

DEAR APPLICANT(S):

PLEASE COMPLETE THE ENTIRE APPLICATION OR IT WILL NOT BE ABLE TO BE PROCESSED. THERE ARE ADDITIONAL FORMS THAT WOULD NEED TO BE SIGNED IF THERE IS AN ADDITIONAL FAMILY AND/OR SPOUSE THAT WOULD NEED TO BE COMPLETED AS WELL IN ORDERED TO BE PROCESSED.

THERE IS A DROP BOX NEXT TO THE APPLICATIONS WHEN COMPLETED.

ITEMS TO HAVE HANDY WHEN YOU ARE CALLED SET AN INTERVIEW:

INCOME:

- CURRENT AWARD LETTER FROM SOCIAL SECURITY
- IF RECEIVING CASH ASSISTANCE, CURRENT TANF/COMPASS REPORT FROM WELFARE DEPARTMENT
- CURRENT PENSION INFORMATION IF RECEIVING
- PROOF OF OTHER INCOMES

ASSETS:

- CHECKING ACCOUNT-THE LAST 6 CURRENT MONTHS
- SAVINGS-CURRENT OF LAST MONTH
- DIRECT EXPRESS CARD-COPY OF FRONT AND BACK OF CARD, ALONG WITH A CURRENT BALANCE INQUIRY FROM ATM
- PROOF OF INTERESTS, PROPERTY, ETC.

EXPENSES:

- PROOF OF ANY EXTRAORDINARY OUT OF POCKET EXPENES

IDENTITY:

- COPY OF BIRTH CERTIFICATE
- COPY OF SOCIAL SECURITY CARD
- ID

OTHER ITEMS:

- IF ON DISABILITY, WE WILL REQUIRE YOU TO HAVE A LETTER SENT FROM A DOCTOR, PROFESSIONAL STATING THAT YOU ARE DISABLED
- LANDLORD – MUST BE COMPLETED BY YOUR CURRENT LANDLORD AND SENT TO ME VIA FAX 724.658.6065
- PETS-MUST ASK MANAGEMENT REGARDING PET. REFER TO PET RULES.


IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT MANAGEMENT AT 724.658.6181.

THANKS,

MANAGEMENT

VISTA SOUTH/SHERIDAN ESTATES

APPLICATION FOR LEASE

Current Date _____ Property Name <u>Vista South</u> Address <u>1110 S. FAUCON ST.</u> City/State/Zip <u>New Castle PA 16101</u> Phone Number <u>724.658.6181</u>		FOR OFFICE USE ONLY APPLICATION RECEIVED DATE: _____ APPLICATION RECEIVED TIME: _____ APARTMENT SIZE: _____ RECEIVED BY: _____ DATE POSTED TO MANUAL WAITING LIST: _____
Please note that all lines, questions or requests for information MUST be completed. This requires that you provide the relevant information requested, answer yes or no where applicable, or write "N/A" if the information requested does not apply to anyone in the Applicant Household listed.		
I APPLICANT		
NAME: _____ LAST FIRST MI SOCIAL SECURITY NO.: _____ <u>D.O.B.</u> ADDRESS: _____ CITY/STATE/ZIP: _____ HOME PHONE NUMBER: () _____ DRIVERS LICENSE NUMBER: _____ MAKE OF CAR & YEAR: _____ CAR LICENSE NO. _____	[REDACTED]	II CO-APPLICANT NAME: _____ LAST FIRST MI SOCIAL SECURITY NO.: _____ <u>D.O.B.</u> ADDRESS: _____ CITY/STATE/ZIP: _____ HOME PHONE NUMBER: () _____ DRIVERS LICENSE NUMBER: _____ MAKE OF CAR & YEAR: _____ CAR LICENSE NO.: _____
III EMPLOYMENT (Check the one box on the left that applies to the status of employment. If currently unemployed, provide the most recent employer information.)		
APPLICANT: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed	Name of Employer _____ Full Street Address _____ City State Zip _____	Supervisor _____ Occupation _____ Length of Service _____ \$ _____ per Present Gross Pay Hour or Week or Month
CO-APPLICANT: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed	Name of Employer _____ Full Street Address _____ City State Zip _____	Supervisor _____ Occupation _____ Length of Service _____ \$ _____ per Present Gross Pay Hour or Week or Month
IV CHILD CARE EXPENSE INFORMATION Expenses may be deducted for the care of children under the age of 13 years when care is necessary to enable a family member to work, seek employment, or further his/her education (academic or vocational), the family has determined there is no adult member capable of providing care during the hours care is needed, the expenses are not paid to a family member living in the unit, the amount deducted reflects reasonable charges for child care and/or the expense is not reimbursed by an agency or individual outside the family. Further restrictions may apply.		
NAME OF EACH DEPENDENT QUALIFYING: _____ _____		
CHILD CARE PROVIDER: _____ ADDRESS: STREET: _____ CITY: _____ STATE: _____		PHONE #: () _____ FAX #: () _____ AMOUNT PAID: \$ _____ PER: [] WEEK [] MONTH (Check the one that applies)

APPLICATION FOR LEASE

IV. LIST EACH HOUSEHOLD MEMBER WHO WILL BE RESIDING IN APARTMENT						
FIRST NAME	MI	LAST NAME	ANY OTHER NAME (MAIDEN/ALIAS)	RELATIONSHIP TO HEAD OF HOUSE	SEX	
1				Head of Household	<input type="checkbox"/> Male	<input type="checkbox"/> Female
2					<input type="checkbox"/> Male	<input type="checkbox"/> Female
3					<input type="checkbox"/> Male	<input type="checkbox"/> Female
4					<input type="checkbox"/> Male	<input type="checkbox"/> Female
5					<input type="checkbox"/> Male	<input type="checkbox"/> Female
6					<input type="checkbox"/> Male	<input type="checkbox"/> Female
7					<input type="checkbox"/> Male	<input type="checkbox"/> Female
8					<input type="checkbox"/> Male	<input type="checkbox"/> Female
9					<input type="checkbox"/> Male	<input type="checkbox"/> Female
10					<input type="checkbox"/> Male	<input type="checkbox"/> Female
PLACE AND DATE OF BIRTH				SOCIAL SECURITY NUMBER	FULL-TIME STUDENT?	
CITY	STATE	MONTH	DAY YEAR			
1A					<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A					<input type="checkbox"/> Yes	<input type="checkbox"/> No
3A					<input type="checkbox"/> Yes	<input type="checkbox"/> No
4A					<input type="checkbox"/> Yes	<input type="checkbox"/> No
5A					<input type="checkbox"/> Yes	<input type="checkbox"/> No
6A					<input type="checkbox"/> Yes	<input type="checkbox"/> No
7A					<input type="checkbox"/> Yes	<input type="checkbox"/> No
8A					<input type="checkbox"/> Yes	<input type="checkbox"/> No
9A					<input type="checkbox"/> Yes	<input type="checkbox"/> No
10A					<input type="checkbox"/> Yes	<input type="checkbox"/> No

APPLICATION FOR LEASE

V. ELDERLY, HANDICAPPED, or DISABLED HOUSEHOLDS

Disclosure of the following information is voluntary and will be used for the purpose of verifying allowances against income in determining the resident's monthly housing charge. Medical expenses not reimbursed by Medicare or any other insurance are allowable deductions. Please note: Disability and/or Life Insurance Policy Expenses are not deductible.

List out-of-pocket medical expenses paid by you for which you are not reimbursed:

Medicare:	\$ _____	Describe:	_____
Medical Insurance:	\$ _____	Describe:	_____
Doctor Bills:	\$ _____	Describe:	_____
Hospital Bills:	\$ _____	Describe:	_____
Other Medical Expenses:	\$ _____	Describe:	_____
	\$ _____	Describe:	_____
	\$ _____	Describe:	_____
	\$ _____	Describe:	_____
	\$ _____	Describe:	_____

VI. ASSET INFORMATION

CHECKING:			ACCOUNT NUMBER: _____
<input type="checkbox"/> Single	NAME OF BANK OR CREDIT UNION	CURRENT BALANCE: \$ _____	_____
<input type="checkbox"/> Joint	FULL STREET ADDRESS	INTEREST BEARING ACCOUNT: _____	
<input type="checkbox"/> No Checking Acct.	CITY STATE ZIP	INTEREST AMOUNT: _____	

SAVINGS:			ACCOUNT NUMBER: _____
<input type="checkbox"/> Single	NAME OF BANK OR CREDIT UNION	CURRENT BALANCE: \$ _____	_____
<input type="checkbox"/> Joint	FULL STREET ADDRESS	INTEREST BEARING ACCOUNT: _____	
<input type="checkbox"/> No Savings Acct.	CITY STATE ZIP	INTEREST AMOUNT: _____	

CERTIFICATE or MONEY MARKET:			ACCOUNT NUMBER: _____
<input type="checkbox"/> Single	NAME OF BANK OR CREDIT UNION	CURRENT BALANCE: \$ _____	_____
<input type="checkbox"/> Joint	FULL STREET ADDRESS	INTEREST BEARING ACCOUNT: _____	
<input type="checkbox"/> No Cert. Or Money Market Acct.	CITY STATE ZIP	INTEREST AMOUNT: _____	

Other:			
1. TRUST FUND?:	PRINCIPAL VALUE: \$ _____		
<input type="checkbox"/> No Trust Fund			

2. REAL ESTATE?:	VALUE: \$ _____	JOINTLY OWNED BY: _____	
<input type="checkbox"/> No Real Estate			

3. STOCKS / BONDS?:	[] YES then provide company name & address for each _____
<input type="checkbox"/> NO Stocks/Bonds	

4. Have you disposed of any assets (home, land, business, etc.) for less than fair market value within the last two years? [] NO [] YES

If yes, _____ asset was sold or transferred; _____ Type of Asset: _____

Your estimate of the market value of the asset: \$ _____ Amount Received: \$ _____

APPLICATION FOR LEASE

VII. RENTAL AND/OR RESIDENTIAL HISTORY		Please check the yes or no to advise whether you are applying as a result of being displaced by government action or a presidentially declared disaster: []YES []NO	
Current Landlord Name: _____		Rent per Month:	\$ _____
Address: _____		Move in Date:	_____
		Lease Expires:	_____
		Notice Required:	_____
		Notice Given:	_____
Telephone Number: () _____			
Previous Landlord Name: _____		Rent per Month:	\$ _____
Address: _____		Rented From _____ to _____	
Address: _____		Proper Notice Given:	_____
Telephone Number: () _____		Deposit Returned:	_____
Previous Landlord Name: _____		Rent per Month:	\$ _____
Address: _____		Rented From _____ to _____	
Address: _____		Proper Notice Given:	_____
Telephone Number: () _____		Deposit Returned:	_____
Previous Landlord Name: _____		Rent per Month:	\$ _____
Address: _____		Rented From _____ to _____	
Address: _____		Proper Notice Given:	_____
Telephone Number: () _____		Deposit Returned:	_____
Previous Landlord Name: _____		Rent per Month:	\$ _____
Address: _____		Rented From _____ to _____	
Address: _____		Proper Notice Given:	_____
Telephone Number: () _____		Deposit Returned:	_____
Previous Landlord Name: _____		Rent per Month:	\$ _____
Address: _____		Rented From _____ to _____	
Address: _____		Proper Notice Given:	_____
Telephone Number: () _____		Deposit Returned:	_____
VIII. CREDIT INFORMATION			
Creditor	Creditor Address	Current Balance	Account Number
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

APPLICATION FOR LEASE

IX. OTHER INCOME SOURCES					
TYPE OF INCOME	CARE/CLAIM NUMBER	PLEASE RESPOND TO EACH LINE			NAME OF PERSON RECEIVING INCOME
		MONTHLY AMOUNT	SOURCE OF INCOME?		
			YES	NO	
Social Security					
Supp. Security Income					
Black Lung Benefits					
Unemployment Comp					
Disability Compensation					
Military Wage/Allotment					
National Guard					
Pension/Retirement					
Scholarship					
Education Grant Type					
Alimony					
General Relief					
ADC/ADFC					
Parental Support					
Baby-Sitting					
Lottery Winnings					
Other					

X. CRIMINAL/FELONY/MISDEMEANOR HISTORY

Have you, co-applicant, or any adult applicant included in this application, ever had a conviction of any of the following?
 Answer "YES" to all that apply and the household member's name involved, and "NO" to those that do not apply:

Type of Charge	No	Yes	Household Member's Name Involved
PLEASE RESPOND TO EACH LINE			
Theft			
Trespassing			
Drug Use			
Illegal Sale of Drugs or Drug Paraphernalia			
Violent Acts to Persons or Property			
Burglary			
Criminal Mischief			
Drug Possession			
Sex Offense			
DUI			
Bad Checks			
Other:			

Circle Each State You Have Ever Lived In:

Alabama	Alaska	Arizona	Arkansas	California	Colorado	Connecticut	Delaware	Florida	Georgia	Hawaii	Idaho
Illinois	Indiana	Iowa	Kansas	Kentucky	Louisiana	Maine	Maryland	Mass.	Michigan	Minnesota	Miss.
Missouri	Montana	Nebraska	Nevada	N. Hamps.	N. Jersey	N. Mexico	New York	N. Carolina	N. Dakota	Ohio	Oklahoma
Oregon	Penn.	Rhode Is.	S. Carolina	S. Dakota	Tenn.	Texas	Utah	Vermont	Virginia	Washington	W. Virginia
Wisconsin	Wyoming										

Are any household members listed on the application subject to a lifetime state sex offender registration program in any state?
 _____ (NO) _____ (YES)

APPLICATION FOR LEASE

XI. CERTIFICATION OF APPLICANTS

VERY IMPORTANT - READ CAREFULLY

I/we certify the information given in this application [pages 1 through 6] is accurate and complete, and has been provided based on a complete review and understanding of the "Resident Selection Plan", the basis for determining eligibility. I/we further understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application by the Owner/Agent. I/we, by signature below, authorize the Owner/Agent to request a complete criminal, sex offender, credit, employment and landlord investigation through the use of an outside independent background service company to secure a written report of all information pertaining to my/our application request. I/we understand that there will be no separate verification form used in the processing of this background check other than this application and the HUD Form 9887 & 9887A, as applicable. I/we further agree and understand 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 and/or level of assistance.

WARNING

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

PLEASE BE FURTHER ADVISED

The Department of Housing & Urban Development and/or the Contract Administrator will compare the information applicant families supply with information federal, state and/or local agencies have on those same applicant families income and household composition. Federal law prohibits the Landlord from discriminating against individuals with disabilities and/or handicaps. Each applicant is encouraged to make known accessibility needs and/or any reasonable accommodations necessary at initial application or as part of occupancy consideration. As required by Federal law, applicants must produce proof of their social security numbers. Individuals who have not been assigned a social security number are required to sign and date a certification stating that a social security number has not been assigned. This certification requires subsequent compliance should this apply.

Applicants on the waiting list will be reviewed and contacted by letter once annually to insure continued interest to remain on the waiting list and to update any changes to the original information supplied at the time of initial application. Failure to respond to this annual review will result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive [including denied applications] will be held for three years as required by federal regulation.

How did you learn about this community? (Please check box or fill in information):

Current Resident Property Signage/Driveby Newspaper
 Internet/WEB Site Other: _____ Yellow Pages/Phone Directory

Signature of Applicant	Date
Signature of Co-Applicant	Date
Signature of Additional Adult Applicant	Date
Signature of Additional Adult Applicant	Date

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): US Department of HUD 1000 Liberty Ave. Suite 1000 Pittsburgh, PA 15222-2507	O/A requesting release of information (Owner should provide the full name and address of the Owner.): First NJ Asset Management, LLC PO Box 1030 Brick, NJ 08723	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.): PHFA - Performance based Contract Administrator 211 North Front Street, Harrisburg, PA 17101
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Donna Posey
Name of Project Owner or his/her representative

Property Manager
Title

Donna Posey
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.

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.

(second household member)

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.

Donna Posey

Name of Project Owner or his/her representative

Property Manager

Title

Donna Posey

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.

TENANT CONSENT TO DISCLOSE EIV INCOME INFORMATION

Print name of tenant authorizing release

Print name of third party being authorized to view information

A. Third party to view and/or discuss information for the sole purpose of recertification assistance is an:

- Adult Household Member, Guardian, Individual Assisting Elderly Individual or Person with a Disability, Other Individual (Include Relationship), Translator / Interpreter, Temporarily Absent Family Member, Service Coordinator

B. Enterprise Income Verification (EIV) information to be viewed and/or discussed for the sole purpose of recertification assistance:

- EIV Income Report, EIV New Hires Report, EIV Income Discrepancy Report, Other EIV information, EIV No Income Report

C. Penalties for Misuse of Information:

The following federal law prohibits the misuse of the information viewed or discussed pursuant to this consent and certification, Tenants, authorized third parties, and HUD or authorized entities employees may be subject to these penalties.

"Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully - (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years." 18 U.S.C. 1001.

"Any officer or employee of an agency, who by virtue of his employment or official position, has possession of, or access to, agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules or regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000, 5 U.S.C. 552a(f).

"The Secretary [of Health and Human Services] shall require the imposition of an administrative penalty (up to and including dismissal from employment), and a fine of \$1,000, for each act of unauthorized access to, disclosure of, or use of information in the National Directory of New Hires established under subsection (f) of this section by any officer or employee of the United States or any other person who knowingly and willfully violates this paragraph." 42 U.S.C. 653(f).

Federal law also provides penalties for misusing Social Security numbers, 42 U.S.C. 408 (a) (6), (7) and (8).

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.

D. Certifications:

I hereby authorize the third party listed on this consent to view and/or discuss the EIV information identified above for the sole purpose of assisting in the recertification of my housing assistance in accordance with the rights afforded to me by the Privacy Act of 1974, I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, redisclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.

Signature of tenant authorizing release, Printed name of tenant authorizing release, Date

I hereby acknowledge and certify that I am permitted to view and discuss tenant information pertaining to the above named individual for the sole purpose of assisting the tenant in the recertification of his/her subsidy, I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, redisclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.

Signature of authorized third party, Printed name of authorized third party, Date



TENANT CONSENT TO DISCLOSE BIY INCOME INFORMATION

_____ _____

Print name of tenant authorizing release

Print name of third party being authorized to view

(Second household member only)

A. Third party to view and/or discuss information for the sole purpose of recertification assistance is an:

- Adult Household Member
- Translator / Interpreter
- Service Coordinator
- Guardian
- Temporarily Absent Family Member
- Individual Assisting Elderly Individual or Person with a Disability
- Other Individual (Include Relationship): _____

B. Enterprise Income Verification (EIV) information to be viewed and/or discussed for the sole purpose of recertification assistance:

- EIV Income Report
- EIV Income Discrepancy Report
- EIV No Income Report
- EIV New Hires Report
- Other EIV information: _____

C. Penalties for Misuse of Information:

The following federal law prohibits the misuse of the information viewed or discussed pursuant to this consent and certification. Tenants, authorized third parties, and HUD or authorized entities employees may be subject to these penalties.

"[W]hoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully - (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 3 years." 18 U.S.C. 1001.

"Any officer or employee of an agency, who by virtue of his employment or official position, has possession of, or access to, agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules or regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000. 5 U.S.C. 552a(f).

"The Secretary [of Health and Human Services] shall require the imposition of an administrative penalty (up to and including dismissal from employment), and a fine of \$1,000, for each act of unauthorized access to, disclosure of, or use of, information in the National Directory of New Hires established under subsection (f) of this section by any officer or employee of the United States or any other person who knowingly and willfully violates this paragraph." 42 U.S.C. 653(f).

Federal law also provides penalties for misusing Social Security numbers. 42 U.S.C. 408 (a) (6), (7) and (8).

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.

D. Certifications:

I hereby authorize the third party listed on this consent to view and/or discuss the EIV information identified above for the sole purpose of assisting in the recertification of my housing assistance in accordance with the rights afforded to me by the Privacy Act of 1974. I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, redisclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.

_____ _____ _____
 Signature of tenant authorizing release Printed name of tenant authorizing release Date

I hereby acknowledge and certify that I am permitted to view and discuss tenant information pertaining to the above named individual for the sole purpose of assisting the tenant in the recertification of his/her subsidy. I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, redisclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.

 Signature of authorized third party Printed name of authorized third party Date

HUD Occupancy Handbook
Exhibit 9-4



We Do Not Discriminate in Accommodations With the Federal Fair Housing Law
(The Fair Housing Amendments Act of 1988)

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

Signature of Applicant

Date

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

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

Vista South Apartments
1116 South Mercer Street
New Castle Pa. 16101

Ph: 724-658-6181 Fax: 724-658-6065

TENANT HISTORY REQUEST-MUST BE COMPLETED

Name: _____

Address: _____

****Landlord to Complete and Fax to 724-658-6065 Attn: Donna****
We are writing for a verification of residency on the above named individual.

-
1. # of persons on lease: _____ Monthly rental amount: _____ Utilities included: _____
 2. Date lease began: _____ Date lease expires: _____ Evicted, if so when: _____
 3. Was Eviction for : Non Pay _____ Violations _____ Criminal _____ Money Owed _____
 3. Is/was the tenant current on his/her rent? _____ If not, how late/times late? _____ / _____
 4. Have there been any complaints of noise? _____ Any lease violations? _____
 5. Have there been any pets found on the premises? _____
 6. Has this tenant been responsible for any property damage? _____ If yes please explain:

 7. Have there been any lease violations? _____ If yes please explain: _____

 8. Has this tenant kept the premises clean? _____ Would you rent to this tenant again? _____

Additional Comments: _____

Landlord Signature: _____ Date: _____

I hereby grant permission for release of information from credit agencies, banks and present and prior landlords which is necessary to process the lease.

Signature: _____ Date: _____