

Application for Housing Under

USDA-RD Program/Section 8



DATE: _____
RECD: _____
TIME: _____
Contact dates: _____
_____
_____
_____
(FOR MANAGEMENT)

Application for Rental: Golden Age Manor Apartments

Rental Office Address: 992 West Main Street, Vernal, Utah 84078

Property Address: 221 West 350 North, Vernal, Utah 84078

Section 1. Introduction

Thank you for your interest in our apartment community.

1. With this application you are applying for an apartment at the Golden Age Manor Apartments which is federally subsidized. This means that the Federal Government pays part of your rent and utilities. This will be approximately 30% of your income.
2. All information provided will be verified as required by federal law.
3. You will sign a 1-year lease
4. Security Deposit is no more than 30% of your gross adjusted annual income, refundable. Refund is subject to deductions for damages and cleaning. Refund will be made within 30 days of move out.
5. An inspection form will be signed when moving IN/OUT. This is essential to ensure fairness in dealing with the security deposit refunds.
6. 30 day written notice is required to move out. Moving out before the end of your year term, of the lease is allowed under certain circumstances, see lease.
7. Pets are allowed subject to the "Pet Rules". If this applies to you, please request a copy of these rules at the time of application.
8. Ask questions, be informed. If you feel you have not been fully informed or that you have not been dealt with fairly, please contact the rental office at (435) 781-4156 or in writing to 992 West Main Street, Vernal, Utah 84078
9. Please complete all parts of this application package and have all adult family members 18 years of age and older sign the forms where indicated
10. A criminal history background and authorization form must be filled out by each adult in the household
11. When your application nears the top of the waiting list, you will be contacted to schedule an interview. You will be asked to bring certain types of information to the interview in order to determine your eligibility.

**Please be aware that falsification of any information on the application is cause for automatic rejection.**

Should you have any questions or concerns regarding this application package, please contact our office at (435) 781-4156 or visit us at 992 West Main Street, Vernal, Utah 84078

## **RENTAL APPLICATION FOR AFFORDABLE HOUSING**

I/We hereby offer to lease an apartment home at the above-named community. I/We present the following references which management may choose to investigate. Falsification of any information listed herein is cause for rejection of this application and/or termination of lease agreement. I/We understand that an address assignment will not occur until the availability of an apartment, approval of the application, and payment of all deposits and fees.

**ANY QUESTIONS THAT DO NOT APPLY, PLEASE MARK "NONE" OR \$0  
DO NOT LEAVE ANY BLANKLINES**

Desired Move in Date: \_\_\_\_\_.

### APPLICANT AND FAMILY INFORMATION

List all permanent household members who will live in the apartment in the next 12 months.  
Be sure to list any temporarily absent members.

Full Name	Relationship to Head	Date of Birth	Sex	Soc. Sec. #	Full-time Student
1.	Head	/ /	M   F		Yes   No
2.		/ /	M   F		Yes   No
3.		/ /	M   F		Yes   No
4.		/ /	M   F		Yes   No
5.		/ /	M   F		Yes   No
6.		/ /	M   F		Yes   No

(Circle)

Do you expect any additions to the household within the next 12 months?      Yes    No

Is there anyone living with you now who will not be living at this community?      Yes    No

Are there any absent household members who normally would live with you?      Yes    No

Do you have full custody of your child(s)? (Proof Required)      Yes    No  
If yes, explain. \_\_\_\_\_

Does applicant request a handicap/disability adjustment to income?      Yes    No

Does Applicant request a special handicap accessible unit?      Yes    No

PERSONAL INFORMATION

Your Driver's License State ID# \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration \_\_\_\_\_

Spouse/Co-Tenant Driver's License State ID# \_\_\_\_\_ State Issued \_\_\_\_\_  
Expiration \_\_\_\_\_

(All Vehicles must be registered at the Management Office)

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License \_\_\_\_\_

Do you have any pets? If yes, what type and weight? \_\_\_\_\_

Emergency Contact: List someone not living in the household.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

FULL TIME STUDENT INFORMATION

Is any member of the household under the age of 24 a student? Yes No

APPLICANT STATUS

Are you or any other household members claiming zero income?  
Not working or unemployed? Yes No

Will you or any adult member require a live-in care attendant  
for independent living? Yes No

Will your household be receiving Section 8 rental assistance all move-in? Yes No

Will you apply or be eligible for Section 8 rental assistance in the  
next 12 months? Yes No

If the answer to any of these questions is 'Yes' please explain.

