

**Chisholm HRA**  
519 SW 6<sup>th</sup> Street  
Chisholm, MN 55719  
Phone: 218-254-2656  
Fax: 218-254-5750

**APPLICATION FOR PUBLIC HOUSING & LINCOLN SQUARE**  
Please read this carefully before completing the application form

**If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.**

- x The application must be completed in the handwriting of an adult member of the household. Incomplete applications will not be processed.
- x Persons with disabilities or persons who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of the form at the housing agency office.
- x Use the full legal name of each person listed on the application as it appears on their social security card.
- x Please print all answers.
- x Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you such as "What is your telephone number", and you do not have a telephone, write "none".
- x All yes/no questions must be checked to indicate whether your response is a "yes" or "no".
- x If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- x The legal head of household and spouse/cohead (if any) must sign and date the application form.
- x Where indicated on this form, the questions apply to all members of the family listed on the application.
- x The information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask your housing representative.
- x Be advised that the PHA will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.

**In order to qualify for housing assistance an applicant must:**

- x Be a family as defined in the housing agency's administration plan. The administrative plan is either posted or available at the housing agency office.
- x Meet the HUD requirements on citizenship or immigration status
- x Have an annual income at the time of admission that does not exceed the income limits established by HUD. These income limits are posted in the housing agency's office.
- x Provide documentation of Social Security numbers for all family members, or certify that they do not have Social Security numbers.
- x Meet student eligibility requirements
- x Pay any money owed to the PHA or any other housing authority
- x Not be subject to lifetime sex offender registration requirements
- x Sign authorization forms so that the PHA can verify the various eligibility requirements
- x Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity

**Americans with Disabilities Act:**

**We need your help to ensure all of our programs, services and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please let us know.**

**Chisholm**

**PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD**

List all persons age 18 or older who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME (Last, First, MI)	Relation to Head	US Citizen Y/N	Dis- abled Y/N	Sex M/F	Age	Date of Birth	Soc. Security # or Alien Registration #	*Race Code	*Hispanic Ethnicity Code
	HEAD								

**CHILDREN 17 AND YOUNGER** (List all children who will be living in the home, oldest to youngest.)

NAME (Last, First, MI)	Relation to Head	US Citizen Y/N	Dis- abled Y/N	Sex M/F	Age	Date of Birth	Soc. Security # or Alien Registration #	School Name	*Race Code	*Hispanic Ethnicity Code

**\*RACE CODE:**

- 1. White
- 2. Black
- 3. Asian
- 4. American Indian/Native Alaskan
- 5. Native Hawaiian/Pacific Islander

**\*HISPANIC /ETHNICITY CODE:**

- 1. Hispanic
- 2. Non-Hispanic

**ADDRESS/PHONE INFORMATION:**

**CURRENT ADDRESS/PHONE INFORMATION:**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Alternate phone \_\_\_\_\_

How Long \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Own or Rent \_\_\_\_\_ Utilities Included? Yes \_\_\_ No \_\_\_

**LANDLORD REFERENCES**

Present Landlord Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Rental Period \_\_\_\_\_ to \_\_\_\_\_ Reason for Moving \_\_\_\_\_

Previous Landlord Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Rental Period \_\_\_\_\_ to \_\_\_\_\_ Reason for moving \_\_\_\_\_

**CONTACT INFORMATION:** List the names, addresses and telephone numbers of two relatives or friends who live in the area and generally know how to contact you.

1. Contact Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City State/Zip \_\_\_\_\_

2. Contact Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City State/Zip \_\_\_\_\_

**Answer the following questions about all members of the household:**

1. Has any adult who will live in the home previously lived in a State other than this State?  Yes  No  
If yes, which family member(s)? \_\_\_\_\_ State lived? \_\_\_\_\_  
\_\_\_\_\_ State lived? \_\_\_\_\_

2. Does anyone other than an adult who will live in the home share custody of any of the children listed?  
 Yes  No If yes, who? \_\_\_\_\_

3. Does anyone who will be living in the home have a divorce decree or court order stipulating any shared custody arrangement of any minor children?  Yes  No If yes, who? \_\_\_\_\_

4. Is anyone who will be living in the home expecting a child?

- Yes  No If yes, who? .....
5. Is there anyone not listed on the application who is temporarily absent from the home?  
 Yes  No If yes, who? .....
6. Has anyone who will be living in the home ever used another social security number other than the one listed on this application?  Yes  No If yes, who? .....
7. Has anyone who will be living in the home ever used another name, other than the one they are using now?  
 Yes  No If yes, who? .....
8. Is there anyone who will be living in the home who is 18 or over and is a full-time student?  
 Yes  No If yes, who? .....
9. Is there anyone who will be living in the home who is attending college (part or full-time)?  
 Yes  No If yes, who? .....
10. Does anyone in your household require any type of accommodations to fully utilize our programs and services?  
 Yes  No If yes, who? .....  
 What do they require? .....

**PART B: CRIMINAL BACKGROUND AND OTHER INFORMATION**

*These questions apply to you and all of the members of your household.*

1. Has any household member ever been arrested for any crime? .....  Yes  No  
 If yes, how many times? ..... Please explain. (Include when arrested, where arrested and the reason for the arrest.  
 Attach a separate sheet if needed) .....
2. Has any household member ever been convicted of any crime? .....  Yes  No  
 If yes, how many times? ..... What crime(s)? .....
3. Is any household member a subject to lifetime sex offender registration? .....  Yes  No  
 If yes, who? ..... In what State(s)? .....
4. Is any household member currently using illegal drugs?  Yes  No If yes, who? .....
5. Has any household member ever been evicted from any type of housing? .....  Yes  No  
 If yes, explain when, where and for what reason(s). .....
6. Has any household member received rental assistance in public housing or HCV (Section 8)?  Yes  No  
 If yes, when? Year(s) ..... Housing Agency Name .....  
 Under what name? ..... Who was Head of Household? .....
7. Does any household member have any type of criminal charges pending?  Yes  No  
 If so, list the pending charges .....

**PART C: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY.**

*(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)*

1. Did you or any family member file a federal income tax return for the past year? .....  Yes  No  
 If yes, who? .....
2. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?
- Wages, salaries, tips, fees or commissions from an employer? (full or part time) ....  Yes  No  
 Compensation for personal services? .....  Yes  No  
 Income from the operation of a business or profession? .....  Yes  No  
 Interest, dividends or other income from real or personal property? .....  Yes  No  
 Payments from Social Security? .....  Yes  No  
 Payments from annuities? .....  Yes  No  
 Payments from insurance policies? .....  Yes  No

- Payments from retirement funds? .....  Yes  No
- Payments from pensions? .....  Yes  No
- Payments from disability benefits compensation other than Social Security? .....  Yes  No
- Payments from death benefits? .....  Yes  No
- Lump sum payments for the delayed start of periodic payments? .....  Yes  No
- Unemployment compensation? .....  Yes  No
- Worker's compensation? .....  Yes  No
- Severance pay? .....  Yes  No
- Public assistance payments (i.e. GA, MSA, DWP)? .....  Yes  No
- MFIP payments? .....  Yes  No
- Alimony payments? .....  Yes  No
- Child support payments? .....  Yes  No
- Regular contributions or gifts from anyone? .....  Yes  No
- Money from self employment? .....  Yes  No
- Regular or special military pay or Veteran's benefits? .....  Yes  No
- Financial assistance to attend school .....  Yes  No

3. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source (Employer Name or type of income ie: SSI, MFIP, GA, etc.)	Gross Amount \$	Frequency -- (Circle one)
			Week Month Year

**PART D: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY**

*(An asset is something of value that can be converted to cash)*

1. Do you or any family member own or have access to any of the following?

- Savings account? .....  Yes  No      Checking account? .....  Yes  No
- Certificate of deposit? .....  Yes  No      Money market account? .....  Yes  No
- Direct Express Debit card .....  Yes  No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following?

- Stocks? .....  Yes  No      Bonds? .....  Yes  No
- Real property (land)? .....  Yes  No      Trust funds? .....  Yes  No
- Pensions? .....  Yes  No      Individual retirement accounts? .....  Yes  No
- Inheritances? .....  Yes  No      Life insurance policies? .....  Yes  No
- Any other type of capital investment? .....  Yes  No

Explain any "Yes" answers below.

Family Member Name	Type of Asset	Account Number	Value

Have you disposed of any assets for less than Fair Market Value in the past two years?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date of disposal \_\_\_\_\_

Fair Market Value at the time of disposal \$ \_\_\_\_\_

**PART E: INFORMATION ABOUT HOUSEHOLD EXPENSES**

1. Does any family member have expenses for child care of a child age 12 or younger? .....  Yes  No

If yes, complete the following:

Minor's Name	Care Provider			Amount Monthly
	Name	Address	Phone Number	

2. Is any portion of these childcare expenses reimbursed from an outside agency or person? ..  Yes  No  
If yes, how much is reimbursed per month? \$ .. .. .

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities)  Yes  No If yes, complete the following:

Care Attendant			Amount Monthly
Name	Address	Phone Number	

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities). .....  Yes  No  
If yes, what is the anticipated monthly cost? \$ .. .. .

