the "Document Package for Applicant's/Tenant's Consent to the Release of Information" page. Two forms follow which are labeled at the bottom right corner of each page.

#### ☐ **(Form HUD-9887) Notice and Consent for the Release of Information**

(One for each household member)

#### ☐ **(Form HUD-9887-A) Applicant's/Tenant's Consent to the Release of Information**

(One for each household member)

### ☐ **Citizenship Declaration**, 2 pages (One for each household member)

### ☐ **Verification of Disability**, 2 pages (One set for each household member)

### ☐ **Race and Ethnic Data Reporting Form**, 1 page (One for each household member)

### ☐ **Student Questionnaire-Section 8**, 1 page (One for each household member)

☐ **If student of higher education institute**, provide documentation of all sources of financial assistance receiving to pay for your education (If applicable, for each household member)

### ☐ **Copy of Social Security Card** (One for each household member)

### ☐ **Copy of Driver's License or State ID or Birth Certificate** (One of these identification documents from each household member)

### ☐ **Copy of 6 months of bank statements from your checking and savings accounts** (If applicable from each Household member)

☐ **Most current statement of any accounts which you generate income from:** money market, IRA, Roth IRA, 401Ks, pensions, or any other accounts (If applicable, for each household member)

### ☐ **Copy of 4 consecutive pay stubs** (If applicable, one set of 4 pay stubs for each household member)

### ☐ **Copy of current award letter from Social Security or Social Security Disability Income** (If applicable, for each household member)

### ☐ **Verification of any other income sources for the last 6 months** (If applicable, for each household member)

### ☐ **Statement showing out-of-pocket prescription drug costs for previous 12 consecutive months** (If applicable, for each household member)

### ☐ **Statement showing out-of-pocket medical expenses you have such as payment plans with:** health care providers, etc. for previous 12 months (If applicable, for each household member)





## Rental Application



		FOR OFFICE USE ONLY
Property Name	Hutchinson Redevelopment Authority	Date Received
Address	133 3rd Ave. SW	Time Received
City/State/Zip	Hutchinson, MN 55350	Received By
Phone/Fax	320-234-4235 or 711 National Relay for TTY	Apt. Size Requested/Qualified for

### HOUSEHOLD SUMMARY INFORMATION

List each household member applying to reside in the apartment.

**Please complete and attach a separate Rental Application - Member Information form for each household member.**

First Name	MI	Last Name	Relationship to Head of Household <small>Options: Spouse   Co-Head   Dependent   Live-in Aide   Foster Child/Adult   Other Family Member</small>	Are you enrolled as student at an institute of higher education?	Sex*
			Head of Household		

How did you hear about us? \_\_\_\_\_ \*Options for sex are (M)-Male, (F)-Female or choose to (ND)-Not Disclose.  
Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next year? ☐ Yes ☐ No

### I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

I/We certify the information given in this application is accurate and complete. I/We understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application. I/We, by signature below, authorize the Owner/Agent to request and complete a criminal background check, rental history check, and credit check, through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records, criminal background, credit records, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive and denied applications will be held for three years as required by federal regulation.

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed to the following person, responsible for related policies: 504 Coordinator.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Approved ☐ Rejected ☐

By \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.



## Rental Application – Member Information

**DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE**

Member Name \_\_\_\_\_ Head of Household Name \_\_\_\_\_

**TO BE COMPLETED FOR EACH HOUSEHOLD MEMBER, REGARDLESS OF AGE**

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ ☐ Check here if you are not contending eligible immigration status  
☐ Check here if you don't have a SSN and you were 62 or older as of January 31, 2010 and part of a HUD Housing program.