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HEAD OF HOUSEHOLD EMPLOYMENT INFORMATION

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Hire \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Gross Monthly income \_\_\_\_\_ (before deductions)

Do you have a second job? Yes | No Where? \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Hire \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Gross Monthly income \_\_\_\_\_ (before deductions)

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Supervisor \_\_\_\_\_

Other Employment Income (such as self-employment) \_\_\_\_\_

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SPOUSE EMPLOYMENT INFORMATION (Other roommates must fill out separate application)

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Hire \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Gross Monthly income \_\_\_\_\_ (before deductions)

Do you have a second job? Yes No Where? \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Hire \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Gross Monthly income \_\_\_\_\_ (before deductions)

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Supervisor \_\_\_\_\_

Other Employment Income (such as self-employment) \_\_\_\_\_

**RESIDENCE HISTORY**  
(3-year minimum)

**Current Address** \_\_\_\_\_ Phone \_\_\_\_\_

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

Do you rent, own or live with family? \_\_\_\_\_

Moved in Date: (MM/YYYY) \_\_\_\_\_ Monthly Rent/Mortgage \_\_\_\_\_

Reason for moving

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Landlord/Mortgage Company \_\_\_\_\_ Phone \_\_\_\_\_

**Previous Address** \_\_\_\_\_ Phone \_\_\_\_\_

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

Do you rent, own or live with family? \_\_\_\_\_

Moved in Date: (MM/YYYY) \_\_\_\_\_ Monthly Rent/Mortgage \_\_\_\_\_

Reason for moving

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Landlord/Mortgage Company \_\_\_\_\_ Phone \_\_\_\_\_

**Previous Address** \_\_\_\_\_ Phone \_\_\_\_\_

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

Do you rent, own or live with family? \_\_\_\_\_

Moved in Date: (MM/YYYY) \_\_\_\_\_ Monthly Rent/Mortgage \_\_\_\_\_

Reason for moving

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Landlord/Mortgage Company \_\_\_\_\_ Phone \_\_\_\_\_

I/We certify that this unit applied for will be the household's permanent residence and I/We do/will not maintain a separate subsidized rental unit in a different location.

Signature

Date

Signature

## INCOME INFORMATION

APPLICANT NAME: \_\_\_\_\_

(Please indicate each source of income or asset that any member of your household receives or anticipates receiving in the next 12 months)

Item No.	Description of income	Will receive within the next 12 months?	Gross Monthly amount	Employer?
<b>HEAD</b>				
1	Employment	Yes   No		
2	Self Employed	Yes   No		
3	Not Working	Yes   No		
<b>SPOUSE</b>				
4	Employment	Yes   No		
5	Self Employed	Yes   No		
6	Not Working	Yes   No		
<b>ANY HOUSEHOLD MEMBER</b>				Receiving Member?
7	Military Pay	Yes   No		
8	Unemployment benefits	Yes   No		
9	Social Security	Yes   No		
10	V.A. Benefits	Yes   No		
11	TANIF (AFDC)	Yes   No		
12	Disability or Workers Comp	Yes   No		
13	Recurring Gifts	Yes   No		
14	Payments from Trust/Retirement	Yes   No		
15	Income from temp. Absent	Yes   No		
16	Single, Divorced, or Separated with children, and receiving child support/Alimony	Yes   No		
17	Educational grants/loans	Yes   No		
18	Other income not listed	Yes   No		
19	Housing Assistance from Housing Authority	Yes   No		
<b>Total Monthly</b>			<b>\$</b>	