**Medical Expenses** (These questions only apply if the head, spouse or cohead is 62 years or older or is disabled)

Do you or any member of the family pay for any of the following items?

- Medical insurance premiums? .....  Yes .....  No
- Medicare premiums? .....  Yes .....  No
- Long term care insurance? .....  Yes .....  No
- Out of pocket prescription expenses? .....  Yes .....  No
- Past due medical bills? .....  Yes .....  No
- Other anticipated medical expenses? .....  Yes .....  No
- Do you receive Medical Assistance? .....  Yes .....  No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Expense	Monthly Amount

**Certification of the Applicant**

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the housing authority in writing (within ten (10) days) if any member of the family moves out of the unit, and that I cannot permit anyone to move into my unit without prior approval of the housing authority and my landlord. I understand that I must notify the housing authority in writing of any changes to the household due to birth, adoption or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

_____ Signature of Head of Household	_____ Date
_____ Signature of Spouse or Other Adult	_____ Date
_____ Signature of Other Adult	_____ Date

Certification of PHA Representative

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

\_\_\_\_\_  
Signature of PHA Representative

\_\_\_\_\_  
Date

**Chisholm**

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

## HUD-9887/A Fact Sheet

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

#### What Verification Involves

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

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

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

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

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

#### Customer Protections

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

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

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

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

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

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

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

#### Consequences for Not Signing the Consent Forms

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

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

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

#### Programs Covered by this Fact Sheet

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

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

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

# Notice and Consent for the Release of Information

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

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

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

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.);

**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 those 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

## 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.**

\_\_\_\_\_  
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.**

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date  
cc:Applicant/Tenant  
Owner file

**Penalties for Misusing this Consent:**

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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.

**CHISHOLM HRA**  
**519 SW SIXTH STREET**  
**CHISHOLM, MN 55719**  
**Phone: 218-254-2656 Fax: 218-254-5750**

Verification of Landlord Reference (Please return completed form to above address)

For: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

The individual named above is applying for tenant housing assistance which is subsidized through the U.S. Department of Housing and Urban Development. Federal regulations require that in order for the household to be eligible, we must verify the household's income, expenses, and any other information using third party written verifications. The information you provide to us will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. We are required to complete our verification process quickly and would appreciate your prompt response to this request for information.

**I, the undersigned, do hereby authorize the release of the information requested to Chisholm HRA.**

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

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

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Does or did this Tenant pay rent on time: ( ) YES ( ) NO

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does Tenant owe any money for rent? \_\_\_\_\_ Amount owed: \_\_\_\_\_

Were there any problems with the Tenant disturbing neighbors? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Length of tenancy: From \_\_\_\_\_ to \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Would you ever rent to this Tenant again?: \_\_\_\_\_

Are you a friend of, or related to the Tenant? \_\_\_\_\_

Any additional comments: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.**

**Chisholm**

CRIMINAL HISTORY INQUIRY

LAW ENFORCEMENT DEPT. ST. LOUIS COUNTY

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: DULUTH, MN

I authorize you to furnish the information requested below to the Housing Authority for the purpose of determining my eligibility for housing assistance. I understand that I have the right to rescind this authorization in writing at any time but that to do so may affect my application for admission/continued occupancy. This authorization expires one year from date signed.

SIGNATURE: X DATE: X

THIS FORM MAY BE PHOTOCOPIED AS NEEDED FOR ONE YEAR AFTER DATE SIGNED.

FULL NAME: First, Middle, & Last X

ADDRESS: X

SOCIAL SECURITY #: X DATE OF BIRTH: X

APPLICANT - DO NOT WRITE BELOW THIS LINE  
PROVIDE ABOVE INFORMATION AND RETURN TO CHISHOLM HRA

Using the numbers below, please indicate whether the above applicant has been arrested for or convicted of any crimes relating to the following two years prior to date of signature above.

- 1. Homicide/murder
- 2. Sex Offender
- 3. Rape or child molesting
- 4. Burglary/robbery/larceny
- 5. Threats or harassment
- 6. Destruction of Property/Vandalism
- 7. Assault or fighting
- 8. Disorderly conduct
- 9. Drug manufacturing/sale/distribution
- 10. Drug use/possession with intent
- 11. Child abuse/domestic violence
- 12. Public intox, drunk & disorderly
- 13. Receiving stolen good
- 14. Fraud
- 15. Prostitution

CRIME #	STATUS/DISPOSITION

Please attach a copy of police report

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Thank you for your cooperation. Please return in enclosed self-addressed stamped envelope.

CHISHOLM HOUSING & REDEVELOPMENT AUTHORITY  
519 SW 6TH STREET - CHISHOLM, MN 55719, 218-254-2656