☐ Check here if member address is the same as Head of Household

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_ ☐ N/A

City \_\_\_\_\_ Work Phone \_\_\_\_\_ ☐ N/A

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_ ☐ N/A

List all states you have ever resided in (regardless of duration) \_\_\_\_\_

Are you subject to a state sex offender lifetime registration requirement? ☐ Yes ☐ No If Yes, which state? \_\_\_\_\_

Are you temporarily displaced due to a disaster? ☐ Yes ☐ No

Do you require an accessible unit due to a disability? ☐ Yes ☐ No

Are you a U.S. military veteran? ☐ Yes ☐ No

Race\* (Choose all that apply)

☐ American Indian ☐ Alaska Native ☐ Asian ☐ African American ☐ Native Hawaiian ☐ Pacific Islander ☐ White ☐ Other

Ethnicity\* ☐ Hispanic or Latino ☐ Not Hispanic or Latino

*\*This optional information is gathered for statistical purposes only. It has not role in determining eligibility*

### BACKGROUND AND CRIMINAL HISTORY

Is member 18 years of age or older? ☐ Yes ☐ No **If No, skip this section**

A Public Records search will be conducted on each adult applicant/occupant.

Do you have any felonies or misdemeanors involving the below? If Yes, identify the year the incident occurred.

Sexual misconduct? ☐ Yes ☐ No Year \_\_\_\_\_

Illegal possession, manufacture, sale and/or distribution of a controlled substance? ☐ Yes ☐ No Year \_\_\_\_\_

Physical crime against a person or persons and/or another person's property? ☐ Yes ☐ No Year \_\_\_\_\_

Have you been evicted from federally assisted housing in the last 3 years for drug-related criminal activity? ☐ Yes ☐ No

Are you currently engaged in illegal drug use? ☐ Yes ☐ No

**DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE**





## Rental Application – Member Information

Member Name \_\_\_\_\_ Head of Household Name \_\_\_\_\_

### RENTAL HISTORY

Is member 18 years of age or older? ☐ Yes ☐ No If No, skip this section

Applicant's name must have been on the Lease/Mortgage for any reference to be valid. Lack of Rental History will not be considered a negative factor.

☐ Check here if member address is the same as Head of Household

Current Landlord Name \_\_\_\_\_ Rent Per Month \_\_\_\_\_

Apartment Complex Name \_\_\_\_\_ ☐ N/A

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Do you live in subsidized housing? ☐ Yes ☐ No If Yes, are you currently receiving assistance? ☐ Yes ☐ No

☐ Check here if member address is the same as Head of Household

Previous Landlord Name \_\_\_\_\_ Rent Per Month \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

☐ Check here if member address is the same as Head of Household

Previous Landlord Name \_\_\_\_\_ Rent Per Month \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

☐ Check here if member address is the same as Head of Household

Previous Landlord Name \_\_\_\_\_ Rent Per Month \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

☐ Check here if member address is the same as Head of Household

Previous Landlord Name \_\_\_\_\_ Rent Per Month \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Are you homeless or lacking a fixed nighttime residence? ☐ Yes ☐ No



## Rental Application – Member Information

**DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE**

Member Name \_\_\_\_\_ Head of Household Name \_\_\_\_\_

### INCOME

Income source(s) for this member (*indicate gross income before any deductions/garnishments occur*).

Employment Income ☐ Yes ☐ No If Yes, ☐ Full Time ☐ Part Time Start Date \_\_\_\_\_ Monthly Amount \_\_\_\_\_  
Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_  
Full Street Address \_\_\_\_\_

Additional Employment Income, Other Sources ☐ Yes ☐ No  
If Yes, ☐ Full Time ☐ Part Time Start Date \_\_\_\_\_ Monthly Amount \_\_\_\_\_  
Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_  
Full Street Address \_\_\_\_\_

Unemployment ☐ Yes ☐ No  
If Yes, Issuing Government Agency \_\_\_\_\_ Monthly Amount \_\_\_\_\_  
Issuing State \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Social Security Benefits	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Dual Entitlement	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	Claim Number _____
Federal SSI	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
SSP (State portion of SSI)	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Long/Short Term Disability	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Retirement	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
VA Benefits	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Rental Income	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Child Support	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Alimony	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
General Assistance (TANF)	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Other	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Business Income	<input type="radio"/> Yes <input type="radio"/> No	Monthly Net Amount _____	
Is anyone helping you with paying bills on a regular basis?		<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____



## Rental Application – Member Information

**DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE**

Member Name \_\_\_\_\_

Head of Household \_\_\_\_\_

### ASSETS

Checking	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance	_____
Savings	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance	_____
CD	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance	_____
Money Market	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance	_____
Trusts	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	Balance	_____
Retirement Accounts	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance	_____
Mutual Funds	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance	_____
Stocks/ Bonds	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance	_____
Whole Life Insurance	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance	_____
EFT Debit Cards	<input type="radio"/> Yes <input type="radio"/> No		Balance	_____
Direct Express Debit Card	<input type="radio"/> Yes <input type="radio"/> No		Balance	_____

*(If you select No, yet receive SSA benefits, you must provide a copy of the paper benefit checks you receive.)*

Cash on Hand ☐ Yes ☐ No Amount \_\_\_\_\_

Do you own real estate (home, land, etc.)? ☐ Yes ☐ No Estimated Market Value \_\_\_\_\_

Do you own a collection held as an investment? ☐ Yes ☐ No Estimated Market Value \_\_\_\_\_

Have you disposed of any assets for less than fair market value within the last two years? ☐ Yes ☐ No

If Yes, provide date of disposal \_\_\_\_\_ Amount Received \_\_\_\_\_ Estimated Market Value \_\_\_\_\_

### EXPENSES

#### Medical/Disability

Is the Head, Spouse, or Co-Head of your household either age 62+ or disabled? ☐ Yes ☐ No **If No, go to the next section**

If you answered Yes, only list out-of-pocket expenses the member completing this form pays regularly and is not reimbursed for.

Monthly Medicare premiums (including Part-D) \_\_\_\_\_

Monthly prescription copay costs \_\_\_\_\_

Monthly Medical Insurance \_\_\_\_\_

Other medical/disability expenses \_\_\_\_\_

Installment Payments on Doctor Bills \_\_\_\_\_

Hospital bill installment payments paid in the last 12 months \_\_\_\_\_

**Childcare** Is the member completing this form paying expenses for the care of a child under age 13? ☐ Yes ☐ No **If No, go to the next section**

Does this care allow you to ☐ Work ☐ Seek Employment or ☐ Further your academic or vocational education?

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

**I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

Signature of household member or guardian/parent if member is a minor \_\_\_\_\_

Date \_\_\_\_\_

U.S. Department of Housing and Urban Development

## **Document Package for Applicant's/Tenant's Consent to the Release Of Information**

**This Package contains the following documents:**

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

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



## HUD-9887/A Fact Sheet

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

#### What Verification Involves

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

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

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

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

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

#### Customer Protections

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

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

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

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

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

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

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

#### Consequences for Not Signing the Consent Forms

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

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

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

#### Programs Covered by this Fact Sheet

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

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

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

## Notice and Consent for the Release of Information

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

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

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

Minneapolis Regional Office -MF Director  
212 3rd Ave. S., Suite 150  
Minneapolis, MN 55401

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

Hutchinson Redevelopment Authority  
111 Hassan Street SE  
Hutchinson, MN 55350

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.):

Hutchinson Redevelopment Authority  
111 Hassan Street SE, Hutchinson, MN 55350

**Notice To Tenant:** Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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



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

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

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

## **Instructions to Owners**

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

## **Instructions to Applicants and Tenants**

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

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

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

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

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

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## **Purpose of Requiring Consent to the Release of Information**

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

## **Uses of Information to be Obtained**

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

## **Who Must Sign the Consent Form**

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

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

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

### Failure to Sign the Consent Form

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

### Conditions

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

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

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

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

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

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

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

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

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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

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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.

# Citizenship Declaration

Property Name: Park Towers Contract Number: \_\_\_\_\_

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

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

Unit #: \_\_\_\_\_ Head of Household Name: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male / Female / No Answer (Circle One) Social Security #: \_\_\_\_\_ (If Applicable)

Nationality: \_\_\_\_\_  
(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

**INSTRUCTIONS: Complete the Declaration below by printing or typing each household members first name, middle initial, and last name in the space provided (if completing for child, use child's name). Then review the sections shown below and complete either section number 1, 2, or 3:**

## DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am  
(print or type first name, middle initial, last name)  
\_\_\_\_\_  
(print or type first name, middle initial, last name)

## SECTION 1

☐ **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 section 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.

☐ Check box if adult is signing for child

Signature \_\_\_\_\_

Date \_\_\_\_\_

## SECTION 2

☐ **2. I AM NOT CONTENDING ELIGIBLE IMMIGRATION STATUS** and I understand that I am not eligible for financial assistance.

If you checked this box, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this box is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

☐ Check box if adult is signing for child

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Citizenship Declaration

Property Name: Park Towers Contract Number: \_\_\_\_\_

## SECTION 3

Alien Registration #: \_\_\_\_\_ Admission #: \_\_\_\_\_  
(11-digit number found on DHS Form I-94, Departure Record)

Save Verification #: \_\_\_\_\_  
(To be entered by owner if and when received)

- ☐ **3. A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS** as evidenced by one of the documents listed below.  
If this section is checked, sign and date below and submit the documentation required below with this declaration and a verification consent form to the name and address specified in the attached notification. If this section 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.

☐ **Check box if adult is signing for child** \_\_\_\_\_  
Signature Date

**NOTE:** If you checked the above section and you are 62 years of age or older, you need only submit a proof of age document together with this form.

If you checked the above section and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Form

**AND**

- b. One of the following documents:

- (1) Form I-551, *Permanent Resident Card*
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as 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 Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from a DHS 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 for any reason, the documents shown in subparagraph 2.b. above are not currently available; complete the Request for Extension section below.**

### REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in section 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.

☐ **Check box if adult is signing for child** \_\_\_\_\_  
Signature Date



## VERIFICATION OF DISABILITY



To:

From: Hutchinson Redevelopment Authority  
133 3<sup>rd</sup> Ave SW  
Hutchinson, MN 55350

**SUBJECT:** Verification of Information Supplied by an Applicant for Housing Assistance

**Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

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

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD) or currently lives at a property with housing assistance. HUD requires our agency to verify all information that is used in determining this person's eligibility or level of benefits. We ask for your cooperation in providing the following information and returning it to the property's rental office at the address indicated above. Your prompt return of this information will help to assure timely processing of the application for assistance. The applicant/resident has consented to this release of information as shown below and via the attached HUD Form 9887A.

Sincerely, Property Manager

**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**

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

**Tenant/Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

### INFORMATION BEING REQUESTED

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

1.   Yes     No   **Has a disability, as defined in 42 U.S.C. 423, which means;**

- a. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or
- b. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time. For the purposes of this definition, the term blindness, as defined in



section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

**2. Yes No Has a physical, mental, emotional impairment that:**

- a. Is expected to be of long-continued and indefinite duration;
- b. Substantially impedes his/her ability to live independently; and
- c. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

**3. Yes No Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(8), i.e, a person with a severe chronic disability that:**

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the person attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitation in three or more of the following areas of major life activity:
  - 1. Self-care, 2. Receptive and expressive language, 3. Learning, 4. Mobility,
  - 5. Self-direction, 6. Capacity for independent living, and 7. Economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

**4. Yes No Is the above a person whose disability is based solely on any drug or alcohol dependence (the person has no other disability which meets the above definition).**

**PERSON SUPPLYING INFORMATION:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company:** \_\_\_\_\_

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



**Penalties for misusing the consent:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government. HUD, PHA and any owner (or any employee of HUD, 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, PHA or the owner responsible for unauthorized disclosure or improper use.

**We do not discriminate** on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.



**Race and Ethnic Data  
Reporting Form**

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

OMB Approval No. 2502-0204

Park Towers Apartments

133 3rd Ave SW Hutchinson, MN 55350

Name of Property	Project No.	Address of Property
Hutchinson HRA		Multifamily Housing
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>One or More</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.**

<b>Signature</b>	<b>Date</b>
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**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 may mark one or more.

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.

## STUDENT QUESTIONNAIRE – SECTION 8

The owner/agent is required to determine your eligibility if you are a student. You may refer to the resident selection plan for additional information regarding student eligibility.

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

### TO BE COMPLETED BY EACH APPLICANT/RESIDENT OVER 18

1. Are you a student at an institute 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.

If you answered YES, please answer the questions below:

2. Are you a full-time student? ☐ Yes ☐ No
3. Will you be living with your parents? ☐ Yes ☐ No
4. Are your parents receiving or eligible to receive Section 8 assistance? ☐ Yes ☐ No
5. Are you claimed as a dependent on your parent's tax return? ☐ Yes ☐ No
6. Are you a graduate or professional student? ☐ Yes ☐ No
7. Are you at least 24 years of age? ☐ Yes ☐ No
8. Are you a veteran of the United States military? ☐ Yes ☐ No
9. Are you married? ☐ Yes ☐ No
10. Do you have a dependent child? ☐ Yes ☐ No
11. Do you have dependents other than a child or spouse? ☐ Yes ☐ No
12. Have you been independent of your parents for at least one year? ☐ Yes ☐ No
13. Do you feel you qualify as a disabled student who was receiving Section 8 Assistance as of November 30, 2005? ☐ Yes ☐ No

14. Are you classified as Vulnerable Youth- defined as: ☐ Yes ☐ No
- a) An individual that is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
  - b) An individual that is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;
  - c) An individual that has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) (42 U.S.C. 11431 et seq.), or as unaccompanied, at risk of homelessness, and self-supporting, by
    - i) A local educational agency homeless liaison, designated pursuant to the McKinney-Vento Homeless Assistance Act;
    - ii) The director of a program funded under the Runaway and Homeless Youth Act or a designee of the director;
    - iii) The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act (relating to emergency shelter grants) or a designee of the director; or
    - iv) A financial aid administrator.

15. Are you receiving any financial assistance to pay for your education? ☐ Yes ☐ No

If so, please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

\_\_\_\_\_

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 affecting 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).

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

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



We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.

# **FACT SHEET**

## **For HUD ASSISTED RESIDENTS**

### **Project-Based Section 8**

### **“HOW YOUR RENT IS DETERMINED”**

**Office of Housing**

**September 2010**

*This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.*

### **Why Determining Income and Rent Correctly is Important**

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

#### **OAs' Responsibilities:**

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

#### **Residents' Responsibilities:**

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

### **Income Determinations**

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

#### **What is Annual Income?**

$\text{Gross Income} - \text{Income Exclusions} = \text{Annual Income}$

#### **What is Adjusted Income?**

$\text{Annual Income} - \text{Deductions} = \text{Adjusted Income}$

### **Determining Tenant Rent**



### **Project-Based Section 8 Rent Formula:**

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
- 10% of the family's monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.

OR

- \$25.00 Minimum Rent

## **Income and Assets**

HUD assisted residents are required to report all income from all sources to the Owner or Agent (OA).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

### **Annual Income Includes:**

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except for lump-sum additions to

family assets, see Exclusions from Annual Income, below Welfare assistance

- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.

### **Assets Include:**

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

### **Assets Do Not Include:**

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant

or are held in an individual's name but:

- The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
- that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
  - Foreclosure
  - Bankruptcy
  - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

#### **Exclusions from Annual Income:**

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and

benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)

- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

#### **Federally Mandated Exclusions:**

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes

- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product liability litigation*
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

## **Deductions:**

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time.
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

## **Reference Materials**

### **Legislation:**

- Quality Housing and Work Responsibility Act of 1998, Public Law 105-276, 112 Stat. 2518 which amended the United States Housing Act of 1937, 42 USC 2437, et seq.

### **Regulations:**

- General HUD Program Requirements; 24 CFR Part 5

### **Handbook:**

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

### **Notices:**

**"Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001**

### **For More Information:**

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>