**ASSET INFORMATION**

(Include **all** assets for **all** members of the household, including children)

Item No.	Description of Asset	Currently Hold	Asset Value	Holding Member
20	Cash on Hand	Yes   No		
21	Checking Account	Yes   No		
22	Savings account	Yes   No		
23	Certificate of Deposit (CD)	Yes   No		
24	Trust Account	Yes   No		
25	Treasury Bills or Money Market	Yes   No		
26	Stocks or Bonds	Yes   No		
27	Retirement Plan: IRA	Yes   No		
28	Retirement Plan: Pension	Yes   No		
29	Retirement Plan: 401K	Yes   No		
30	Retirement Plan: Keough	Yes   No		
31	Retirement Plan: other	Yes   No		
32	Life Insurance (Whole not Term)	Yes   No		
33	Real Estate Currently owned	Yes   No		
34	Rental Property Income	Yes   No		
35	Assets Disposed of in Last 2 years	Yes   No		
36	Personal Property Held for Investment	Yes   No		
37	Other Assets not listed	Yes   No		
<b>Total Assets:</b>			<b>\$</b>	

**Other Information**

Has anyone in the household ever filed bankruptcy? (Circle) Yes or No  
Status of Bankruptcy? \_\_\_\_\_

Has anyone in the household ever been convicted of a drug offense? (Circle) Yes or No  
If yes, when? \_\_\_\_\_  
Explain \_\_\_\_\_

Has anyone in the household ever been convicted of a Felony? (Circle) Yes or No  
If yes when? \_\_\_\_\_  
Explain \_\_\_\_\_

Does anyone in the household have any pending felony charges against them? (Circle) Yes or No  
Explain \_\_\_\_\_

Is any member of household subject to State lifetime sex offender registration in any state? If yes, who?  
\_\_\_\_\_

**Emergency Contact**

List someone not living in the Household

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional comments to assist in the application process.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We hereby apply to lease an apartment of the above-named community on the terms set for the herein and agree that rent is payable on or before the first day of each month. I/We attest to Golden Spring Vernal, LLC, Agent for Owner of the property, that all statements contained community entails certain income restrictions and that residency is subject to rental qualifications. I/We understand and agree that deliberately submitting false information or withholding information constitutes fraud.



Federal law specifies fines up to \$10,000 and/or imprisonment for terms of up to 5 years and its grounds for eviction if application is falsified. I/We understand and agree that, in addition to the execution of a lease agreement and necessary addenda. I/We will execute a Tenant Income Certification attesting to the information contained herein, which will be made under penalty of perjury.

I/We understand that if I/we do not meet all the Rental Qualifying Standards and Admission standards, my/our application will be denied.

I/We agree to {a) be bound by and comply with the lease and all addenda; (b) that the community will retain this application whether or not it is approved; (c) that everything stated in this application is true and complete to the best of my/our knowledge, and (d) that I/we grant the community authority to check my/our credit, employment, rental and criminal history, to secure follow-up credit reports and employment and income verifications, and to answer questions about its reports with me/us. I/We have the right to review this application and correct information that is incorrect or missing.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Exhibit 3-3: Owners Notice No. 1**

Dear (insert name of head of household):

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

- 1. Complete a Family Summary Sheet, using the attached blank format (\*\*see sample Family Summary Sheet in Exhibit 3-4\*\*) to list all family members who will reside in the assisted unit.
- 2. Each family member (including you) listed on the Family Summary Sheet must complete a \*\*Citizenship\*\* Declaration (\*\*see Sample Citizenship Declaration in Exhibit 3-5\*\*). If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the \*\*Citizenship\*\* Declaration. The \*\*Citizenship\*\* Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each \*\*Citizenship\*\* Declaration.
- 3. Submit the Family Summary Sheet, the \*\*Citizenship\*\* Declarations, and any other forms and/or evidence to the name and address listed below by (insert date).

