



## Application

Warren Village provides comprehensive support to single-parent families who are motivated to move out of poverty. Warren Village has created a nationally-acclaimed two-generation model, offering affordable housing for up to two years, education guidance, workforce development, early childhood education, wellness coaching and advocacy to families who are on their path to self-sufficiency.

Located in Capitol Hill in Denver, Warren Village has been providing comprehensive services designed to help families address and overcome the challenges of family poverty and homelessness since 1974.

### Applications are accepted from those who:

- ✓ Are a single parent and are 18 years or older
- ✓ Currently have custody of one or more children
- ✓ Currently has a high school diploma or GED
  - ✓ Are motivated to set and achieve goals
- ✓ Are committed to full-time work and/or school
- ✓ Are committed to attending three (3) life skills classes per month

### Applicant Checklist:

You **MUST** bring ALL of these items with your application to the Housing Office.

- ⇒ State-issued photo ID or passport of applicant
- ⇒ Proof of Citizenship for each applicant and child and/or immigration documents
- ⇒ Original Birth Certificates of applicant and each child and/or immigration documents Original Social Security cards of applicant and each child
- ⇒ High school diploma, GED or accredited college degree of applicant

### Please note:

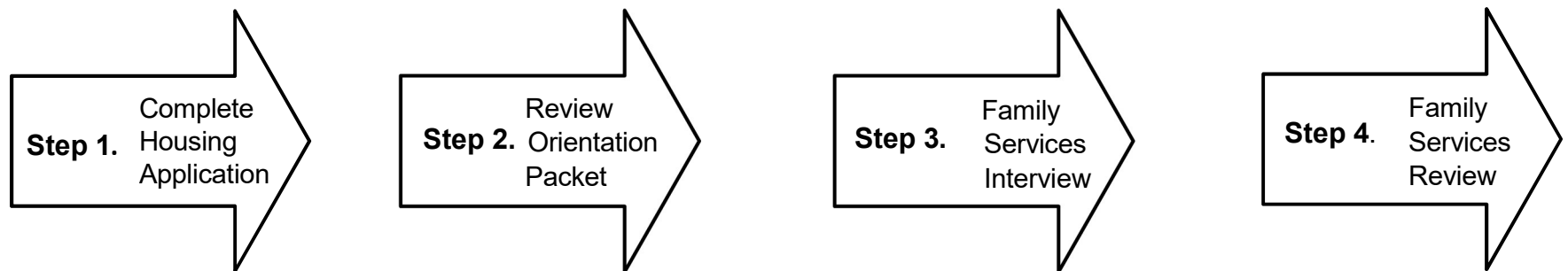
You must submit your application **IN PERSON** to the Housing Office in order for it to be processed.

We will not accept applications submitted electronically, through mail, or via fax unless applicant resides outside of the state of Colorado.

**Applications are accepted on a walk-in basis Monday-Friday 8:00 a.m. until 4:00 p.m. (closed from 12:00 p.m.-1:00 p.m. for lunch)**

Questions? Please contact the Housing Office at [wvqmgr@rmcommunities.org](mailto:wvqmgr@rmcommunities.org)

# Warren Village Admission Process



Applications must be filled out in BLUE PEN ONLY and returned to the Housing Office Monday-Friday between 9:00 a.m. and 4:00 p.m. on a walk-in basis with all original documents. No appointment needed.

Only complete applications will be accepted and processed.

Please allow up to two (2) weeks for processing.

Once application is filled out and turned in, Housing will run your background screening.

Results of the background screening will determine next steps:

**Approvals:** Applicants will receive the Family Services Orientation packet via email from a Housing Office staff member. This document provides an overview of the Warren Village Program and outlines the expectations for program participation.

**Denials:** A Housing Office staff will reach out with results. Application will stop here.

Applicants who have reviewed the orientation packet will be invited to schedule an assessment with Family Services staff.

Family Services utilizes a rubric to assess applicant's readiness for the self-sufficiency program.

The Housing Office will schedule applicants with a zoom meeting for the assessment.

Family Services staff reviews completed assessments on a weekly basis.

After review, a Housing Staff member will reach out with the Family Services Decision within 3 weeks from the assessment date.

Approved applicants are added to the waitlist. The time on the waitlist varies and will depend on family composition and unit availability.

Denied applicants will be provided with appeal instructions. Request for appeal must be received within 30 days of notification.

**Warren Village is an intensive self-sufficiency program for low-income single-parent families. Applicants must meet eligibility requirements and demonstrate personal motivation for change. Our admission process will ensure that applicants are prepared and able to take full advantage of the Warren Village Self-Sufficiency Program. Rev. 07/2024**

# Information About Waitlist/Pre-Application



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## Warren Village

1323 N. Gilpin Street Denver, Colorado 80218

Phone: 303.320.5025 Fax: 303.355.0346

Email: wvgmgr@rmcommunities.org

### What We Need To Know About You

To try and best serve you in your housing search, we will be asking you for pertinent information on your pre-application that will require you to be thorough and accurate to the best of your knowledge and abilities. We will be requesting information about the following things: Household size (who lives or is going to live with you), Gross Income (earned and unearned), Assets (like checking, savings, real estate, annuities, etc.), Rental History, and Credit/Criminal History.

It is very important to provide us with as accurate and honest information as you can. If you fail to do so or provide false information, your application may be denied. It is also very important to provide requested information in a timely manner.

### What to Expect Once You Apply

Based solely on what you provide on your Pre-Application, our Leasing Agent will pre-screen you for property and program suitability. The Leasing Agent will then follow these steps regarding your Pre-Application:

1. **Section 8:** If you meet our pre-screening requirements, your application will then be placed on our Section 8 waitlist according to the time/date stamp in which we received it and for which bedroom size your household qualifies for.
2. If you do not meet pre-screening requirements, we will notify you by mail and/or email that the information you provided indicates that you are not qualified for the property/program you requested.
3. If placed on the waitlist and your name moves up towards the top of it, we will then attempt to contact you; first by telephone, then email (if you have provided the information), and as well by mail to schedule an eligibility appointment with you. At the time of your eligibility appointment, you will need to complete a formal application as well as bring in certain requested documentation. *Failure to provide or keep your contact information updated can result in your Waitlist Application being denied.*

Your housing application will be processed in Chronological, date and time received, order (barring that you provide all required documents). After review of your application for housing and eligibility (verification of income, household size, assets, credit/criminal histories, landlord and character references, etc.), and you are approved for tenancy – you will then be contacted by the Property Manager, and they will schedule a move-in date with you. At the time of move-in, you will be expected to pay pro-rated rent for your first month of rent, plus the Security Deposit. Both your Leasing Agent and Property Manager will know and tell you what your Security Deposit will be. However, if you are not approved for tenancy after meeting with the Leasing Agent, you will be notified by mail and/or email and it will provide you with the reason(s) for your denial.

Your housing application will be processed based on a first-come, first-served basis (barring that you provide all requested documentation). After review of your housing application and eligibility (verification of income, household size, assets, credit/criminal histories, landlord and character references, etc.), and you are approved for tenancy – you will then be contacted by the Property Manager, and they will schedule a move-in date with you. At the time of move-in, you will be expected to pay pro-rated rent for your first month of rent, plus the Security Deposit. Both your Leasing Agent and Property Manager will know and tell you what your Security Deposit will be. However, if you are not approved for tenancy after meeting with the Leasing Agent, you will be notified by mail and/or email and it will provide you with the reason(s) for your denial.

# Information About Your Waitlist/Pre-Application



## **Screening Guidelines**

As mentioned before, we will be reviewing your rental, credit, and criminal histories as part of assessing your suitability for our RM Communities. Being upfront and honest is imperative to the process and we appreciate you being forthright in this matter. It helps us be able to serve you as best as possible. Your pre-application will be reviewed within 10 days from the time it is received.

If it is determined that you do not meet the screening criteria, you will be notified by mail or email (if provided) with notice of our decision within 10 days of your pre-application being reviewed. You will have 14 days from the postmark of our notice of denial to request a meeting with RMC Staff to review and/or appeal the decision at which time you may provide written or other additional documentation to be reconsidered for our communities. The Final Decision will be mailed/emailed to you within 30 days of your appeal.

## **Common Reasons for Applicant Rejection:**

- a. Applicant does not meet the criteria of the LIHTC Program (i.e. – Income Requirements, Student Status, etc.)
- b. Failure to provide verification of Social Security Numbers for all household members and/or birth certificates, and/or a state issued Picture I.D.
- c. Intentional or material falsification of information supplied on the application or related paperwork.
- d. Hostile or unsuitable behavior towards previous or current Property Management Staff and/or Residents, and/or Property.
- e. Failure to respond within 72 hours when contacted by RM Communities Staff.
- f. Applicant does not meet the screening criteria as set forth below for Credit, Criminal, and/or Landlord History.

## **Credit History:**

We understand life happens. A stellar credit history is great, but it isn't necessarily what we are looking for when we review your information on your credit report. We look to see where you've lived and if you can have utilities put into your name (it is a requirement of our lease agreements). If you are unable to have utilities in your name, we will deny your application. We may also reject your application if your report shows that you have negative credit items that have occurred in the last 3 years, and you've made no attempt or effort to address the negative items. Exceptions are made for medical collections, or if negative credit happened because of a medically related incident or due to a documented involuntary financial hardship.