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This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact (insert name and telephone number). He/she will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the **\*\*Citizenship\*\*** Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

**Exhibit 3-4: Family Summary Sheet**

<b>Member No.</b>	<b>Last Name of Family Member</b>	<b>First Name</b>	<b>Relationship to Head of Household</b>	<b>Sex</b>	<b>Date of Birth</b>
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

### Exhibit 3-5: Citizenship Declaration

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

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

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

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

**DECLARATION**

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

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

Check here if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

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

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, *\*Permanent Resident Card\**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) *\*Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register\**
- (8)

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

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

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

**Exhibit 3-7: Owner's Summary of Family**

<b>Member No.</b>	<b>Last Name of Family Member</b>	<b>First Name of Family Member</b>	<b>Relationship to Head of Household</b>	<b>Sex</b>	<b>Date of Birth</b>	<b>Declaration</b>	<b>Date Verified</b>
Head							
2							
3							
4							
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6							
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10							
11							
12							
13							
14							
15							



**Race and Ethnic Data  
Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Golden Age Manor UT99R000003**  
Name of Property Project No.

**221 West 350 North**  
Address of Property

**Uintah Basin Assistance Council**  
Name of Owner/Managing Agent

**HUD815/RD**  
Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Another Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self-certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are providing and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

# Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

## A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Another Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

## **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.

## 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:

- a) 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.
- b) 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:

- I) **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.
- II) **Form HUD-9887:** Allows the release of information between government agencies.
- III) **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
- IV) **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

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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.): ATTN: Director of Multifamily 1670 Broadway 24 <sup>th</sup> floor Denver, Co 80202-4801	O/A requesting release of information (Owner should provide the full name and address of the Owner.):  Golden Spring Vernal 992 West Main Street Vernal, Utah 84078	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.):  Contract Management Services 345 6 <sup>th</sup> Street Suite 200 Bremerton, WA 98337-1860
---	---	--

**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 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

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

Received from Cooperatives

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.

Original is retained on file at the project site

form HUD-9887 (02/2007)

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

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

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

## Instructions to Owners

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

## Instructions to Applicants and Tenants

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

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

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

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

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits. In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households

whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

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

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

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

### Failure to Sign the Consent Form

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

### Conditions

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

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

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

If a member of the household who is required to sign the consent forms are unable to sign the required forms 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.

### 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.

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

ref. Handbooks 4350.3 Rev. 1, 4571.1, 4571.2 & 4571.3

Original is retained on file at the project site

and HOPE II Notice of Program Guidelines

form HUD-9887-A (02/2007)



**Golden Age Manor**  
922 West Main Street  
Vernal, Utah 84078  
Phone: 435-781-4156  
Fax: 435-781-4928

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

Total # of pages: \_\_\_\_\_

TO:

FROM:

Community Housing Services  
ATTN: Mrs. Brienholt  
175 East 600 North  
Richfield, Utah 84701

Uintah Basin Assistance Council  
ATTN: Louise Wiedmer  
992 West Main Street  
Vernal, Utah 84078

Please return this verification to the person listed above either by fax or mail.

Subject: Verification of information supplied by an applicant for housing assistance

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

**Note to Applicant/Tenant:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Name \_\_\_\_\_

Please print name clearly

Address \_\_\_\_\_

Street

City

Zip Code

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Today's Date

I, \_\_\_\_\_ Certify that for the past 5 years, I have lived in the following City, County, and State listed below:

_____	_____	_____
City	County	State
_____	_____	_____
City	County	State
_____	_____	_____
City	County	State
_____	_____	_____
City	County	State
_____	_____	_____
City	County	State

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person at the top of the page. Your prompt return of the information will help ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

*I/We, (the undersigned), hereby give permission to have any information verified including but not limited to credit, employment, past employment, income, bank account, rental history criminal and background information. I/We, also agree to hold harmless Golden Age Manor and all related parties as well as the organizations or individuals contracted by Golden Age Manor from any liability related to or arising from the release of such information. I understand that in reference to such inquires; contact may include but is not limited to previous landlords, employers, federal, state and local government agencies, law enforcement agencies, credit reporting agencies, public housing agencies, banks and financial authorities, etc. I further agree that a photocopy of this authorization may be accepted with the same authority as the original.*

=====

**Information Being Requested**

Credit and Criminal Background Check

I hereby certify that the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
Name and Title of person supplying information

\_\_\_\_\_  
Organization/Firm

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PENALTIES FOR MISUSING THIS CONSENT:

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



**EQUAL HOUSING  
OPPORTUNITY**

**We Do Business in Accordance with the Federal Fair Housing Law**

(The Fair Housing Amendments Act of 1988)

**Golden Age Manor**  
922 West Main Street  
Vernal, Utah 84078  
Phone: 435-781-4156  
Fax: 435-781-4928

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

Total # of pages: \_\_\_\_\_

TO:

FROM:

Uintah Basin Assistance Council  
ATTN: Louise Wiedmer  
992 West Main Street  
Vernal, Utah 84078

*Please return this verification to the person listed above either by fax or mail.*

Subject: Verification of information supplied by an applicant for housing assistance

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

**Note to Applicant/Tenant:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Name \_\_\_\_\_

Please print name clearly

Address \_\_\_\_\_

Street

City

Zip Code

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Today's Date

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person at the top of the page. Your prompt return of the information will help ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

*I/We, (the undersigned), hereby give permission to have any information verified including but not limited to credit, employment, past employment, income, bank account, rental history criminal and background information. I/We, also agree to hold harmless Golden Age Manor and all related parties as well as the organizations or individuals contracted by Golden Age Manor from any liability related to or arising from the release of such information. I understand that in reference to such inquires; contact may include but is not limited to previous landlords, employers, federal, state and local government agencies, law enforcement agencies, credit reporting agencies, public housing agencies, banks and financial authorities, etc. I further agree that a photocopy of this authorization may be accepted with the same authority as the original.*

=====

**TO BE COMPLETED BY BANK OR OTHER FINANCIAL INSTITUTION**

**Information Being Requested**

Account numbers:

\_\_\_\_\_

Type of Asset	Value of Asset/interest rate*	Annual income from asset
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*If Asset is a checking or savings account, please provide 6-month average value of asset.**

I hereby certify that the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_

\_\_\_\_\_  
Name and title of person supplying information

\_\_\_\_\_  
Organization/Firm

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PENALTIES FOR MISUSING THIS CONSENT:

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



**EQUAL HOUSING  
OPPORTUNITY**

**We Do Business in Accordance with the Federal Fair Housing Law**

(The Fair Housing Amendments Act of 1988)

Golden Age Manor  
992 West Main Street  
Vernal, Utah 84078  
Phone: 435-781-4156 Fax: 435-781-4928

SELF CERTIFICATION FORM OUT OF POCKET MEDICAL EXPENSES

I/We, \_\_\_\_\_ Certify that the information that we have supplied is true to the best of our knowledge and in no way have altered the documents to show anything but the true and correct information.

\_\_\_\_\_  
Tenants Signature

Date

\_\_\_\_\_  
Co-Tenant Signature

Date

Student Questionnaire

Applicant/Resident \_\_\_\_\_ Date \_\_\_\_\_

Property: Golden Age Manor

TO BE COMPLETED BY APPLICANT/RESIDENT

Are you a student at an institution of higher education? Yes No

\*Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.

If you have answered no, please skip the following questions and sign below.