## **Landlord and/or Character Reference(s):**

As part of our screening for suitability, we will be contacting your current and/or previous Landlord(s) to see if you have a satisfactory rental history with them for the last three (3) years. If you have been evicted for non-payment of rent, damages to the property, material noncompliance with your lease agreement, and/or for criminal activity within the last three (3) years; you will be denied. We will also be asking your Landlord what your payment history has been like, if you've been obeying the property's rules, and if you've kept your unit in good condition (i.e. – cleanly, no damages above normal wear & tear, etc.). An unsatisfactory Landlord Reference is grounds for denial of your Application. For any applicant that owes past due monies to a previous Landlord, they will not be considered for one of our rentals until their debt has been paid or settled in full.

If you are unable to provide three (3) years of Landlord reference(s), we will be requesting information from you for us to contact Character References on your behalf. Please be prepared to provide the full names and contact information for anyone who will be providing a Character Reference on your behalf. A Character Reference should be someone who is familiar with you and your character, but preferably not related to you. Character References who are related to you will only be considered under certain circumstances.

### **Criminal History:**

<b>Violation:</b>	<b>Action:</b>	<b>Exception:</b>
<b>Any</b> Registered Sex Offender (regardless of duration or offender's age).  Sexually based felony criminal conviction in the past <b>7 years</b> .	Denial of Admission	NONE for Registered Sex Offenders  <i>Documentation showing the conviction was reduced to a conviction that does not violate this policy.</i>
Conviction for Production/Manufacturing of a controlled substance in the past <b>10 years</b> . [24 CFR 5.100]	Denial of Admission	NONE
<b>Felony Conviction</b> for Violent Criminal Activity in previous <b>7 years</b> .  <i>Includes but not limited to: Battery, Any type of Assault, Murder, Homicide, Robbery, Child Abuse, Rape, Possession of a Weapon, Kidnapping, Some Domestic Violence charges, stalking [24 CFR 5.100]</i>	Denial of Admission	NONE  <i>Documentation showing the conviction was reduced to a conviction that does not violate this policy.</i>
<b>Felony Conviction</b> for Drug Related Activity in the past <b>7 years</b> .  <i>Includes but not limited to: Possession/distribution of a controlled substance. [24 CFR 5.100]</i>	Denial of Admission	NONE  <i>Documentation showing the conviction was reduced to a conviction that does not violate this policy.</i>
Pattern of abuse of alcohol that may threaten the health, safety or right to peacefully enjoyment of other residents.	Denial of Admission	<i>Evidence that household member has attended court approved alcohol rehabilitation after most recent offense.</i>
<b>Misdemeanor Convictions</b> for Drug Related or Violent Criminal Activity in past <b>3 years</b> .  <i>Includes but not limited to: assault, domestic violence, some possession of marijuana charges.[24 CFR 5.100]</i>	Denial of Admission	<i>Evidence that household member has completed court approved rehabilitation and/or any other mandates of the court.</i>
Any criminal conviction activity or pattern of criminal conviction activity that may threaten the health or safety of the neighbors, the owner, property management staff, or PHA Staff. (Including but not limited to: Any crime against a person, burglary, stalking, harassment of a neighbor)	Denial of Admission	NONE  <i>For felonies: Documentation showing the conviction was reduced to a conviction that does not violate this policy.</i>
Threatening or abusive behavior toward Housing Provider Staff or Contractors.	Denial of Admission	<i>Will not be allowed to reapply for one year from the date of the incident. Decision to be made by designate of The Chief Executive Officer</i>
Fraud or Attempted Fraud perpetrated against a subsidized housing provider.	Denial of Admission	<i>Will not be allowed to reapply for three years.</i>
Terminated or evicted from any PHA program in the past for violation of family obligations.	Denial of Admission	<i>These will be reviewed on a case by case basis. Families who left owing money to PHA or a LL or were terminated for violence against staff will not be allowed re-entry.</i>

*\* If incarceration has occurred for any of the above mentioned activities, the time limitation(s) will be extended to begin at the time that incarceration has ended. (i.e. – If you committed a crime and were incarcerated for 5 years for said crime, the time limitation for the offense begins at the time that incarceration ended.)*

Application Received  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Stamp: \_\_\_\_\_



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## Waitlist/Pre-Application for Residency

This form must be completed in its entirety & signed to be accepted.

Warren Village

Rocky Mountain Communities does not discriminate on the basis of race, color, sex, national origin, family status, age, religion, or disability, in compliance with the Fair Housing Act, Title IV of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.

# of Bedrooms needed:	When would you like to move?	Do you need an ADA (Accessible) Unit?	Do you currently have a Housing Voucher?
		YES or NO	YES or NO

**FOR THIS DOCUMENT TO BE ACCEPTED, IT SHALL BE COMPLETED IN ITS ENTIRETY AND NO WHITE-OUT IS TO BE USED.**

By submitting this pre-application, you accept full responsibility for keeping Rocky Mountain Communities informed of your current address and that your pre-application will be removed from all interest and/or waitlists if you fail to do so. You understand that RMC will contact you using the information you have provided and that if you do not respond within the required timeframe or if your mail is returned, it will result in your pre-application being removed from all interest and/or waitlists. RMC is not responsible for mail that is not delivered or delayed by the U.S. Postal Service.

### 1. Applicant Information (must be 18yrs old or older):

	Full Name (First & Last)	Social Security #	Date of Birth	Student?
Applicant (Head of HH)				YES or NO
Co-Applicant				YES or NO

Mailing Address: \_\_\_\_\_  
Street Apt # City/State Zip

Do you live at this address? Yes ☐ No ☐ If yes, for how long? \_\_\_\_\_

✉ Email(s): \_\_\_\_\_ ☎ Contact Phone Number(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. Other Occupants (dependents under the age of 18):

Full Name	Relationship to Applicant	Social Security #	Date of Birth	Student? Inc. K – 12, and beyond
				YES or NO
				YES or NO
				YES or NO
				YES or NO
				YES or NO

Do you expect any additions to your household in the next 12 months? YES or NO

If YES, please explain:

**4. Income: Please include any of the following for all Household Members (including minors):**

Wages, SSI, SSDI, Social Security, Self-Employment, Unemployment, Workman's Compensation, Public Assistance, AFDC, TANF, Retirement, Child Support, Alimony, Family Assistance, Part-Time Job, Pension, Annuities, Veterans Benefits, Severance Pay, or Recurring Gifts etc.

Person Receiving Income	Type of Income Received	Gross Monthly Income (Before taxes or Deductions)

**Assets: Please include any of the following accounts for everyone in the household (including minors):**

Checking, Savings Accounts, IRA, CD, Bonds, Stocks, Money Market Accounts, Securities, Trust Funds, Equity in Property, etc.

Name of Account Holder:	Type of Asset Account	Current Value	Interest Rate and/or Yearly Income

**\*Has anyone in your household disposed of (i.e. given away or sold below value) any assets in the past 2 years?**

(This includes any cash, real estate, items held for investment, etc.)

Yes ☐

No ☐

If "Yes", please explain: \_\_\_\_\_

**5. History: Please complete the following (every question MUST be answered):**

Has anyone in your household been convicted of any violent felonies in the past 7 years? Yes ☐ No ☐

Are any household members subject to any kind of sex offender registration requirements in any state? Yes ☐ No ☐

Are any household members subject to criminal proceedings or charges currently, or within the last year? Yes ☐ No ☐

Have you ever been evicted? Yes ☐ No ☐

Do you owe any current or previous Landlord or Utility Company any monies? Yes ☐ No ☐

**\*If you answered "Yes" to any of the above questions please briefly explain:**

I/We certify that the information I/We have presented on this document and in connection with this pre-application is true, correct, and accurate to the best of my/our knowledge. I/We understand that any misrepresentation or false information given constitutes as an act of fraud and will result in my/our application being cancelled or denied or in termination of housing assistance. I/We are aware that Federal Law provides for a fine and/or imprisonment for any person who fraudulently receives assistance to which they are not entitled to. I/We also understand that if all occupants are full time students (attending a schooling institute at least 5 months out of the year), I may not qualify for residency unless I meet certain exemptions within the respective Housing Program.

In accordance with the Internal Revenue Service Code and RMC policy, I/We understand that at the time of my/our eligibility interview, I/We will be required to provide verification of the information I/We have provided on this pre-application. RMC reserves the right to request further information that it deems necessary to make a decision regarding my/our eligibility.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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**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.

## **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)**

## HUD-9887/A Fact Sheet

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

### What Verification Involves

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

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

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

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

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

### Customer Protections

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

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

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

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

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

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

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

### Consequences for Not Signing the Consent Forms

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

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

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

### Programs Covered by this Fact Sheet

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

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

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

# Notice and Consent for the Release of Information

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

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

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

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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

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

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

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

## Instructions to Owners

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

## Instructions to Applicants and Tenants

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

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

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

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

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

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

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

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

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

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

### Failure to Sign the Consent Form

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

### Conditions

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

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

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

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

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.