If you answered yes, the owner agent is required to determine your eligibility as a student. Please complete the following questions:

- |  | Yes | No |
|--|-----|----|
| 1. Are you a full-time student?  |     |    |
| 2. Will you be living with your parents?                                   |     |    |
| 3. If no:  |     |    |
| a. Are your parents receiving or eligible to receive Section 8 assistance? |     |    |
| b. Are you Claimed as a dependent on your parent's tax return?             |     |    |
| 4. Are you a graduate or professional student?                             |     |    |
| 5. Are you at least 24 years of age?                                       |     |    |
| 6. Are you a veteran of the United States military?                        |     |    |
| 7. Are you married?  |     |    |
| 8. Do you have a dependent child?  |     |    |
| 9. Do you have dependents other than a child or spouse?                    |     |    |
| 10. Have you been independent of your parents for at least one year?       |     |    |
| 11. Are you disabled?  |     |    |
| a. If yes, were you receiving housing assistance as of 11/30/2005?         |     |    |
| 12. Are you receiving any financial assistance to pay for your education?  |     |    |
- If so, please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

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**PENALTIES FOR MISUSING THIS FORM:**

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

Print Name \_\_\_\_\_

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<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.

United States Department of Agriculture  
Rural Development  
Rural Housing Service

**AUTHORIZATION TO RELEASE INFORMATION**

TO: \_\_\_\_\_

RE: \_\_\_\_\_  
Account or Other Identifying Number

\_\_\_\_\_

Name of Customer

I, and/or adults in my household, have applied for or obtained a loan or grant from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of this process or in considering my household for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I, or another adult in my household, authorize you to provide to RHS for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references
- Other consumer credit references.

If the request is for a new loan or grant, I further authorize RHS to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, *et seq.*, RHS is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to RHS without further notice or authorization but will not be disclosed or released by RHS to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan.

The recipient of this form may rely on the Government's representation that the loan is still in existence.

The information RHS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act Information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be re-notified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

\_\_\_\_\_  
Signature (Applicant or Adult Household Member)

\_\_\_\_\_  
Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless as displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 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.

*RHS Is an Equal Opportunity Lender*

**SEE ATTACHED PRIVACY ACT NOTICE**

## NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RHS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), or by other laws administered by RHS, RBS, RUS or FSA.

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.
2. A record from this system of records may be disclosed to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury, Offset Program as required by the Debt Collection Improvement Act, Pub. L. 104-134, Section 31001.
4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq.), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).
5. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.
6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee, or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
7. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance the Rural Development indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property .
8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 C.F.R. 301.6402-6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C. 3720A.
9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by voluntary repayment, administrative or salary offset procedures, or by collection agencies.
10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.
11. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be under the direct and guaranteed loan programs.
12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with Rural Development.
13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records

## NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION- CONTINUED

14. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.
15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.
16. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.
17. Rural Development, in accordance with 31 U.S.C. 3711(e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.
18. Referral of names, home addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.
19. Disclosures pursuant to 5 U.S.C. 552a(b) (12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 168a(f) or the Federal Claims Collection Act (31U.S.C. 3701(a)(3)).

Golden Spring Vernal, LLC

Golden Age Manor

Office Address:

992 West Main Street

Vernal, Utah 84078

435-781-4156

The Tenant certifies that he/she has received a copy of the following documents:

- Resident Rights & Responsibilities
- Fact Sheet
- Tenant Grievance Procedures
- Think About Fraud
- EIV & You
- Screening and Eviction for drug Abuse and other Criminal Activity Final Rule, Federal Register May 24, 2001, effective June 25,2001
- One Strike Policy Letter and the NAHM Advisory Notice, Supreme Court ruling on the Once Strike Policy, dated March 27,2002 and the NAHM Advisory date March 27, 2002
- USDA things you should know about USDA Rural Rental Housing
- 3560.160 Tenant Grievances Rural Development
- Lead Based Paint Warning Brochure
- Explanation of Lease/House rules Violations

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Tenant

Date

---

Co-Tenant

Date

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Site Manager

Date

Golden Spring Vernal LLC., does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities