



# MaineHousing Management and Occupancy Review Resource Guide For Owner/Agents

## Sources:

- MaineHousing website: [www.mainehousing.org](http://www.mainehousing.org)
- Spectrum Compliance website: <https://spectrumlihtc.com/contact-us/>
- HUD website: [www.hud.gov](http://www.hud.gov)

For more resources feel free to check out the MOR Toolbox on the MaineHousing website [www.mainehousing.org](http://www.mainehousing.org)

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**Tenant File Review Worksheet (Revised References 5/27/2022)**

**Tenant File Review Worksheet**

**Instructions:** Review the appropriate number of tenant files and complete a copy of this worksheet for each file reviewed. Indicate the initial move-in date in the appropriate box. Indicate by marking the appropriate box (Yes, No, or N/A) for each document available in the tenant file. For move-out and applicant rejections files, reviewer should only complete the pertinent sections.

Name of Reviewer: \_\_\_\_\_

Type of Review:

Applicant Rejection    Tenant Move-In    Tenant Move-Out    Certification/Recertification

Effective date of certification(s) reviewed: \_\_\_\_\_

If this is a Certification or Recertification, check the certification type:

Certification Type    Initial    Annual    Interim    Corrections    Other

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

Unit Number: \_\_\_\_\_

Move-in Date: \_\_\_\_\_

Bedroom Size:  0 Bedroom    1 Bedroom    2 Bedroom    3 Bedroom    4 Bedroom    5 or more Bedrooms

| A. HOUSEHOLD INFORMATION   |   | Comments  |
|--|---|---|
| 1. Is the application complete, including the date and time received by the owner/agent?<br>4350.3 4-16A   | Yes <input type="checkbox"/> No <input type="checkbox"/>                              | Upon receipt of the application, the owner must date and time stamp the receipt of the application or write and initial the date and time received. 2007  |
| 2. Is there a form HUD-92006, "Supplement to Application for Federally Assisted Housing" in the files of tenants who applied after 12/14/2009?<br><b>Tenant completion of this form is optional.</b><br>4350.3 4-14D | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | The application must include as an attachment   |
| 3. Are the EIV Existing Tenant Search results in the file along with contacts made as a result of the search?<br><b>Applicable to move-ins after January 31, 2010</b><br>4350.3 ETS 9-12A                            | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | EIV Existing Tenant Search must be accessed, printed and reviewed for all household members when processing the application. If applicant is an existing tenant at another Section 8 property or has a voucher, the prospective O/M must follow up with the applicant, owner of PHA to coordinate/record MO & MI dates. |
| 4. Are the household members identified correctly? (as head, spouse, dependent, co-head, other adult(s), live-in aide, foster child and foster adult)<br>4350.3 3-6E   | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |   |
| 5. Is the unit size appropriate for household?<br>4350.3 3-23, E,F,G   | Yes <input type="checkbox"/> No <input type="checkbox"/>                              | i.e. 1 person household should not be in a 2BR unless documented/verified need. If under-utilized must be on transfer list if appropriate unit size at property.  |
| 6. Was this household's income eligible at move-in?<br><br><b>This question applies only to a tenant file move-in review.</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | ELI=30% VLI=50% LI=80% Pre-81 HAP typically 80%<br>Post-81 HAP typically 50%<br><hr/> Over income? <input type="checkbox"/> Low income? <input type="checkbox"/><br>Very low income? <input type="checkbox"/> Extremely low income? <input type="checkbox"/>  |
| 7. If household was not income eligible at move-in, was an exception or waiver granted?<br>HUD 4350.3 3-7 D,E,F  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | It is suggested that a copy of the exception/waiver documentation be placed in the tenant file for audit purposes.  |
| 8. Does the file contain the ethnicity and racial Data Certification as provided to the owner/agent?<br>HUD 27061  | Yes <input type="checkbox"/> No <input type="checkbox"/>                              | One form must be completed for each household member unless refused and check marked. If refused, the file should be documented. This form was first released by HUD in 9/2003  |
| 9. Is there current HUD 9887/9887A Consent Form signed and dated by head, spouse, co-head regardless of age, and family members at least 18 years of age?  | Yes <input type="checkbox"/> No <input type="checkbox"/>                              | Must be signed by each adult, 18 or older, household member. Valid from the signature date for 15 months. Top blocks must be completed. There is room on the HUD 9887 for more than one signature, but only room for one signature on the HUD 9887A. HUD 4350.3 5-15B. Valid 15 months.                                 |



**Management Review for Multifamily Housing Projects**

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

OMB Approval No. 2502-0178  
Exp. 04/30/2018

**Tenant File Review (Continued)**

|  |  |   |
|--|--|---|
| <p>10. Is there an acknowledgement and/or signed document in the file indicating receipt by the tenant?</p> <ul style="list-style-type: none"> <li>• Lead based paint</li> <li>• Resident Rights and Responsibilities Brochure</li> <li>• EIV &amp; You Brochure</li> <li>• Fact Sheet on How Your Rent is Determined</li> </ul> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Lead paint - required only at move-in<br/>RR&amp;R - move-in and annual<br/>EIV &amp; You - move-in and annual<br/>Fact Sheet - move-in and annual<br/>Required in Elderly property only if there is a child under the age of 6 in the household. For properties constructed pre Jan 1978<br/>HUD 4350.3 5-15C</p>   |
| <p>11. Does the tenant file indicate that the owner /agent has taken necessary steps to address any EIV reported receipt of multiple subsidies?</p>  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>   | <p>Must be accessed, printed and reviewed quarterly. It must be kept in the master EIV file, and supporting documentation, for 3 years. If it is a tenant specific, then it must also be kept in the tenant file with supporting documentation.</p>   |
| <p>12. Does the file contain documentation to verify discrepant personal identifiers, and/or subsidy paid, as reported on:</p> <p>EIV Multiple Subsidy report?<br/>EIV Deceased Tenant Report?</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>  | <p>See above for both reports.</p>  |
| <p><b>B. VERIFICATION</b><br/><b>Have the following items been properly verified and documented?</b></p>   |  | <p><b>Comments</b></p>  |
| <p>1. Social Security numbers (except for those exempted by 24 CFR 5.216)?</p> <p>EIV Summary Report in file to validate SSNs?<br/>Exemption from SSN disclosure?</p>  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>                                    |   |
| <p>2. Eligible immigration status or citizenship status?</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>   | <p>One form per household member. Parent or guardian may complete for a minor.</p>  |
| <p>3. Criminal and drug screening?</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  | <p>Must be done at application processing and then, if not recent, again prior to move-in. Federal Register Vol. No. 66, No 101 May 24, 2001 effective 6/25/2001'</p>   |
| <p>4. State lifetime sex offender registration check in each state where household members reported they have resided, and/or background checks conducted using a database that checks against all state registries?<br/>4350.3 4-27A, 5-16, 5-16B</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  | <p>Lifetime sex offender registration check initiated 6/25/2001. Also requires termination of tenancy of any person who was erroneously admitted after 6/25/2001 and is receiving housing assistance.</p>   |
| <p>5. Other screening as disclosed in Tenant Selection Plan?</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>   | <p>i.e. credit check, rental history, housekeeping habits, and local resident if approved by HUD..</p>  |
| <p>6. Verification of:</p> <ul style="list-style-type: none"> <li>• Disability status?</li> <li>• Student status?</li> <li>• Ages of occupants? 3-28C</li> </ul>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>       | <p>Disability-Documentation must be in the file for the head/co-head applicant under the age of 62 in an elderly/disabled property or for the resident in a family property to take \$400 elderly/disabled deduction or disability expenses to be able to work. Student Status - at move-in and recert. Age - at move-in for both family and elderly property. Verification of Disability per HUD requirements.</p> |
| <p><b>C. LEASE</b></p>   |  | <p><b>Comments</b></p>  |
| <p>1. Is the correct HUD model lease used?<br/>6-5A Fig. 6-2 App 4</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  | <p>Family, elderly and/or disabled, non 202/8 is HUD Form 90105 and for 202/8 is HUD form 90105b.</p>   |
| <p>2. Is the original lease and subsequent leases or addenda signed and dated by the owner/agent, head, spouse, co-head, and all other adult members of the household?<br/>4350.3 6-5B2 Signature</p>  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  | <p>HUD will allow modifications of the lease through a Lease Addendum but the modification must be approved by HUD or the Contract Administrator (MH).Head of Household, spouse, any individual listed as co-head and all adult members of the household must sign and date the lease.</p>  |
| <p>3. Are applicable attachments attached to the lease, e.g. house rules, pet rules, unit inspection report? HUD 4350.3 6-5C2 Add must have HUD/CA approval</p>  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  | <p>HUD 50059, MI Inspection, House Rules, Lead-based paint disclosure form, Pet Rules (if applicable), Live-In Aide Addendum, Owner's Police or Security Personnel Addendum, VAWA Lease Addendum (HUD 91067 1st used 2005)</p>  |
| <p>4. If security deposit is required, is it in the</p>  |  |   |

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**Tenant File Review (Continued)**

|   |   |  |
|---|---|--|
| correct amount?<br><br>If required, enter the amount here: \$ __HUD 4350.3 Ch.7   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>   | Depending on the program, SD needs to be equal to one month's rent TTP at time of move-in or \$50. Not all programs require the collection of SD. See HUD 4350.3 for additional information.                           |
| 5. If pet deposit is required, is it in the correct amount? HUD 4350.3 Exhibit 6-4<br><br>If required, enter the amount here: \$      | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>   | Check House Rules or Pet Rules to ensure that the pet deposit is the same for each household. It can't exceed \$300. Payment plan needs to be an option.   |
| 6. If a pet deposit was paid in installments, was the payment schedule in accordance with the pet regulations? HUD 4350.3 Exhibit 6-4 | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>   | The initial deposit can't exceed \$50 at the time the pet is brought onto the premises. The pet rules must provide for gradual accumulation of the remaining pet deposit.  |
| 7. Are there inspections in the file:<br>Move-in (dated and signed by tenant and owner/agent)?<br><br>Annual unit inspections?        | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Before executing a lease, the owner/manager and the tenant must jointly inspect the unit but prior to move-in. It must include the statement "the unit is in decent, safe and sanitary condition". HUD 4350.3 6-29 A3. |

| <b>D. CERTIFICATION/RECERTIFICATION ACTIVITIES</b>                                      |   | <b>Comments</b>   |
|---|---|---|
| 1. Are re-certification notices provided within the required timeframes? HUD 4350.3 7-7 | Yes <input type="checkbox"/> No <input type="checkbox"/>                              | MI = Initial Annual Certification only. The annual re-certification is 120 days/ 90 days/ 60 days until the tenant responds and provides the information. |
| 2. Are re-certifications completed on time? HUD 4350.3 7-5                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |   |
| 3. Is the certification signed and dated by the appropriate parties? HUD 4350.3 7-4     | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |   |
| 4. Has a 30-day notice of increase in rent been provided to the tenant? HUD 4350.3 7-8B | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Check previous TTP to confirm an increase in rent.  |

**NOTE: If necessary, use additional sheets to complete applicable income information.**

|  |  | <b>Comments</b>                 |   |
|--|--|---------------------------------|---|
| <b>All reported income and deductions verified and calculated correctly?</b>                         | <b>3<sup>rd</sup> Party Verification?</b>  | <b>Amount Reported on 50059</b> | <b>Did income information on the 50059 agree with verified file information? If no, comment on discrepancies identified</b>   |
| 5. Wages<br><br>- Appendix 3<br>- Verification forms   | EIV Income Report <input type="checkbox"/><br>Traditional 3 <sup>rd</sup> party <input type="checkbox"/><br>Other <input type="checkbox"/><br>Not verified <input type="checkbox"/><br>N/A <input type="checkbox"/>  | \$                              | MI: Obtain a 3rd party verification from the sources or, if not possible, obtain last 4-6 consecutive pay stubs from the applicant.<br>AR: Refer to EIV report.<br>HUD 4350.3 Appendix 3 (Acceptable forms of verification)                                     |
| 6. Social Security benefits<br><br>- Appendix 3<br>4350.3 App. 7 D4                                  | EIV Income Report <input type="checkbox"/><br>Traditional 3 <sup>rd</sup> party <input type="checkbox"/><br>Other <input type="checkbox"/><br>Not verified <input type="checkbox"/><br>N/A <input type="checkbox"/>  | \$                              | MI: Obtain Social Security Benefit letter<br>AR: Refer to EIV report.<br>*Attention: If an overpayment is being mentioned, the exact amount needs to be determined in order to project income for next 12 month.<br>*Cola needs to be considered if applicable. |
| 7. Unemployment benefits<br><br>- Appendix 3<br>- Verification form                                  | EIV Income Report <input type="checkbox"/><br>Traditional 3 <sup>rd</sup> party <input type="checkbox"/><br>Other <input type="checkbox"/><br>Not verified <input type="checkbox"/><br>N/A <input type="checkbox"/>  | \$                              | MI: Obtain 3rd party verification.<br>AR: Refer to EIV report.  |
| 8. <b>Other Income</b><br>Welfare/Public Assistance/TANF<br>Child Support<br>Pensions<br>Other _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | \$<br>\$<br>\$<br>\$            | State Supplement and Supplemental Security Income should be recorded under Other.   |

**Tenant File Review (Continued)**

|   |   |  |   |   |   |
|---|---|--|---|---|---|
| 9. <b>Actual Income from Assets</b><br>- Appendix 3<br>- Verification forms   |   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  | \$  | Cash Value  | Checking account: Obtain 3rd party verification from the source or 6 current, consecutive bank statements to calculate 6 months average.<br>Savings Account: Obtain 3rd party verification or obtain most current bank statement to determine current value.<br>*Always use cash surrender value for any Life Insurance and Pension accounts and cash value for any other asset type. |
| Checking Account  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | \$   | \$  |   |   |
| Savings Account   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | \$   | \$  |   |   |
| Certificates of Deposit   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | \$   | \$  |   |   |
| 401K/Keogh/Retirement Accounts  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | \$   | \$  |   |   |
| Real Estate   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | \$   | \$  |   |   |
| Other _____   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | \$   | \$  |   |   |
| 10. Imputed income when assets are greater than \$5,000. HUD 4350.3 5-7, G8   |   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  | \$  |   |   |
| 11. <b>Allowances/Expenses</b>  |   |  |   | HUD 4350.3 5-9 through 5-10   |   |
| Dependent Allowance   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | \$   |   | *\$400 Elderly/Disability Expense is a one -time household deduction, \$480 child deduction is per child living in the unit at least 50% of the time. |   |
| Elderly/Disabled Household Allowance  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | \$   |   |   |   |
| Medical Expenses  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | \$   |   |   |   |
| Disability Expenses   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | \$   |   |   |   |
| Childcare Expenses  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | \$   |   |   |   |
| 12. Are all expenses and allowances that are claimed eligible under the HUD Handbook 4350.3 REV-1? HUD 4350.3 CH.5                                      |   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  |   | ***The monthly Life Insurance premium is NOT a medical expense!   |   |
| 13. Has the household certified whether or not they disposed of assets during the past two years? HUD 4350.3, 5-7, G8                                   |   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  |   |   |   |
| 14. Is the correct unit rent being used for subsidy determination? Check HDS TRACs  |   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |   |   |
| <b>Enter the reviewer verified amounts for the following:</b>   |   | <b>Amount Reported on the 50059</b>  | <b>Did income information on the 50059 agree with the verified file information? If not, comment on any discrepancies identified.</b> |   |   |
| 15. Contract Rent   | \$  | \$   |   |   |   |
| Utility Allowance   | \$  | \$   |   |   |   |
| Gross Rent  | \$  | \$   |   |   |   |
| Total Tenant Payment  | \$  | \$   |   |   |   |
| Tenant Rent   | \$  | \$   |   |   |   |
| Utility Reimbursement   | \$  | \$   |   |   |   |
| Assistance Payment  | \$  | \$   |   |   |   |
| 16. Is the tenant paying minimum rent?<br>If yes, was a hardship exception granted?<br>HUD 4350.3 5-26D   |   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |   |   |   |
| 17. Were income discrepancies reported on the EIV Income Discrepancy Report investigated, resolved and file documented?                                 |   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  |   |   |   |
| 18. Has tenant entered into a written repayment agreement for monies due to the project?<br><br>If yes, does the plan contain the required information? |   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |   |   |   |

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**Tenant File Review (Continued)**

|   |   |  |
|---|---|--|
| <p>19. Does file contain a re-certification as a result of new employment reported on the EIV New Hires Report?<br/><br/>If yes, is the new employment income included in the reported annual income?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/><br/><br/>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> | <p>Must access, print and review at least quarterly. O/M records results on the report and tenant file if appropriate.</p>   |
| <b>E. BILLING</b>   |   | <b>Comments</b>  |
| <p>1. Does the assistance payment requested on the monthly billing (HUD-52670-A, Part 1) agree with the assistance payment on the applicable form HUD-50059?</p>  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>  | <p>Subsidy processing staff reconciles monthly billing with assistance payment on HUD 50059. Question answered yes unless contacted by subsidy processing staff regarding an issue.</p>  |
| <p>2. If required, have adjustments been made to the monthly billing?</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>  | <p>Should be N/A unless contacted by subsidy processing staff.</p>   |
| <b>F. MOVE-OUT FILE REVIEW ONLY</b>   |   | <b>Comments</b>  |
| <p>1. Is there a move-out notice from tenant?<br/>If yes, Date of Notice _____<br/>Move-out date _____</p>  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   | <p>To terminate tenancy, the tenant must provide the owner a written 30 day notice to vacate the unit as required by the HUD lease. If there is no notice from tenant, ensure that they are only billed for their portion of the rent for the 30 days notice. If O/M discovers the unit is vacated, subsidy ends that day,</p> |
| <p>2. Is there a move-out inspection?<br/><br/>If yes, enter the date of the inspection _____</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/><br/><br/>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |  |
| <p>3. Was the security deposit refunded to the tenant within 30 days, or in accordance with state or local laws, whichever is shorter?</p>  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>  | <p>Must have proof of the disposition of the SD. Should be copy of the letter, copy of the check, and back up documentation on the charges.</p>  |
| <p>4. Was an itemized list of damages and charges provided to the tenant? HUD 4350.3 6-18C</p>  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>  | <p>Refund the full SD plus accrued interest to a tenant who doesn't owe any amounts under the lease. Provide itemized list of unpaid rent, damages, estimated cost of repair with a statement of tenant's rights under State law.</p>  |
| <p>5. Were any additional charges paid by tenant?</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>  |  |
| <p>6. Does the tenant move-out date on the voucher match the date the tenant vacated?</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   | <p>Generally the date on the move-out inspection, as evidenced by documentation in the move-out file showing when the O/M took possession of the unit.</p>   |
| <b>G. APPLICANT REJECTION REVIEW ONLY</b>   |   | <b>Comments</b>  |
| <p>1. Was the reason the applicant was denied admittance in accordance with the Tenant Selection Plan? HUD 4350.3 4-9</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |  |
| <p>2. Was the reason for rejection provided in specific terms and in plain language?</p>  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>  |  |
| <p>3. Did the rejection letter provide the applicant the right to appeal? HUD 4350.3 4-9</p>  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   | <p>Letter must specify 14 days to appeal and include the disability rights language allowing applicant an accommodation to participate in the appeal process.</p>  |
| <p>4. If the applicant appealed, was the appeal reviewed by someone other than the person who made the original decision? HUD 4350.3 4-9D</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>  |  |
| <p>5. Was the appeal processed and applicant notified of the appeal decision within five days of the meeting? HUD 4350.3 4-9D</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>  |  |

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.

|  |  |
|--|--|
|  |  |
|--|--|

**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.

**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)

**Name of Property** **Project No.** **Address of Property**

**Name of Owner/Managing Agent** **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 Other Pacific Islander |                       |
| White                                     |                       |
| Other                                     |                       |

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

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

\_\_\_\_\_  
**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 provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## **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)**

## 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.):<br>MaineHousing<br>26 Edison Drive<br>Augusta, ME 04330 |
|---|---|--|

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

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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

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

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

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

## Instructions to Owners

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

## Instructions to Applicants and Tenants

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

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

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

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

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

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

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

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

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

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

**Failure to Sign the Consent Form**

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

**Conditions**

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

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

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

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

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

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

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

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

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

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.



# RESIDENT RIGHTS & RESPONSIBILITIES



## OFFICE OF MULTIFAMILY HOUSING PROGRAMS

This brochure applies to assisted housing programs administered by the Department of Housing and Urban Development (HUD), Office of Multifamily Housing Programs. This brochure does not apply to the Public Housing Program, the Section 8 Moderate Rehabilitation Program or the Housing Choice Voucher Program.

# AS A RESIDENT, YOU HAVE RIGHTS AND RESPONSIBILITIES THAT HELP MAKE YOUR HUD-ASSISTED HOUSING A BETTER HOME FOR YOU AND YOUR FAMILY.

This brochure is being distributed to you because the United States Department of Housing and Urban Development (HUD), which regulates the property in which you live, has provided some form of assistance or subsidy for your apartment. The brochure briefly lists some of the most important rights and responsibilities to help you get the most out of your home.

As part of its dedication to maintaining the best possible living environment for all residents, your local HUD office encourages and supports the following:

- Property management agents and property owners communicating with residents on any relevant issues or concerns
- Property managers and property owners giving prompt consideration to all valid resident complaints and resolving them as quickly as possible
- Your right to file complaints with management, owners, or government agencies without retaliation, harassment or intimidation
- Your right to organize and participate in certain decisions regarding the well-being of the property and your home
- Your right to appeal a decision made by the local HUD office to the Office of Asset Management and Portfolio Oversight at HUD Headquarters

Along with the owner/management agent, you play an important role in making your apartment, the grounds, and other common areas a better place to live.



# YOUR RIGHTS

As a resident of a HUD-assisted multifamily housing property, you should be aware of your rights.

## **Rights: *Involving Your Apartment***

- The right to live in decent, safe, and sanitary housing that is free from deteriorating paint and environmental hazards, including lead-based paint hazards.
- The right to receive a lead disclosure form disclosing the landlord's knowledge of any lead-based paint or lead-based paint hazards, available records and reports, and a lead hazard information pamphlet before you are obligated under your lease.
- The right to have repairs performed in a timely manner, upon request.
- The right to be given reasonable notice, in writing, of any non-emergency inspection or other entry into your apartment.
- The right to protection from eviction except for specific causes stated in your lease.
- The right to request that your rent be recalculated if your income decreases.
- The right to access your tenant file.

## **Rights: *Involving Resident Organizations***

- The right to organize as residents without obstruction, harassment, or retaliation from property owners or management.
- The right to provide leaflets and post materials in common areas informing other residents of their rights and opportunities to involve themselves in their property.
- The right to be recognized by property owners/management company as having a voice in residential community affairs.
- The right to use appropriate common space or meeting facilities to organize (this may be subject to a reasonable, HUD-approved fee).
- The right to meet without representatives or employees of the owner/management company present.



### **Rights: *Involving Nondiscrimination***

The right, under the Fair Housing Act of 1968 and other civil rights laws, to equal and fair treatment and use of your building's services and facilities, without regard to race, color, religion, sex, disability, familial status (having children under 18) or national origin (ethnicity or language). Residents with disabilities are also reserved the right to reasonable accommodations. In some cases, the prohibition against age discrimination under the Age Discrimination Act of 1975 may also apply.

In addition, residents have the right, under HUD's Equal Access Rule, to equal access to HUD programs without regard to a person's actual or perceived sexual orientation, gender identity, or marital status.

## **YOUR RESPONSIBILITIES**

As a resident of a HUD-assisted multifamily housing property, you also have certain responsibilities to ensure that your building remains a suitable home for you and your neighbors. By signing your lease, you, the owner, and the management company have entered into a legal, enforceable contract. You are responsible for complying with your lease, house rules, and local laws governing your property. If you have any questions about your lease or do not have a copy of it, contact your property management company or the local HUD office. You should be aware of the following responsibilities:

### **Responsibilities: *To Your Property Owner or Management Company***

- Complying with the rules and guidelines that govern your lease.
- Paying the correct amount of rent on time each month.
- Providing accurate information to the owner/management agent's company at the certification or recertification interview to determine your total tenant payment, and consenting to the release of information by a third party to allow for verification.
- Reporting changes in the family's income or composition to the owner/management company in a timely manner.

### **Responsibilities: *To the Property and Your Fellow Residents***

- Complying with rules and guidelines that govern your lease.
- Conducting yourself in a manner that will not disturb your neighbors.





- Not engaging in criminal activity in your apartment, common areas or grounds.
- Keeping your apartment reasonably clean, with exits and entrances free of debris, clutter or fire hazards and not littering the grounds or common areas.
- Disposing of garbage and waste in the proper manner.
- Maintaining your apartment and common areas in the same general physical condition as when you moved in.
- Reporting any apparent environmental hazards to the management company (such as peeling paint (which is a hazard if it is a lead-based paint) and any defects in building systems, fixtures, appliances, or other parts of the apartment, the grounds, or related facilities.

## **YOUR RIGHT TO BE INVOLVED**

### **In Decisions Affecting Your Home**

As a resident in HUD-assisted multifamily housing, you play an important role in decisions that affect your community. Different HUD programs provide for specific resident rights. You have the right to know under which HUD program your building is assisted. To find out if your apartment building is covered under any of the following programs, contact your management company, Section 8 Contract Administrator, or the HUD office nearest you. If your building was funded or currently receives assistance under HUD's Rental Assistance Demonstration (RAD), Section 236 (including the Rental Assistance Program (RAP), Section 221(d) (3)/below market interest rate (BMIR), Section 202 Direct Loan, Rent Supplement, Section 202/811 Capital Advance programs, 811 (Project Rental Assistance), or is assisted under any applicable project-based Section 8 program (except for the Section 8 Moderate Rehabilitation program), you have the right to be notified of or, in some instances, to comment on the following:

- Nonrenewal of a project based Section 8 contract at the end of its term
- An increase in the maximum permissible rent
- Conversion of a project from project-paid utilities to tenant-paid utilities
- A proposed reduction in tenant utility allowance
- Conversion of residential apartments in a multifamily housing property to nonresidential use or to condominiums, or the transfer of the housing property to a cooperative housing mortgagor corporation or association



- Transfer of the project-based Section 8 contract in your property to one or more buildings at other locations
- Partial release of mortgage security
- Capital improvements that represent a substantial addition to the property
- Prepayment of mortgage (if prior HUD approval is required before owner can prepay)
- Other actions identified by the Uniform Relocation Act that could ultimately lead to involuntary, temporary or permanent relocation of residents
- If you live in a building that is owned by HUD and is being sold, you have the right to be notified of and comment on HUD's plans for disposing of the building.

## **ELIGIBILITY FOR ENHANCED VOUCHERS**

If your apartment is assisted under a project-based Section 8 contract that is ending, and if the owner decides not to renew it, the owner is required by law to notify you in writing of that decision at least one year before the contract expires. Under these circumstances, you may be eligible for an Enhanced Voucher (EV), which would give you the right to remain in an apartment at your property, provided that you are in compliance with your lease and the property remains as rental housing. HUD will select a local Public Housing Agency (PHA) to provide an EV for eligible families who decide to remain at the property and to administer this assistance.

If you decide to remain at your property using an EV, a higher payment standard will be used to determine the amount of Section 8 assistance that is paid on your behalf, if the gross rent for the apartment is more than the PHA's payment standard. However, the PHA must determine that the rent the owner charges for your apartment is reasonable, and you must continue paying at least the amount of rent that you were previously paying.

If you are eligible for an EV, you can instead choose to move out of the property and use the voucher to rent an apartment anywhere in the United States where the owner will accept the voucher and the rents are in an allowable range, subject to approval. If you move out, however, the voucher is no longer "enhanced," and the amount of Section 8 assistance that is paid on your behalf will be based on the PHA's normally applicable payment standard.



## ADDITIONAL ASSISTANCE

### For additional help or information, you may contact:

- Your property owner or the management company
- The Account Executive for your property in HUD's Multifamily Regional Center or Satellite Office. Refer to on-line resources for contact information
- HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 to report maintenance or management concerns
- HUD's Office of Fair Housing and Equal Opportunity at 1-800-669-9777, if you believe you have been discriminated against
- HUD's Office of Inspector General Hot Line at 1-800-347-3735 to report fraud, waste, or mismanagement
- HUD's Housing Counseling Service locator at 1-800-569-4287 for the housing counseling agency in your community
- The HUD-EPA National Lead Information Center 1-800-424-LEAD
- Your local government tenant/landlord affairs office, legal services office, or tenant organizations to obtain information on additional rights under local and state law

If appealing a local HUD Office decision, you may contact the Director of the Office of Asset Management and Portfolio Oversight in Washington, DC at 202-708-3730.

Persons who are deaf or hard of hearing or have speech disabilities may reach the numbers above through the Federal Relay (FedRelay) teletype (TTY) number, 800-877-8339, or by other methods shown at [www.gsa.gov/fedrelay](http://www.gsa.gov/fedrelay).

### ON-LINE RESOURCES:

- Department of Housing and Urban Development website: [www.hud.gov](http://www.hud.gov)
- The local HUD Field Offices: <http://www.hud.gov/local> *Note: To locate your local field office, select: Contact My Local Office (under the I Want To section)*



**U.S. Department of Housing and Urban Development**  
Office of Multifamily Housing Programs  
**Washington, DC 20410-0002 Official Business**  
**Penalty for Private Use \$300**



This brochure about your rights and responsibilities as a resident of HUD assisted multifamily housing is available in 13 alternate languages in addition to English and Braille. To determine if your language is available, please contact HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 or visit <http://www.hud.gov/offices/fheo/lep.xml>



**RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT**

# EIV & You

**ENTERPRISE INCOME VERIFICATION**



**What YOU Should Know  
if You are Applying for or are Receiving  
Rental Assistance through the Department of  
Housing and Urban Development (HUD)**

## What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



## What income information is in EIV and where does it come from?

### The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

### The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

## What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

## Is my consent required to get information about me from EIV?

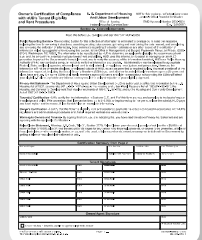
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

## Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

## What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



### Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

### Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
  - *Child support*
  - *AFDC payments*
  - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.



Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

### What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

### What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

### What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

### Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



### Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: [www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm](http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm).



JULY 2009

# FACT SHEET

## For HUD ASSISTED RESIDENTS

### Project-Based Section 8

## “HOW YOUR RENT IS DETERMINED”

Office of Housing

September 2010

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

### Why Determining Income and Rent Correctly is Important

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

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

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

### OAs' Responsibilities:

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

### Residents' Responsibilities:

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

### Income Determinations

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

### What is Annual Income?

Gross Income – Income Exclusions = Annual Income

### What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

### Determining Tenant Rent

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

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

- 30% of the family's monthly *adjusted* income
  - 10% of the family's monthly income
  - Welfare rent or welfare payment from agency to assist family in paying housing costs.
- OR
- \$25.00 Minimum Rent

## **Income and Assets**

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

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

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

### **Annual Income Includes:**

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

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

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

### **Assets Include:**

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

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

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



or are held in an individual's name but:

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

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

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

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

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

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

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

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

## Deductions:

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

## Reference Materials

### Legislation:

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

### Regulations:

- General HUD Program Requirements; 24 CFR Part 5

### Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

### Notices:

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

### For More Information:

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

| USE OF EIV REPORTS  |         |     |  |  |   |
|---|---------|-----|--|--|---|
| REPORT  | *UPDATE |     | REPORT USE   | FILE DOCUMENTATION   | RETENTION   |
|   | TSP     | P&P |  |  |   |
| <p><b>Summary Report</b></p> <p>Summary of household information from the current, active certification in the TRACS file at the time of the income match.</p> <p>Provides Identity Verification Status by identifying tenants whose personal identifiers:</p> <ul style="list-style-type: none"> <li>Match the SSA database - "Verified"</li> <li>Does not match the SSA database "Failed"</li> <li>Have not been sent by HUD to SSA for validation or have not yet been matched by SSA for validation - "Not Verified"</li> <li>SSA's records indicate the person is deceased - "Deceased"</li> </ul> <p>See Paragraph 9-12.A</p> |         | X   | <p>Must be used at recertification (annual and interim)</p> <ul style="list-style-type: none"> <li>To validate a tenant's SSN</li> <li>To review and resolve discrepant or invalid personal identifiers of tenants with a "failed" or "deceased" status</li> </ul> <p>Note: Nothing has to be done at the time of recertification with those tenants with an Identity Verification Status of "Not Verified". However, the Failed SSA Identity Test report must be checked monthly as a change in the Identity Verification Status may occur.</p> | <p>Summary Report(s) as verification of the SSN for all household members whose Identity Verification Status is "Verified".</p> <p>Correspondence or documentation received to resolve a tenant's "Failed" or "Deceased" status.</p> <p>Documentation for household members identified as exempt from disclosing and providing verification of a SSN:</p> <ul style="list-style-type: none"> <li>Tenants who were 62 years of age or older as of January 31, 2010, and whose initial determination of eligibility was begun before January 31, 2010; and</li> <li>Individuals who do not contend eligible immigration status</li> </ul> <p>If the Summary Report in the tenant file shows an Identity Verification Status of "Verified" for all household members required to have a SSN, the Owner does not have to continue to print out the Summary Report at recertification unless there is a change in household composition or in a household member's identity verification status</p> | <p><b>Tenant file</b></p> <p>Summary Report and supporting documentation must be retained in the tenant's file for term of tenancy plus 3 years.</p> <p>Note: O/As may remove and destroy copies of verification documentation received from the tenant to verify their SSN once the Identity Verification Status shows "Verified". O/As are encouraged to minimize the number of tenant records that contain documents that display the full nine-digit SSN.</p> |

\*TSP = Tenant Selection Plan P&P = Policies and Procedures

| USE OF EIV REPORTS   |         |     |  |  |   |
|--|---------|-----|--|--|---|
| REPORT   | *UPDATE |     | O/A REPORT USE   | FILE DOCUMENTATION   | RETENTION   |
|  | TSP     | P&P |  |  |   |
| <b>INCOME REPORTS</b>  |         |     |  |  |   |
| <p><b>Note: A current, signed form HUD-9887 must be on file to view and/or use the income reports.</b><br/> <b>A current, signed form HUD-9887-A must be on file to obtain written third party verification of income.</b></p>   |         |     |  |  |   |
| <p><b>Income Report</b></p> <p>Provides employment and income reported by HHS and SSA for each household member that passes the SSA identity test.</p> <p>Identifies tenants who:</p> <ul style="list-style-type: none"> <li>• May not have reported complete and accurate income information</li> <li>• May be receiving multiple subsidies</li> </ul> <p><b>See Paragraph 9-12.B</b></p> |         | X   | <p>Mandatory use at Recertification - Annual and Interim</p> <p>May be used at other times as indicated in O/A's policies and procedures.</p> <ul style="list-style-type: none"> <li>• Serves as third party verification of employment and income.</li> </ul> <p>New Admissions:</p> <ul style="list-style-type: none"> <li>• Review new admissions within 90 days after the move-in information is transmitted to TRACS to confirm/validate the income reported by the household.</li> </ul> <p>Resolve discrepancies in reported income with the family within 30 days of the EIV Income Report date.</p> | <p>No Dispute of EIV Information:</p> <ul style="list-style-type: none"> <li>• EIV Income Report</li> <li>• Current, acceptable tenant provided documents</li> <li>• Third party verification from the source, if necessary</li> </ul> <p>Disputed EIV Information:</p> <ul style="list-style-type: none"> <li>• EIV Income Report</li> <li>• Third party verification from the source for the disputed information</li> </ul> <p>Tenant-reported income not verified through the EIV system:</p> <ul style="list-style-type: none"> <li>• EIV Income Report</li> <li>• Current, acceptable tenant-provided documents, and/or</li> <li>• Third party verification from the source</li> </ul> <p>Any correspondence with/from tenant relating to disputes of the employment or income reported in EIV.</p> <p>Form HUD-50059(s)</p> | <p><b>Tenant File</b></p> <p>Retain copy of Income Report and supporting documentation with applicable form HUD-50059 for term of tenancy plus 3 years.</p> <p><b>Note: The O/A must make copies of any tenant provided documents and return the originals to the tenant.</b></p> |

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| USE OF EIV REPORTS |         |     |                |                    |           |
|--------------------|---------|-----|----------------|--------------------|-----------|
| REPORT             | *UPDATE |     | O/A REPORT USE | FILE DOCUMENTATION | RETENTION |
|                    | TSP     | P&P |                |                    |           |

**INCOME REPORTS Cont'd.**

**Note: A current, signed form HUD-9887 must be on file to view and/or use the income reports.  
A current, signed form HUD-9887-A must be on file to obtain written third party verification of income.**

|  |          |  |  |   |  |
|--|----------|--|--|---|--|
| <p><b>Income Discrepancy Report</b></p> <p>Identifies households where there is a difference of \$2,400 or more in the wage, unemployment and SSA benefit information reported in EIV and wage, unemployment and SSA benefit information reported in TRACS for the period of income used for discrepancy analysis.</p> <p>The report serves as a tool to alert O/As that there may be a discrepancy in the income reported by the tenant during the period of income used for the discrepancy analysis.</p> <p><b>See Paragraph 9-12.C</b></p> | <p>X</p> |  | <p>Mandatory use at Recertification - Annual and Interim</p> <p>Report may be used at other times as indicated in O/A's policies and procedures.</p> <p><b>Must print the report at the same time the Income Report is printed.</b></p> <p>Discrepancies must be reviewed and resolved at the time of recertification or within 30 days of the EIV Income Report date.</p> <p>Review data in TRACS to make sure it agrees with the form HUD-50059 data. Correct any discrepant data in the TRACS database.</p> | <p>All correspondence to/from the tenant regarding the income discrepancy.</p> <p>Documentation received to resolve the discrepancy, including written third party verification of income, if applicable.</p> <p>The file must be documented regardless of whether the O/A determines the discrepancy to be valid or invalid.</p> <p>Corrected form HUD-50059(s), if applicable.</p> <p>Repayment Agreement, if applicable.</p> | <p><b>Tenant file</b></p> <p>Retain copy of Income Discrepancy Report and any documentation related to the resolution of the discrepancy, including any repayment agreements for term of tenancy plus 3 years.</p> |
|--|----------|--|--|---|--|

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| USE OF EIV REPORTS   |         |     |  |   |   |
|--|---------|-----|--|---|---|
| REPORT   | *UPDATE |     | O/A REPORT USE   | FILE DOCUMENTATION  | RETENTION   |
|  | TSP     | P&P |  |   |   |
| <b>INCOME REPORTS Cont'd.</b>  |         |     |  |   |   |
| <p><b>Note: A current, signed form HUD-9887 must be on file to view and/or use the income reports.</b><br/> <b>A current, signed form HUD-9887-A must be on file to obtain written third party verification of income.</b></p> |         |     |  |   |   |
| <p><b>New Hires Report</b></p> <p>Identifies tenants who have new employment within the last 6 months. Report is updated monthly.</p> <p><b>See Paragraph 9-12.D.1.b</b></p>   |         | X   | <p>At least quarterly</p> <p>Contact tenant regarding new employment</p> <p>Confirm new employment with tenant. Request tenant provided documents to support current income and/or third party verification from employer, as applicable.</p> <p>Process Interim Recertification to include new income, if applicable.</p> | <p>New Hires Report with notation of action(s) taken.</p> <p>No Dispute of EIV Information:</p> <ul style="list-style-type: none"> <li>EIV Income Report</li> <li>Current, acceptable tenant provided documents</li> <li>Third party verification from the source, if necessary.</li> </ul> <p>Disputed EIV Information:</p> <ul style="list-style-type: none"> <li>EIV Income Report</li> <li>Third party verification from the source for disputed information</li> </ul> <p>Any correspondence with/from tenant relating to new employment and/or disputes of the employment or income reported in EIV.</p> <p>Form HUD-50059(s)</p> | <p><b>Master file</b><br/>Retain New Hires Summary Report in a master "New Hires Report" file for 3 years.</p> <p><b>Tenant file</b><br/>Retain New Hires Detail Report for the tenant along with any correspondence with tenant, third party verifications, form HUD-50059(s), etc., for term of tenancy plus 3 years.</p> |

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| USE OF EIV REPORTS  |         |     |   |  |   |
|---|---------|-----|---|--|---|
| REPORT  | *UPDATE |     | O/A REPORT USE  | FILE DOCUMENTATION   | RETENTION   |
|   | TSP     | P&P |   |  |   |
| <b>VERIFICATION REPORTS</b>   |         |     |   |  |   |
| <b>Note: A form HUD-9887 is not required to view and/or use verification reports.</b>   |         |     |   |  |   |
| <p><b>Existing Tenant Search</b></p> <p>Identifies applicants who may be receiving assistance at another Multifamily or PIH location.</p> <p>See Paragraph 9-13.A</p> | X       |     | <p>At the time of processing an applicant for admission</p> <p>Search each applicant and applicant household member to see if receiving assistance at another location.</p> <p>Discuss with tenant regarding circumstances relative to being assisted at another Multifamily or PIH property.</p> <p>Follow up with respective PHA or O/A to confirm the individual's program participation status before admission.</p> <p>Coordinate move-in/out dates with PHA or O/A.</p> | <p>Search results for each member of the household.</p> <p>Results of any contact with applicant must be recorded on and/or with the search results for affected household member.</p> <p>Results of any contact with PHA, owner, management agent where applicant is reported as receiving assistance must be recorded on and/or with the search results for affected household member.</p> | <p><b>Application file</b><br/>If not admitted – retain search results and any supporting documentation with the application for 3 years.</p> <p><b>Tenant file</b><br/>If admitted – retain search results and any supporting documentation with the application for term of tenancy plus 3 years.</p> |

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**USE OF EIV REPORTS**

| REPORT  | *UPDATE |     | O/A REPORT USE   | FILE DOCUMENTATION   | RETENTION  |
|---|---------|-----|--|--|--|
|   | TSP     | P&P |  |  |  |
| <b>VERIFICATION REPORTS Cont'd.</b>   |         |     |  |  |  |
| <b>Note: A form HUD-9887 is not required to view and/or use verification reports.</b>   |         |     |  |  |  |
| <p><b>Multiple Subsidy Report</b></p> <p>Identifies tenants who may be receiving rental assistance at more than one location.</p> <p>See Paragraph 9-13.B</p> |         | X   | <p>At least quarterly</p> <p>Must search both queries:</p> <ul style="list-style-type: none"> <li>• Search within MF</li> <li>• Search within PIH</li> </ul> <p>Provide tenant opportunity to explain any circumstances relative to his/her being assisted at another location.</p> <p>Follow up with respective PHA or O/A, if necessary, to confirm tenant is being assisted at the other location. Depending on the results, may need to take action to terminate the assistance or tenancy and repay subsidy to HUD.</p> | <p>Search results</p> <p>Documentation supporting any contacts made or information obtained to determine if household and/or household member is receiving multiple subsidies.</p> <p>Documentation to support any action taken if household and/or household member is receiving multiple subsidies.</p> <p><b>Note:</b> If a tenant's multiple subsidies were discussed and resolved at the time of recertification, this must be noted on the printed report and no further action is required.</p> | <p><b>Master file</b></p> <p>Retain Multiple Subsidy Summary Report and supporting documentation in a master "Multiple Subsidy Report" file for 3 years.</p> <p><b>Tenant file</b></p> <p>Retain a copy of the Multiple Subsidy Detail Report for the tenant along with any documentation of action taken for a household member for term of tenancy plus 3 years.</p> |

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| USE OF EIV REPORTS  |         |     |   |  |   |
|---|---------|-----|---|--|---|
| REPORT  | *UPDATE |     | O/A REPORT USE  | FILE DOCUMENTATION   | RETENTION   |
|   | TSP     | P&P |   |  |   |
| <b>VERIFICATION REPORTS Cont'd.</b>   |         |     |   |  |   |
| <b>Note: A form HUD-9887 is not required to view and/or use verification reports.</b>   |         |     |   |  |   |
| <p><b>Failed EIV Pre-screening Report</b></p> <p>Identifies tenants who have missing or invalid personal identifiers (last name, date of birth, SSN) in TRACS. These tenants will not be sent to SSA from EIV for the SSA identity test.</p> <p>Identifies tenants who need to disclose a SSN, e.g., replace TRACS generated ID number.</p> <p>See Paragraph 9-13.C.1</p> |         | X   | <p>Monthly</p> <p>Follow up with tenants identified on the report where discrepant personal identifiers were not corrected at the time of recertification.</p> <p>Check accuracy of data entry, e.g., numbers not transposed in SSN.</p> <p>Contact tenant and confirm to verify discrepant personal identifiers</p> <p>Correct TRACS data within 30 days of the date of the report.</p>  | <p>Failed EIV Pre-screening Report documented with action taken to resolve invalid or discrepant personal identifiers.</p> <p><b>Note:</b> This report will include those persons who are exempt from the SSN disclosure and verification requirements. In these instances the O/A will note on the copy of the report retained in the "Failed EIV Pre-Screening Report" master file that tenant(s) is exempt from SSN requirements.</p> <p><b>Note:</b> If a tenant's information was corrected at the time of recertification but the EIV data has not yet been updated, this must be noted on the printed report and no further action is required.</p> | <p><b>Master file</b><br/>Retain copy of report in a master "Failed EIV Pre-screening Report" file for 3 years.</p> <p><b>Tenant file</b><br/>Documentation to verify discrepant personal identifiers for term of tenancy plus 3 years.</p> |
| <p><b>Failed Verification Report (Failed SSA Identity Test)</b></p> <p>Identifies tenants whose personal identifiers (last name, date of birth, SSN) do not match the SSA database.</p> <p>See Paragraph 9-13.C.2</p>   |         | X   | <p>Monthly</p> <p>Follow up with tenants identified on the report where discrepant personal identifiers were not corrected at the time of recertification.</p> <p>Check accuracy of data entry, e.g., numbers not transposed in SSN.</p> <p>Contact tenant and confirm to verify discrepant personal identifiers.</p> <p>Correct TRACS data within 30 days of the date of the report.</p> | <p>Failed Verification Report (Failed SSA Identity Test) report documented with action taken to resolve invalid or discrepant personal identifiers</p> <p><b>Note:</b> If a tenant's information was corrected at the time of recertification but the EIV data has not yet been updated, this must be noted on the printed report and no further action is required.</p>   | <p><b>Master file</b><br/>Retain copy of report in a mater "Failed EIV SSA Identity Test" file for 3 years.</p> <p><b>Tenant file</b><br/>Documentation to verify discrepant personal identifiers for term of tenancy plus 3 years.</p>     |

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**USE OF EIV REPORTS**

| REPORT | *UPDATE |     | O/A REPORT USE | FILE DOCUMENTATION | RETENTION |
|--------|---------|-----|----------------|--------------------|-----------|
|        | TSP     | P&P |                |                    |           |

**VERIFICATION REPORTS Cont'd.**

**Note: A form HUD-9887 is not required to view and/or use verification reports.**

|  |                         |   |   |   |
|--|-------------------------|---|---|---|
| <p><b>Deceased Tenants Report</b></p> <p>Identifies tenants reported by SSA as being deceased.</p> <p>See Paragraph 9-13.D</p> | <p align="center">X</p> | <p>At least quarterly</p> <p>Confirm, in writing, with head of household, next of kin or contact person or entity provided by the tenant to determine whether or not the person is deceased.</p> <p>If deceased, within 30 days from date of report:</p> <ul style="list-style-type: none"> <li>Update family composition, and, if applicable, income and allowance, on the form HUD-50059. See Paragraph 7-13D of Handbook 4350.3 REV-1 for effective date.</li> <li>Single member of a household, process move-out using form HUD-50059-A. Effective date retroactive to earlier of 14 days after date of death or date unit vacated.</li> </ul> <p><b>Note:</b> Overpayment of subsidy must be returned to HUD.</p> <p>Any discrepant data in TRACS must be updated within 30 days from the date of the report.</p> <p>Encourage tenant to contact SSA if SSA's data is incorrect.</p> | <p>Deceased Tenants Report</p> <p>Documentation obtained to resolve discrepancy.</p> <p>Form HUD-50059 with change of family composition.</p> <p>Form HUD-50059-A for move-out.</p> <p><b>Note:</b> If action was taken to remove the deceased tenant from the household or to terminate tenancy of a deceased single member of a household at the time of recertification but the EIV data has not yet been updated, this must be noted on the printed report and no further action is required.</p> | <p><b>Master file</b><br/>Retain copy of report in a master "Deceased Tenants Report" file for 3 years.</p> <p><b>Tenant file</b><br/>Form HUD-50059 and/or form HUD-50059-A plus any other documentation received for a particular tenant must be retained for term of tenancy plus 3 years.</p> |
|--|-------------------------|---|---|---|

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**Exhibit 3-5: \*\*Sample 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, *Alien Registration Receipt Card* (for permanent resident aliens).
- (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).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

- (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) Form I-151 Alien Registration Receipt Card.

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: \_\_\_\_\_

**VERIFICATION OF  
DISABILITY**

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

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

ALL PROGRAMS **EXCEPT**  
SECTION 202/8, SECTION 202 PAC,  
SECTION 202 PRAC, AND  
SECTION 811 PRAC

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Appendix 6-B: SAMPLE VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR  
QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY

FOR USE WITH ALL PROGRAMS **EXCEPT** SECTION 202/8, SECTION 202 PAC,  
SECTION 202 PRAC, AND SECTION 811 PRAC

DATE:

TO:

FROM:

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE (or other instructions to the third party  
to ensure that the verification is returned to the right person. This is important because owners have a  
responsibility to treat this information confidentially.)

SUBJECT: Verification of Disability

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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 listed at the  
top of the page. Your prompt return of this information will help to ensure timely processing of the  
application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The  
applicant/tenant has consented to this release of information as shown above.

=====

**INFORMATION BEING REQUESTED**

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

- 1.  YES  NO      Has a disability, as defined in 42 U.S.C. 423, which means;
  - a.      Inability to engage in any substantial gainful activity by reason of any  
          medically determinable physical or mental impairment that can be  
          expected to result in death or that has lasted or can be expected to  
          last for a continuous period of not less than 12 months; or

**SAMPLE VERIFICATION OF  
DISABILITY**

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

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

ALL PROGRAMS **EXCEPT**  
SECTION 202/8, SECTION 202 PAC,  
SECTION 202 PRAC, AND  
SECTION 811 PRAC

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- b. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

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

2.  YES  NO

Has a physical, mental, or emotional impairment that:

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

3.  YES  NO

Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:

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

**SAMPLE VERIFICATION OF  
DISABILITY**

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

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ALL PROGRAMS **EXCEPT**  
SECTION 202/8, SECTION 202 PAC,  
SECTION 202 PRAC, AND  
SECTION 811 PRAC

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4.  YES  NO

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

\_\_\_\_\_  
NAME AND TITLE OF PERSON  
SUPPLYING THE INFORMATION

\_\_\_\_\_  
FIRM/ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

=====

**Public reporting burden** for this collection is estimated to average 12 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 is 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. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

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).



**SAMPLE VERIFICATION OF  
DISABILITY**

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

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

ALL PROGRAMS **EXCEPT**  
SECTION 202/8, SECTION 202 PAC,  
SECTION 202 PRAC, AND  
SECTION 811 PRAC

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=====

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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.

=====

**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).



## SAMPLE STUDENT CERTIFICATION

### PART I: Student Status Determination

**Applicant/Resident Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Property Name:** \_\_\_\_\_

Are you currently enrolled, either full-time or part-time, at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential?

Yes  No

If “No”, you need not complete any of the subsequent sections of this form. Please sign this form in the designated location and return to Management.

If “Yes”, please respond to the questions in **PART II** of this form.

### PART II: Student Status Exemptions

Please respond “Yes” or “No” to each of the criteria below. If you answer “Yes” to any one of the exclusionary criteria, you **may be** eligible for Section 8 rental assistance and additional verification forms will need to be completed. Please sign this form in the designated location and return to Management.

If you respond “No” to **all of the criteria**, you and your household are ineligible for Section 8 rental assistance at this time.

**Are you.....**

|   |  |
|---|--|
| .....living independently of parents/guardians who are receiving Section 8 assistance?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| .....over the age of 23?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| .....married?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| .....a veteran of the United States Military?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| .....a parent with dependent children?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| .....a person with disabilities, as such term is defined in 3(b)(3)(E) of the United States Housing Act of 1937 (42 USC 1437a(b)(3)(E)) and was not receiving Section 8 assistance as of November 20, 2005? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ..... independent of your parents or guardians who did not claim you on their most recent income tax returns?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ..... individually eligible to receive Section 8 assistance and has parents, individually or jointly, who are income eligible to receive Section 8 assistance?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

### **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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or 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, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f. g. and h.

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



### Appendix 5: Sample Move-In/Move-Out Inspection Form

*[Company name]*  
*[Company address]*

|               |           |                         |                          |
|---------------|-----------|-------------------------|--------------------------|
| Property      |           | Resident                |                          |
| Apartment No. | Unit Size | Move-In Inspection Date | Move-Out Inspection Date |

| Item                  | Condition |          | Cost to Correct |
|-----------------------|-----------|----------|-----------------|
|                       | Move-In   | Move-Out |                 |
| <b>ENTRANCE/HALLS</b> |           |          |                 |
| Steps and landings    |           |          |                 |
| Handrails             |           |          |                 |
| Doors                 |           |          |                 |
| Hardware/Locks        |           |          |                 |
| Floors/Coverings      |           |          |                 |
| Walls/Coverings       |           |          |                 |
| Ceilings              |           |          |                 |
| Windows/Coverings     |           |          |                 |
| Lighting <sup>1</sup> |           |          |                 |
| Electrical Outlets    |           |          |                 |
| Closets <sup>2</sup>  |           |          |                 |
| Fire alarms/equipment |           |          |                 |
|                       |           |          |                 |
|                       |           |          |                 |
| <b>LIVING ROOM</b>    |           |          |                 |
| Floor/Coverings       |           |          |                 |
| Walls/Coverings       |           |          |                 |
| Ceiling               |           |          |                 |
| Windows/Covering      |           |          |                 |
| Lighting <sup>1</sup> |           |          |                 |
| Electrical outlets    |           |          |                 |
|                       |           |          |                 |
|                       |           |          |                 |

| Item                        | Condition |          | Cost to Correct |
|-----------------------------|-----------|----------|-----------------|
|                             | Move-In   | Move-Out |                 |
| <b>DINING ROOM</b>          |           |          |                 |
| Floor/Coverings             |           |          |                 |
| Walls/Coverings             |           |          |                 |
| Ceiling                     |           |          |                 |
| Windows/Coverings           |           |          |                 |
| Lighting <sup>1</sup>       |           |          |                 |
| Electrical outlets          |           |          |                 |
|                             |           |          |                 |
|                             |           |          |                 |
| <b>KITCHEN</b>              |           |          |                 |
| Range                       |           |          |                 |
| Refrigerator                |           |          |                 |
| Sink/Faucets <sup>3</sup>   |           |          |                 |
| Floor/Coverings             |           |          |                 |
| Walls/Coverings             |           |          |                 |
| Ceiling                     |           |          |                 |
| Windows/Coverings           |           |          |                 |
| Lighting <sup>1</sup>       |           |          |                 |
| Electrical outlets          |           |          |                 |
| Cabinets                    |           |          |                 |
| Closets/Pantry <sup>2</sup> |           |          |                 |
| Exhaust fan                 |           |          |                 |
| Fire alarms/equipment       |           |          |                 |
|                             |           |          |                 |
|                             |           |          |                 |
| <b>BEDROOM(S)</b>           |           |          |                 |
| Doors and locks             |           |          |                 |
| Floor/Coverings             |           |          |                 |
| Walls/Coverings             |           |          |                 |
| Ceiling                     |           |          |                 |
| Windows/Covering            |           |          |                 |
| Closets <sup>2</sup>        |           |          |                 |
| Lighting <sup>1</sup>       |           |          |                 |
| Electrical outlets          |           |          |                 |
|                             |           |          |                 |
|                             |           |          |                 |

| Item  | Condition |          | Cost to Correct |
|---|-----------|----------|-----------------|
|   | Move-In   | Move-Out |                 |
| <b>BATHROOM(S)</b>  |           |          |                 |
| Sink/Faucets <sup>3</sup>   |           |          |                 |
| Shower/Tub <sup>3</sup>   |           |          |                 |
| Curtain rack/Door   |           |          |                 |
| Towel rack  |           |          |                 |
| Toilet  |           |          |                 |
| Doors/Locks   |           |          |                 |
| Floor/Coverings   |           |          |                 |
| Walls/Coverings   |           |          |                 |
| Ceiling   |           |          |                 |
| Windows/Coverings   |           |          |                 |
| Closets <sup>2</sup>  |           |          |                 |
| Cabinets  |           |          |                 |
| Exhaust fan   |           |          |                 |
| Lighting <sup>1</sup>   |           |          |                 |
| Electrical outlets  |           |          |                 |
|   |           |          |                 |
|   |           |          |                 |
| <b>OTHER EQUIPMENT</b>  |           |          |                 |
| Heating Equipment   |           |          |                 |
| Air-conditioning unit(s)  |           |          |                 |
| Hot-water heater  |           |          |                 |
| Smoke/Fire alarms   |           |          |                 |
| Thermostat  |           |          |                 |
| Door bell   |           |          |                 |
|   |           |          |                 |
|   |           |          |                 |
| <b>TOTAL</b>  |           |          |                 |
| 1. Fixtures, Bulbs, Switches, and Timers<br>2. Floor/Walls/Ceiling, Shelves/Rods, Lighting<br>3. Water pressure and Hot water |           |          |                 |

**Move-In**

This unit \*\*is in decent, safe and sanitary condition. \*\* Any deficiencies identified in this report will be remedied within 30 days of the date the tenant moves into the unit.

\_\_\_\_\_

Manager's Signature

I have inspected the apartment and found \*\*this unit to be in decent, safe and sanitary condition. Any deficiencies are noted above.\*\* I recognize that I am responsible for keeping the apartment in good condition, with the exception of normal wear. In the event of damage, I agree to pay the cost to restore the apartment to its original condition.

\_\_\_\_\_

Resident's Signature

\_\_\_\_\_

Resident's Signature

|          | By    | Date  |
|----------|-------|-------|
| Prepared | _____ | _____ |
| Reviewed | _____ | _____ |
| Prepared | _____ | _____ |
| Reviewed | _____ | _____ |

**Move-Out**

\_\_\_\_\_

Manager's Signature

\_\_\_ Agree with move-out inspection

\_\_\_ Disagree with move-out inspection

If disagree, list specific items of disagreement.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resident's Signature

\_\_\_\_\_

Resident's Signature

|          | By    | Date  |
|----------|-------|-------|
| Prepared | _____ | _____ |
| Reviewed | _____ | _____ |
| Prepared | _____ | _____ |
| Reviewed | _____ | _____ |

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.*

**Lessor’s Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee’s Acknowledgment (initial)**

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent’s Acknowledgment (initial)**

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor’s obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

|        |       |        |       |
|--------|-------|--------|-------|
| _____  | _____ | _____  | _____ |
| Lessor | Date  | Lessor | Date  |
| _____  | _____ | _____  | _____ |
| Lessee | Date  | Lessee | Date  |
| _____  | _____ | _____  | _____ |
| Agent  | Date  | Agent  | Date  |

FOR PROPERTIES DEVELOPED FOR THE ELDERLY AND PERSONS WITH DISABILITIES  
ADDENDUM B  
TO  
MODEL LEASE FOR SUBSIDIZED PROGRAMS  
(Form HUD-90105-a dated 12/2007)

1. Tenants in this project are permitted to keep common household pets in their units.
  
2. The Tenant agrees to obey the Pet Rules which are written by the Landlord in compliance with HUD regulations. The Pet Rules are Attachment No. 4 to the Lease. The Tenant agrees to obey additional rules established after the effective date of this Lease Addendum if:
  - a. the Tenant receives a written notice of the proposed rule at least thirty (30) days before the rule is enforced; and
  
  - b. the proposed rule complies with HUD regulations.
  
3. A violation of the Pet Rules may be grounds for removal of the pet or termination of the tenancy or both.
  
4. **SIGNATURES**

TENANT

BY:

1. \_\_\_\_\_ / /  
Date Signed

2. \_\_\_\_\_ / /  
Date Signed

3. \_\_\_\_\_ / /  
Date Signed

LANDLORD

BY:

1. \_\_\_\_\_ / /  
Date Signed



**LEASE ADDENDUM**  
**VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

|        |          |                    |
|--------|----------|--------------------|
| TENANT | LANDLORD | UNIT NO. & ADDRESS |
|--------|----------|--------------------|

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

**Purpose of the Addendum**

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

**Conflicts with Other Provisions of the Lease**

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

**Term of the Lease Addendum**

The effective date of this Lease Addendum is \_\_\_\_\_. This Lease Addendum shall continue to be in effect until the Lease is terminated.

**VAWA Protections**

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other “good cause” for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim’s behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date

## Recertification Notice

### Exhibit 7-1: Annual Recertification Initial Notice

Initial Notice [To be signed by resident and owner at initial certification and at subsequent recertifications].

(Tenant's Name) (Date)  
(Address)

Dear \_\_\_\_\_:

As stated in paragraph [15, 10, or 9—indicate the paragraph number that corresponds to the paragraph of the model lease being used for the tenant] of your lease, the U.S. Department of Housing and Urban Development (HUD) requires that we review your income and family composition every year to redetermine rent and assistance levels.

To complete our review of your income and family composition, you must meet with (Resident Manager, Occupancy Clerk, etc.) and supply the required information each year. (The Resident Manager, Occupancy Clerk, etc.) will conduct your recertification interviews in (month and year). We will send you a reminder notice when it is time for your next recertification interview. At that time you must contact (the Resident Manager, Occupancy Clerk, etc.) to schedule an appointment for an interview.

\*\*Cooperation with the recertification requirement is a condition of continued program participation. You must report the required information and provide the required signatures to enable the owner to process the recertification by the (insert the 10<sup>th</sup> day of the 11<sup>th</sup> month after the last annual recertification). \*\*

When you attend the interview, you must bring the following information: (List all required information.)

I have read and understand this letter describing the requirement for my participation in an annual recertification interview.

---

Signature of the Head of Family Date

---

Signature of Witness 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 is 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 24 CFR 5.657, 880.603, 884.218, 886.324, 891.410, 891.610 and 891.750 require that the owner must reexamine the income and composition of all families at least annually. By providing tenants notification in advance of the scheduled recertification meeting and the information they need to provide, the tenant is made aware of the documents they need to retain throughout the recertification period in order to reduce their burden at the time of recertification. This information is considered non-sensitive and does not require any special protection.

## Exhibit 7-2: **\*\*Sample\*\* Annual Recertification First Reminder Notice**

(Tenant's Name)  
(Address)

(Date, at least 120 days prior to the  
upcoming recertification anniversary date)

Dear \_\_\_\_\_:

It will soon be time for your annual recertification. You received a notice of your upcoming annual recertification at an interview just less than a year ago.

Paragraph [15, 10, or 9—indicate the paragraph number that corresponds to the paragraph of the model lease being used for the tenant] of your lease states that the Department of Housing and Urban Development (HUD) requires that we review your income and family composition every year to determine if you are still eligible to receive assistance paying your rent.

To complete our review of your income and family composition, you must meet with (Resident Manager, Occupancy Clerk, etc.) at (place of interview) and supply the required information. (Resident Manager, Occupancy Clerk, etc.) will be available for recertification interviews (dates and times available). Please contact (Resident Manager, Occupancy Clerk, etc.) (by phone, at the office) as soon as possible to schedule an appointment for an interview.

Cooperation with the recertification requirement is a condition of continued program participation. **\*\*You must report the required information and provide the required signatures to enable the owner to process your recertification.\*\*** If you respond to this notice after (insert the 10<sup>th</sup> day of the 11<sup>th</sup> month after the last annual recertification), paragraph 15 of your lease (if applicable) gives us the right to implement any rent increase resulting from the recertification without providing you a 30-day written notice.

**(NOTE:** For tenants of all projects, except PRAC projects, add the following sentence.) If you do not respond before (insert recertification anniversary date), paragraph [15 **\*\*or\*\*** 14] of your lease gives us the right to terminate your assistance and charge you the (**\*\*insert type of rent, either\*\*** market rent, contract rent or 110% of BMIR rent) effective (insert the recertification anniversary date).

**(NOTE:** For tenants in PRAC projects add the following sentence.) If you do not respond before (insert the recertification anniversary date), your tenancy may be terminated.

When you attend the interview, you must bring the following information:  
(List all required information.)

Sincerely,

(Managing Agent, Resident Manager, etc.)

### Exhibit 7-3: Sample Annual Recertification Second Reminder Notice

(Tenant's Name)  
upcoming (Address)

(Date, \*at least\* 90 days prior to the  
recertification anniversary date)

Dear \_\_\_\_\_:

On (date of First Reminder Notice) you received a notice requesting that you contact (Resident Manager, Occupancy Clerk, etc.) to schedule your periodic recertification interview. So far you have not scheduled your interview.

Cooperation in the recertification process is a condition for receiving assistance. Paragraph [15, 10, or 9—indicate the paragraph number that corresponds to the paragraph of the model lease being used for the tenant] of your lease states that the Department of Housing and Urban Development (HUD) requires that we review your income and family composition every year to re-determine rent and assistance levels.

To complete our review of your income and family composition, you must meet with (Resident Manager, Occupancy Clerk, etc.) at (place of interview) and supply the required information. (Resident Manager, Occupancy Clerk, etc.) will be available for recertification interviews (dates and times available). Please contact (Resident Manager, Occupancy Clerk, etc.) (by phone, at the office) as soon as possible to schedule an appointment for an interview.

Cooperation with the recertification requirement is a condition of continued program participation. You must report the required information and provide the required signatures to enable the owner to process your recertification. If you contact (Resident Manager, Occupancy Clerk, etc.) after (insert the 10<sup>th</sup> day of the 11<sup>th</sup> month after the last annual recertification), we will process your recertification but you will not receive 30 days notice of any resulting rent increase.

**(NOTE:** For tenants of all projects, except PRAC projects, add the following sentence.) If you do not respond before (insert recertification anniversary date), paragraph [15 or 14] of your lease gives us the right to terminate your assistance and charge you the (insert type of rent, either market rent, contract rent or 110% of BMIR rent) effective (insert the recertification anniversary date).

**(NOTE:** For tenants in PRAC projects add the following sentence.) If you do not respond before (insert the recertification anniversary date), your tenancy may be terminated.

To help us process your recertification, you must bring the following information to your interview:  
(List all required information.)

Please do not make us increase your rent. Go to the Rental Office today to set up your interview and to discuss your recertification and any possible change in rent. Thank you for your cooperation.

Sincerely,

(Managing Agent, Resident  
Manager, etc.)

### Exhibit 7-4: **\*\*Sample\*\* Annual Recertification Third Reminder Notice/Notice of Termination**

(Tenant's Name)  
(Address)

(Date at least 60 days prior to the  
upcoming recertification anniversary date)

Dear \_\_\_\_\_:

On (date of First Reminder Notice) and (date of Second Reminder Notice) we sent you notices requesting you to set up your recertification interview. You still have not scheduled your interview. Paragraph [15,10, or 9—indicate the paragraph number that corresponds to the paragraph of the model lease being used for the tenant] of your lease states that the Department of Housing and Urban Development (HUD) requires that we review your income and family composition every year to redetermine rent and assistance levels.

To complete our review of your income and family composition, you must meet with (Resident Manager, Occupancy Clerk, etc.) at (place of interview) and provide the required information **\*\*and signatures to enable the owner to process your recertification. Your cooperation with the recertification requirement is a condition of continued program participation.\*\*** (Resident Manager, Occupancy Clerk, etc.) will be available for recertification interviews (dates and times available). Please contact (Resident Manager, Occupancy Clerk, etc.) (by phone, at the office) as soon as possible to schedule an appointment for an interview.

If you meet with (Resident Manager, Occupancy Clerk, etc.) and provide all of the required information **\*\*and signatures\*\***, we will not terminate your assistance unless your income shows you are no longer eligible for assistance. If you report to the Rental Office after (insert the cutoff date, the 10<sup>th</sup> day of the 11<sup>th</sup> month after the last annual recertification), we will process your recertification but will not provide you 30 days notice of any resulting rent increase.

**\*\*To help us process your recertification, you must bring the following information to your interview. (List all required information.)\*\***

**(NOTE: For tenants of all projects, except PRAC projects, add the following.)** If you do not respond before (insert recertification anniversary date), paragraph [15 **\*\*or\*\*** 14] of your lease gives us the right to terminate your assistance and charge you the (**\*\*insert type of rent, either\*\*** market rent, contract rent or **\*\*110% of BMIR rent**) of \$\_\_\_\_\_ (insert the rent the tenant will be required to pay) **\*\*effective (insert the recertification anniversary date). \*\***This increase in rent will be made without providing you additional notice. If you fail to pay the increased rent, we may terminate your tenancy and seek to enforce the termination in court.**\*\***

**(NOTE: For tenants in PRAC projects add the following sentence.)** If you do not respond before (insert the recertification anniversary date), your tenancy may be terminated.

Please do not make us increase your rent. Go to the Rental Office today to set up your interview and to discuss your recertification and any possible change in rent.

Thank you for your cooperation.

Sincerely,

(Managing Agent, Resident,  
Manager etc)

### Exhibit 7-5: Sample Recertification Interview and Verification Record

Name of Tenant: \_\_\_\_\_

Address/Unit No.: \_\_\_\_\_

1. Date Initial Letter Mailed to Tenant to Arrange Recertification Interview: \_\_\_/\_\_\_/\_\_\_

2. Date and Type of Action Required to Follow Up Initial Letter to Arrange Recertification Interview:

| Date                    | Type of Action |
|-------------------------|----------------|
| /___/___/___<br>(M D y) | _____          |
| /___/___/___            | _____          |
| /___/___/___            | _____          |

3. Date Recertification Interview Completed \_\_\_/\_\_\_/\_\_\_ . If interview not completed, give reason. \_\_\_\_\_

4. Member #1\*

\*For verifications not available in the EIV System:\*

|          | Verifications Sent To: |       | Processing Dates: |       |
|----------|------------------------|-------|-------------------|-------|
|          | Written                |       | Oral              |       |
|          | Sent                   | Rec'd | Sent              | Rec'd |
| a. _____ |                        |       |                   |       |
| b. _____ |                        |       |                   |       |
| c. _____ |                        |       |                   |       |
| d. _____ |                        |       |                   |       |
| e. _____ |                        |       |                   |       |

\* This information should be completed for all household members. Include additional sheets as needed.

# EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

|                   |  |          |  |       |  |
|-------------------|--|----------|--|-------|--|
| Project Name:     |  | Unit ID: |  | Date: |  |
| Applicant/Tenant: |  | SSN:     |  |       |  |

### Employer Contact:

|                |  |                 |  |      |  |        |  |
|----------------|--|-----------------|--|------|--|--------|--|
| Business Name: |  | Contact Person: |  |      |  |        |  |
| Address:       |  | Phone:          |  | Fax: |  |        |  |
| City:          |  | State:          |  | Zip: |  | Email: |  |

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

Project Owner/Management Agent

### THIS SECTION TO BE COMPLETED BY EMPLOYER

- Please answer all questions fully leaving no blanks
- Please provide an employee pay history report when returning this completed form

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes  Date First Employed: \_\_\_/\_\_\_/\_\_\_ No  Last Date of Employment: \_\_\_/\_\_\_/\_\_\_

Current Wages (check one)  Hourly  Salary \$ \_\_\_\_\_ Pay Frequency  Weekly  Bi-weekly  Monthly  Semi-monthly  Yearly  
Pay Method  Cash  Check  Direct Deposit  Other

Number of regular hours scheduled per week: \_\_\_\_\_  
(If hours vary please list maximum anticipated)

Gross Year to Date Pay: \$ \_\_\_\_\_  
From \_\_\_/\_\_\_/\_\_\_ Through \_\_\_/\_\_\_/\_\_\_  
Number of pay periods included in the YTD earnings above: \_\_\_\_\_

Gross pay from prior year: \$ \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average number of OT hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average number of shift differential hours per week: \_\_\_\_\_

(CIRCLE ONE) Frequency  Weekly  Bi-weekly  Monthly  
COMMISSIONS, BONUS, TIPS, OTHER: \$ \_\_\_\_\_  Semi-monthly  Yearly  Other \_\_\_\_\_

List the most recent change in the employee's rate of pay/hours: \$ \_\_\_\_\_ % \_\_\_\_\_; Effective date: \_\_\_/\_\_\_/\_\_\_

List any anticipated change in the employee's rate of pay/hours within the next 12 months: \$ \_\_\_\_\_ % \_\_\_\_\_; Effective date: \_\_\_/\_\_\_/\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Is employee eligible for unemployment during the layoff?  No  Yes Does employee participate in a retirement plan i.e. 401k?  No  Yes

Employer Signature

Employer Printed Name & Title

Date

Employer Name and Address

Phone #

Fax #

E-Mail

**NOTE:** 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

Employment Verification

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# UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete this form

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

I am currently unemployed:  YES  NO

I work on a seasonal basis depending on the time of year:  YES  NO

I receive benefit income such as unemployment, disability, workers compensation:  YES  NO

**[ ] If my employment status changes between now and the move in (or recertification) date I understand that I must inform the manager before moving into this apartment**

I have been unemployed for \_\_\_\_\_ years and \_\_\_\_\_ months

My last job paid \$ \_\_\_\_\_ per hour and I worked \_\_\_\_\_ hours per week

**\*\*\*Please complete either Section A, B, or C as applicable\*\*\***

## **Section A**

I [print name], \_\_\_\_\_, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

---

## **Section B**

I [print name], \_\_\_\_\_, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$ \_\_\_\_\_ from anticipated employment over the next twelve months.

*(Please supply documentation to support this, such as previous tax returns and/or W-2)*

---

## **Section C**

I [print name], \_\_\_\_\_, state that I am currently unemployed but I have been hired for a new job which has not yet begun.

The company is: \_\_\_\_\_

The start date is: \_\_\_\_\_

The salary is: \_\_\_\_\_

*\*Manager will contact employer for verification of this income*

---

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

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



# CERTIFICATION OF ZERO INCOME

(To be completed by all adult household members with no reported income)

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

1.  I currently have no income of any kind and I do not expect this to change in the next 12 months. (If you have **ANY** income whatsoever **DO NOT** complete this form).

2. I have been living with zero income for \_\_\_\_\_ years and \_\_\_\_\_ months.

3. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonus, etc.)
- b. Income from the operation of a business or Sales from self-employed resources (Avon, Mary Kay, etc.)
- c. Rental income from real or personal property
- d. Interest or dividends from assets
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- f. Unemployment or disability payments
- g. Public assistance payments
- h. Periodic allowances such as alimony, child support, or gifts from persons not living in my household
- i. Income from driving for Uber/Lyft
- j. Cash payments
- k. Student financial aid
- l. Any other source not named above

4. The reason I have no income is: \_\_\_\_\_

5. I will be using the following sources of funds to pay for (**Use N/A instead of leaving blanks**):

- Rent: \_\_\_\_\_
- Utilities: \_\_\_\_\_
- Food: \_\_\_\_\_
- Clothing and laundry: \_\_\_\_\_
- Transportation: \_\_\_\_\_
- Internet/Cable/Phone: \_\_\_\_\_
- Toiletries: \_\_\_\_\_
- Credit cards/loans/bills: \_\_\_\_\_

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

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

## VETERANS INCOME VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

|                   |  |          |  |       |  |
|-------------------|--|----------|--|-------|--|
| Project Name:     |  | Unit ID: |  | Date: |  |
| Applicant/Tenant: |  | SSN:     |  |       |  |

**Veterans Administration Contact:**

|              |        |               |        |
|--------------|--------|---------------|--------|
| Office Name: |        | Contact Name: |        |
| Address:     |        | Phone:        | Fax:   |
| City:        | State: | Zip:          | Email: |

**My Signature Authorizes Verification of my Veterans Income Information:**

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

\_\_\_\_\_  
Project Owner/Management Agent

**THIS SECTION TO BE COMPLETED BY VETERANS ADMINISTRATION**

PLEASE LIST ALL BENEFITS RECEIVED BY THE ABOVE NAMED APPLICANT/TENANT

| Type of Benefit<br>(Retirement; disability; student; housing; aid and attendance; etc.) | Gross Amount | Payment Frequency  | Fixed or Subject to Change?   |
|---|--------------|--|---|
|   | \$           | <input type="checkbox"/> Monthly <input type="checkbox"/> Other: | <input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change |
|   | \$           | <input type="checkbox"/> Monthly <input type="checkbox"/> Other: | <input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change |
|   | \$           | <input type="checkbox"/> Monthly <input type="checkbox"/> Other: | <input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change |
|   | \$           | <input type="checkbox"/> Monthly <input type="checkbox"/> Other: | <input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change |

*Please list any expected changes:* \_\_\_\_\_

*Please list any helpful remarks:* \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Person Supplying the Information

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-Mail

**NOTE:** 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



## PENSION VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

|                   |  |          |  |       |  |
|-------------------|--|----------|--|-------|--|
| Project Name:     |  | Unit ID: |  | Date: |  |
| Applicant/Tenant: |  | SSN:     |  |       |  |

**Pension Provider:**

|               |        |               |        |
|---------------|--------|---------------|--------|
| Company Name: |        | Contact Name: |        |
| Address:      |        | Phone:        | Fax:   |
| City:         | State: | Zip:          | Email: |

**My Signature Authorizes Verification of my Pension Account Information:**

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

|                      |
|----------------------|
| RETURN THIS FORM TO: |
|----------------------|

\_\_\_\_\_  
Project Owner/Management Agent

**THIS SECTION TO BE COMPLETED BY PENSION PROVIDER**

| Pension Account Number | Current Balance | Can Applicant/Tenant Convert to Cash? |                             | Interest/Dividend* |
|------------------------|-----------------|---------------------------------------|-----------------------------|--------------------|
|                        | \$              | <input type="checkbox"/> YES          | <input type="checkbox"/> NO | \$ %               |
|                        | \$              | <input type="checkbox"/> YES          | <input type="checkbox"/> NO | \$ %               |
|                        | \$              | <input type="checkbox"/> YES          | <input type="checkbox"/> NO | \$ %               |
|                        | \$              | <input type="checkbox"/> YES          | <input type="checkbox"/> NO | \$ %               |

*\* If earnings vary or cannot be predicted please list total interest/dividend from most recent quarter (even if reinvested)*

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Does the individual receive periodic payments from any account listed above: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|

If yes, please complete following:

| Account Number | Gross Payment Amount | Payment Frequency  | Fixed or Subject to Change?   |
|----------------|----------------------|--|---|
|                | \$                   | <input type="checkbox"/> Monthly <input type="checkbox"/> Other: | <input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change |
|                | \$                   | <input type="checkbox"/> Monthly <input type="checkbox"/> Other: | <input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change |
|                | \$                   | <input type="checkbox"/> Monthly <input type="checkbox"/> Other: | <input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change |
|                | \$                   | <input type="checkbox"/> Monthly <input type="checkbox"/> Other: | <input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change |

**Please list any expected changes:** \_\_\_\_\_

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

\_\_\_\_\_  
Name and Title of Person Supplying the Information

\_\_\_\_\_  
Phone # Fax # E-Mail

**NOTE:** 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

# SELF-EMPLOYMENT INCOME AFFIDAVIT

Use this form for any applicant or resident who receives income as a business owner, independent contractor, sole proprietorship, cash pay, odd jobs, etc.

**Applicant/Tenant:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

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

**Type of Business:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Anticipated Gross Annual Income:** \$ \_\_\_\_\_

**Anticipated Annual Business Expenses:** \$ \_\_\_\_\_

**Anticipated Annual Profit:** \$ \_\_\_\_\_

**Previous Year Profit (or Loss):** \$ \_\_\_\_\_

**Cash Withdrawals from Business:** \$ \_\_\_\_\_

Do you file tax returns?      **YES** Taxpayer ID# \_\_\_\_\_      **NO**

*If YES please submit tax returns with the most recent schedule Cr*

*If NO please state why:* \_\_\_\_\_

- *If tax returns were not filed, please submit a profit/loss report for each month since the business started*
- *Please include documents such as invoices, receipts, written business plan, or accountant statement of business income.*

*Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.*

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

\_\_\_\_\_  
Date

## BANK ACCOUNT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

|                   |  |          |  |       |  |
|-------------------|--|----------|--|-------|--|
| Project Name:     |  | Unit ID: |  | Date: |  |
| Applicant/Tenant: |  | SSN:     |  |       |  |

**Bank Contact:**

|            |        |                 |        |
|------------|--------|-----------------|--------|
| Bank Name: |        | Contact Person: |        |
| Address:   |        | Phone:          | Fax:   |
| City:      | State: | Zip:            | Email: |

**My Signature Authorizes Verification of My Bank Account Information:**

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

\_\_\_\_\_  
Project Owner/Management Agent

**THIS SECTION TO BE COMPLETED BY BANK**

| CHECKING Account Number                            | Average 6 Month Balance | Interest Rate | Current Balance    |
|--|-------------------------|---------------|--------------------|
|  | \$                      | %             | \$                 |
|  | \$                      | %             | \$                 |
|  | \$                      | %             | \$                 |
|  | \$                      | %             | \$                 |
| SAVINGS Account Number                             | Current Balance         | Interest Rate |                    |
|  | \$                      | %             |                    |
|  | \$                      | %             |                    |
|  | \$                      | %             |                    |
|  | \$                      | %             |                    |
| OTHER Account (i.e. CD; Money Market; Debit, etc.) | Current Balance         | Interest Rate | Withdrawal Penalty |
|  | \$                      | %             |                    |
|  | \$                      | %             |                    |

If retirement investments held, are withdrawals taken? [ ] Yes [ ] NO If Yes, Amount \$\_\_\_\_\_ Frequency \_\_\_\_\_

***If additional space is needed please attach a separate sheet with information, date and signature***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Person Supplying the Information

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-Mail

**NOTE:** 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

# **Appendix 3**

## Acceptable Forms of Verification

### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified   | ACCEPTABLE SOURCES   |  |  |  | Verification Tips |
|---|--|--|--|--|-------------------|
|   | Third Party <sup>a</sup>   |  |  | *Provided by Applicant   |                   |
|   | Written <sup>b and d</sup>                                       | *Provided by Applicant <sup>e</sup>                              | Oral <sup>c</sup>  |  |                   |
| <ul style="list-style-type: none"> <li>Age.</li> </ul> <p>*(See Chapter 3, Paragraph 3-28.C)*</p> | <ul style="list-style-type: none"> <li>None required.</li> </ul> | <ul style="list-style-type: none"> <li>None required.</li> </ul> | <ul style="list-style-type: none"> <li>None required.</li> </ul> | <ul style="list-style-type: none"> <li>Birth Certificate</li> <li>Baptismal Certificate</li> <li>Military Discharge papers</li> <li>Valid passport</li> <li>Census document showing age</li> <li>Naturalization certificate</li> <li>Social Security Administration Benefits printout</li> </ul> |                   |

<sup>a</sup>**NOTE:** Requests for verification from \*a third party source\* must be accompanied by a Consent to Release form \*HUD-9887-A\*.

<sup>b</sup>**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

<sup>e</sup>**NOTE:** See examples and requirements found in Paragraph 5-13.B.1



### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified   | ACCEPTABLE SOURCES   |   |   |  | *Provided by Applicant  | Self-Declaration   | Verification Tips |
|---|--|---|---|--|---|--|-------------------|
|   | Third Party <sup>a</sup>   |   |   | Oral <sup>c</sup>  |   |  |                   |
|   | Written <sup>b and d</sup>   | *Provided by Applicant <sup>e</sup>   |   |  |   |  |                   |
| <ul style="list-style-type: none"> <li>Alimony or child support.</li> </ul> <p>*(See Chapter 5, Paragraphs 5-6.F and 5-10.F)*</p> | <ul style="list-style-type: none"> <li>Copy of separation or divorce agreement provided by ex-spouse or court indicating type of support, amount, and payment schedule.</li> <li>Written statement provided by ex-spouse or income source indicating all of above.</li> <li>If applicable, written statement from court/attorney that payments are not being received and anticipated date of resumption of payments.</li> </ul> | <ul style="list-style-type: none"> <li>Recent original letters from the court.</li> </ul> | <ul style="list-style-type: none"> <li>Telephone or in-person contact with ex-spouse or income source documented in file by the owner.</li> </ul> | <ul style="list-style-type: none"> <li>Copy of most recent check, recording date, amount, and check number.</li> </ul> | <ul style="list-style-type: none"> <li>Notarized statement or affidavit signed by applicant indicating amount received.</li> <li>If applicable, notarized statement or affidavit from applicant indicating that payments are not being received and describing efforts to collect amounts due.</li> </ul> | <ul style="list-style-type: none"> <li>Amounts awarded but not received can be excluded from annual income only when applicants have made reasonable efforts to collect amounts due, including filing with courts or agencies responsible for enforcing payments.</li> </ul> |                   |

<sup>a</sup>**NOTE:** Requests for verification from \*a third party source\* must be accompanied by a Consent to Release form \*HUD-9887-A\*.

<sup>b</sup>**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

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### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified   | ACCEPTABLE SOURCES   |  |  |  | *Provided by Applicant   | Self-Declaration  | Verification Tips |
|---|--|--|--|--|--|---|-------------------|
|   | Third Party <sup>a</sup>   |  |  | Oral <sup>c</sup>  |  |   |                   |
|   | Written <sup>b and d</sup>                                       | *Provided by Applicant <sup>e</sup>                              |  |  |  |   |                   |
| <ul style="list-style-type: none"> <li>Assets disposed of for less than fair market value.</li> </ul> <p>*(See Chapter 5, Paragraph 5-7.G.8)*</p> | <ul style="list-style-type: none"> <li>None required.</li> </ul> | <ul style="list-style-type: none"> <li>None required.</li> </ul> | <ul style="list-style-type: none"> <li>None required.</li> </ul> | <ul style="list-style-type: none"> <li>None required.</li> </ul> | <ul style="list-style-type: none"> <li>Certification signed by applicant *and/or tenant* that no *family* member has disposed of assets for less than fair market value during *the* preceding two years.</li> <li>If applicable, certification signed by the owner of the asset disposed of that shows:               <ul style="list-style-type: none"> <li>Type of assets disposed of;</li> <li>Date disposed of;</li> <li>Amount received; and</li> <li>Market value of asset at the time of disposition.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Only count assets disposed of within a two-year period prior to *certification or recertification.*</li> </ul> |                   |

<sup>a</sup>**NOTE:** Requests for verification from \*a third party source\* must be accompanied by a Consent to Release form \*HUD-9887-A\*.

<sup>b</sup>**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

<sup>e</sup>**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified   | ACCEPTABLE SOURCES   |   |  |  |  | Verification Tips   |
|---|--|---|--|--|--|---|
|   | Third Party <sup>a</sup>   |   |  | *Provided by Applicant   | Self-Declaration   |   |
|   | Written <sup>b and d</sup>   | *Provided by Applicant <sup>e</sup>                                   | Oral <sup>c</sup>  |  |  |   |
| <ul style="list-style-type: none"> <li>Auxiliary apparatus.</li> </ul> <p>*(See Chapter 5, Paragraph 5-10.C)*</p> | <ul style="list-style-type: none"> <li>Written verification from source of costs and purpose of apparatus.</li> <li>Written certification from doctor or rehabilitation agency that use of apparatus is necessary to employment of any family member.</li> <li>In a case where the disabled person is employed, statement from employer that apparatus is necessary for employment.</li> </ul> | <ul style="list-style-type: none"> <li>Copies of receipts.</li> </ul> | <ul style="list-style-type: none"> <li>Telephone or in-person contact with these sources documented in file by the owner.</li> </ul> | <ul style="list-style-type: none"> <li>Evidence of periodic payments for apparatus.</li> </ul> | <ul style="list-style-type: none"> <li>Not appropriate.</li> </ul> | <ul style="list-style-type: none"> <li>The owner must determine if the expense is to be considered a medical or disability assistance.</li> </ul> |

<sup>a</sup>**NOTE:** Requests for verification from \*a third party source\* must be accompanied by a Consent to Release form \*HUD-9887-A\*.

<sup>b</sup>**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

<sup>e</sup>**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified   | ACCEPTABLE SOURCES  |   |   |   | Verification Tips  |  |
|---|---|---|---|---|--|--|
|   | Third Party <sup>a</sup>  |   |   | *Provided by Applicant  |  |  |
|   | Written <sup>b and d</sup>  | *Provided by Applicant <sup>e</sup>                                   | Oral <sup>c</sup>   |   |  |  |
| <ul style="list-style-type: none"> <li>Care attendant for disabled family members.</li> </ul> <p>*(Paragraph 5-10.C)*</p> | <ul style="list-style-type: none"> <li>Written verification from attendant stating amount received, frequency of payments, hours of care.</li> <li>Written certification from doctor or rehabilitation agency that care is necessary to employment of family member.</li> </ul> | <ul style="list-style-type: none"> <li>Copies of receipts.</li> </ul> | <ul style="list-style-type: none"> <li>Telephone or in-person contact with source documented in file by the owner.</li> </ul> | <ul style="list-style-type: none"> <li>Cancelled checks indicating payment amount and frequency.</li> </ul> | <ul style="list-style-type: none"> <li>Notarized statement or signed affidavit attesting to amounts paid.</li> </ul> | <ul style="list-style-type: none"> <li>The owner must determine if this expense is to be considered a medical or disability assistance.</li> </ul> |

<sup>a</sup>**NOTE:** Requests for verification from \*a third party source\* must be accompanied by a Consent to Release form \*HUD-9887-A\*.

<sup>b</sup>**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

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### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified  | ACCEPTABLE SOURCES   |  |  |   |   | Verification Tips   |
|--|--|--|--|---|---|---|
|  | Third Party <sup>a</sup>   |  |  | *Provided by Applicant  | Self-Declaration  |   |
|  | Written <sup>b and d</sup>   | *Provided by Applicant <sup>e</sup>                                  | Oral <sup>c</sup>  |   |   |   |
| <ul style="list-style-type: none"> <li>Child care expenses (including verification that a family member who has been relieved of child care is working, attending school, or looking for employment).</li> </ul> <p>*(Paragraph 5-10.B)*</p> | <ul style="list-style-type: none"> <li>Written verification from person who provides care indicating amount of payment, hours of care, names of children, frequency of payment, and whether or not care is necessary to employment or education.</li> <li>Verification of employment as required under Employment Income.</li> <li>Verification of student status (full or part-time) as required under Full-Time Student Status.</li> </ul> | <ul style="list-style-type: none"> <li>Copies of receipts</li> </ul> | <ul style="list-style-type: none"> <li>Telephone or in-person contact with these sources (child care provider, employer, school) documented in file by the owner.</li> </ul> | <ul style="list-style-type: none"> <li>Cancelled checks indicating payments.</li> <li>For school attendance, school records, such as paid fee statements that show that the time and duration of school attendance reasonably corresponds to the period of child care.</li> </ul> | <ul style="list-style-type: none"> <li>For verification of looking for work, details of job search effort as required by owner's written policy.</li> </ul> | <ul style="list-style-type: none"> <li>Allowance provided only for care of children 12 and younger.</li> <li>When same care provider takes care of children and disabled person, the owner must prorate expenses accordingly.</li> <li>Owners should keep in mind that costs may be higher in summer months and during holiday periods.</li> <li>The owner must determine which family member has been enabled to work.</li> <li>Care for employment and education must be prorated to compare to earnings.</li> <li>Costs must be reasonable.</li> </ul> |

<sup>a</sup>**NOTE:** Requests for verification from \*a third party source\* must be accompanied by a Consent to Release form \*HUD-9887-A\*.

<sup>b</sup>**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

<sup>e</sup>**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified  | ACCEPTABLE SOURCES  |   |  |  | Verification Tips  |
|--|---|---|--|--|--|
|  | Third Party <sup>a</sup>  |   |  | *Provided by Applicant   |  |
|  | Written <sup>b and d</sup>  | *Provided by Applicant <sup>e</sup>   | Oral <sup>c</sup>  |  |  |
| <ul style="list-style-type: none"> <li>Citizenship</li> </ul> <p>*(See Chapter 3, Paragraph 3-12)*</p>                 |   |   |  |  | <ul style="list-style-type: none"> <li>Citizens must sign declaration certifying U.S. Citizenship.</li> </ul> <ul style="list-style-type: none"> <li>Owners may require applicants/residents to provide verification of citizenship.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Current net family assets.</li> </ul> <p>*(See Chapter 5, Paragraph 5-7.C)*</p> | <ul style="list-style-type: none"> <li>Verification forms, letters or documents received from financial institutions, stock brokers, real estate agents, employers indicating the current value of the assets and penalties or reasonable costs to be incurred in order to convert nonliquid assets into cash.</li> </ul> | <ul style="list-style-type: none"> <li>Passbooks, checking, or savings account statements, certificates of deposit, property appraisals, stock or bond documents, or other financial statements completed by financial institution.</li> <li>Copies of real estate tax statements, if tax authority uses approximate market value.</li> <li>Copies of real estate closing documents that indicate distribution of sales proceeds and settlement costs.</li> </ul> | <ul style="list-style-type: none"> <li>Telephone or in-person contact with appropriate source, documented in file by the owner.</li> </ul> | <ul style="list-style-type: none"> <li>Quotes from attorneys, stockbrokers, bankers, and real estate agents that verify penalties and reasonable costs incurred to convert asset to cash.</li> </ul> | <ul style="list-style-type: none"> <li>Notarized statement or signed affidavit stating cash value of assets or verifying cash held at applicant's home or in safe deposit box.</li> </ul> <ul style="list-style-type: none"> <li>Use current balance in savings accounts and average monthly balance in checking accounts for last 6 months.</li> <li>Use cash value of all assets (the net amount the applicant would receive if the asset were converted to cash).</li> <li><b>NOTE:</b> This information can usually be obtained simultaneously when verifying income from assets and employment (e.g., value of pension).</li> </ul> |

<sup>a</sup>**NOTE:** Requests for verification from \*a third party source\* must be accompanied by a Consent to Release form \*HUD-9887-A\*.

<sup>b</sup>**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

<sup>e</sup>**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified   | ACCEPTABLE SOURCES  |  |   |  |  | Verification Tips   |
|---|---|--|---|--|--|---|
|   | Third Party <sup>a</sup>  |  |   | *Provided by Applicant   | Self-Declaration   |   |
|   | Written <sup>b and d</sup>  | *Provided by Applicant <sup>e</sup>                                | Oral <sup>c</sup>   |  |  |   |
| <ul style="list-style-type: none"> <li>Disability status.</li> </ul> *(Paragraph 3-28.B)* | <ul style="list-style-type: none"> <li>Verification from *appropriate source of information* stating that individual qualifies under the definition of disability.</li> </ul> | <ul style="list-style-type: none"> <li>Not appropriate.</li> </ul> | <ul style="list-style-type: none"> <li>Telephone or in-person contact with medical professional verifying qualification under the federal disability definition and documentation in the file of the conversation.</li> </ul> | <ul style="list-style-type: none"> <li>Not appropriate.</li> </ul> | <ul style="list-style-type: none"> <li>Not appropriate.</li> </ul> | <ul style="list-style-type: none"> <li>If a person receives Social Security Disability solely due to a drug or alcohol problem, the person is not considered disabled under housing law. A person that does not receive Social Security Disability may still qualify under the definition of a person with disabilities.</li> <li>Owners must not seek to verify information about a person's specific disability other than obtaining a professional's opinion of qualification under the definition of a person with disabilities.</li> </ul> |

<sup>a</sup>**NOTE:** Requests for verification from \*a third party source\* must be accompanied by a Consent to Release form \*HUD-9887-A\*.

<sup>b</sup>**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

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### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified  | ACCEPTABLE SOURCES   |   |   |                        |  | Verification Tips  |
|--|--|---|---|------------------------|--|--|
|  | Third Party <sup>a</sup>   |   |   | *Provided by Applicant | Self-Declaration   |  |
|  | Written <sup>b and d</sup>   | *Provided by Applicant <sup>e</sup>   | Oral <sup>c</sup>   |                        |  |  |
| <ul style="list-style-type: none"> <li>Dividend income and savings account interest income.</li> </ul> <p>*(See Chapter 5, Paragraph 5-7)*</p> | <ul style="list-style-type: none"> <li>Verification form completed by bank.</li> </ul> | <ul style="list-style-type: none"> <li>Copies of current statements, bank passbooks, certificates of deposit, if they show required information (i.e., current rate of interest).</li> <li>Copies of Form 1099 from the financial institution, and verification of projected income for the next 12 months.</li> <li>Broker's quarterly statements showing value of stocks/bonds and earnings credited to the applicant.</li> </ul> | <ul style="list-style-type: none"> <li>Telephone or in-person contact with appropriate party, documented in file by the owner.</li> </ul> |                        | <ul style="list-style-type: none"> <li>Notarized statement or signed affidavit stating dividend income and savings account interest income.</li> </ul> | <ul style="list-style-type: none"> <li>The owner must obtain enough information to accurately project income over next 12 months.</li> <li>Verify interest rate as well as asset value.</li> </ul> |

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<sup>b</sup>**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

<sup>e</sup>**NOTE:** See examples and requirements found in Paragraph 5-13.B.1



### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified  | ACCEPTABLE SOURCES  |  |  |  | Verification Tips  |   |
|--|---|--|--|--|--|---|
|  | Third Party <sup>a</sup>  |  |  | *Provided by Applicant   |  |   |
|  | Written <sup>b and d</sup>  | *Provided by Applicant <sup>e</sup>  | Oral <sup>c</sup>  |  |  |   |
| <ul style="list-style-type: none"> <li>• Employment Income including tips, gratuities, overtime.</li> </ul> <p>*(See Chapter 5, Paragraph 5-5.A and C and Paragraph 5-6.)*</p> | <ul style="list-style-type: none"> <li>• *EIV Income Report (mandatory)*</li> <li>• Verification form completed by employer. See Paragraph 9-10 for situations when this method of verification must be used prior to verifying through an original or authentic document generated by a third-party source.</li> </ul> | <ul style="list-style-type: none"> <li>• W-2 Forms, if applicant has had same employer for at least two years and increases can be accurately projected.</li> <li>• Paycheck stubs or earning statements.</li> </ul> | <ul style="list-style-type: none"> <li>• Telephone or in-person contact with employer, specifying amount to be paid per pay period and length of pay period. Document in file by the owner.</li> </ul> | <ul style="list-style-type: none"> <li>• *Provided by Applicant</li> </ul> | <ul style="list-style-type: none"> <li>• Self-Declaration</li> </ul> | <ul style="list-style-type: none"> <li>• *It is mandatory that the EIV Income Report be used as third-party verification of employment and income (24 CFR 5.233).*</li> <li>• Always verify: frequency of gross pay (i.e., hourly, biweekly, monthly, bimonthly); anticipated increases in pay and effective dates; overtime.</li> <li>• Require most recent *4-6* consecutive pay stubs; do not use check without stub.</li> <li>• For a fee, additional information can be obtained from The Work Number 800-996-7556; First American Registry 800-999-0350; and Verifax 800-969-5100. Fees are valid project expenses. Information does not replace third-party verification.</li> </ul> |

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<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

<sup>e</sup>**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified  | ACCEPTABLE SOURCES   |  |  |  | Self-Declaration | Verification Tips  |
|--|--|--|--|--|------------------|--|
|  | Third Party <sup>a</sup>   |  |  | *Provided by Applicant   |                  |  |
|  | Written <sup>b and d</sup>                                       | *Provided by Applicant <sup>e</sup>                              | Oral <sup>c</sup>  |  |                  |  |
| <ul style="list-style-type: none"> <li>Family composition.</li> </ul> <p>*(See Chapter 3, Paragraph 3-27)*</p> | <ul style="list-style-type: none"> <li>None required.</li> </ul> | <ul style="list-style-type: none"> <li>None required.</li> </ul> | <ul style="list-style-type: none"> <li>None required.</li> </ul> | <ul style="list-style-type: none"> <li>Birth certificates</li> <li>Divorce actions</li> <li>Drivers' licenses</li> <li>Employer records</li> <li>Income tax returns</li> <li>Marriage certificates</li> <li>School records</li> <li>Social Security Administration records</li> <li>Social service agency records</li> <li>Support payment records</li> <li>Utility bills</li> <li>Veterans Administration (VA) records</li> </ul> |                  | <ul style="list-style-type: none"> <li>An owner may seek verification only if the owner has clear written policy.</li> </ul> |

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<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

<sup>e</sup>**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified   | ACCEPTABLE SOURCES   |                                     |  |   |   | Verification Tips   |
|---|--|-------------------------------------|--|---|---|---|
|   | Third Party <sup>a</sup>   |                                     |  | *Provided by Applicant  | Self-Declaration  |   |
|   | Written <sup>b and d</sup>   | *Provided by Applicant <sup>e</sup> | Oral <sup>c</sup>  |   |   |   |
| <ul style="list-style-type: none"> <li>Family type.</li> </ul> <p>(Information verified only to determine eligibility for project, preferences, and allowances.)</p> <p>*(See Chapter 3, Paragraph 3-28)*</p> | <ul style="list-style-type: none"> <li>Disability Status: statement from physician or other reliable source, if benefits documenting status are not received. See paragraph 3.25 B.1 for restrictions on this form of verification.</li> <li>Displacement Status: Written statement or certificate of displacement by the appropriate governmental authority.</li> </ul> |                                     | <ul style="list-style-type: none"> <li>Telephone or in-person contact with source documented in file by the owner.</li> </ul>        | <ul style="list-style-type: none"> <li>Elderly Status (when there is reasonable doubt that applicant is at least 62): birth certificate, baptismal certificate, social security records, driver's license, census record, official record of birth or other authoritative document or receipt of SSI old age benefits or SS benefits.</li> <li>Disabled, blind: evidence of receipt of SSI or Disability benefits.</li> </ul> | <ul style="list-style-type: none"> <li>Elderly Status: Applicant's signature on application is generally sufficient.</li> </ul> | <ul style="list-style-type: none"> <li>*When* the applicant receives income or benefits for which elderly or disabled status is a requirement, such status must be verified.</li> <li>Status of disabled family members must be verified for entitlement to \$480 dependent deduction and disability assistance allowance.</li> <li>Owner may not ask the nature/extent of disability.</li> </ul> |
| <ul style="list-style-type: none"> <li>Full-time student status (of family member 18 or older, excluding head, spouse, or foster children).</li> </ul> <p>*(See Chapter 5, Paragraph 5-6.A.3)*</p>            | <ul style="list-style-type: none"> <li>Verification from the Admissions or Registrar's Office or dean, counselor, advisor, etc., or from VA Office.</li> </ul>   |                                     | <ul style="list-style-type: none"> <li>Telephone or in-person contact with these sources documented in file by the owner.</li> </ul> | <ul style="list-style-type: none"> <li>School records, such as paid fee statements that show a sufficient number of credits to be considered a full-time student by the educational institution attended.</li> </ul>  | <ul style="list-style-type: none"> <li>Not appropriate.</li> </ul>  |   |

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### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified  | ACCEPTABLE SOURCES  |                                     |   |   | Verification Tips  |   |
|--|---|-------------------------------------|---|---|--|---|
|  | Third Party <sup>a</sup>  |                                     |   | *Provided by Applicant  |  |   |
|  | Written <sup>b and d</sup>  | *Provided by Applicant <sup>e</sup> | Oral <sup>c</sup>                                       |   |  |   |
| <ul style="list-style-type: none"> <li>Immigration Status.</li> </ul> <p>*(See Chapter 3, Paragraph 3-12)*</p>   | <ul style="list-style-type: none"> <li>Verification of eligible immigration status must be received from DHS through the DHS SAVE system or through secondary verification using DHS Form G-845.</li> </ul> |                                     | <ul style="list-style-type: none"> <li>None.</li> </ul> | <ul style="list-style-type: none"> <li>Applicant/resident must provide appropriate immigration documents to initiate verification.</li> </ul> | <ul style="list-style-type: none"> <li>Noncitizens must sign declaration certifying the following:<br/>Eligible immigration status; or<br/>Decision not to claim eligible status.</li> </ul> | <ul style="list-style-type: none"> <li>Owners must require noncitizens requesting assistance to provide verification of eligible immigration status.</li> </ul>   |
| <ul style="list-style-type: none"> <li>*Immigration Status (SSN) Individuals who do not contend eligible immigration status under the Section 221(d)(3) BMIR, Section 202 PAC, Section 202 PRAC, Section 811 PRAC programs</li> </ul> <p>(See Chapter 3, Paragraph 3-9.A)*</p> |   |                                     |   |   | <ul style="list-style-type: none"> <li>*Self-certification that they do not contend eligible immigration status.*</li> </ul>   | <ul style="list-style-type: none"> <li>*This verification is for exemption of the requirement to disclose and provide verification of a SSN when an individual does not contend eligible immigration status only for the programs listed in the Factor to be Verified column.*</li> </ul> |

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### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified  | ACCEPTABLE SOURCES   |  |  |   |  | Verification Tips   |
|--|--|--|--|---|--|---|
|  | Third Party <sup>a</sup>   |  |  | *Provided by Applicant  | Self-Declaration   |   |
|  | Written <sup>b and d</sup>   | *Provided by Applicant <sup>e</sup>  | Oral <sup>c</sup>  |   |  |   |
| <ul style="list-style-type: none"> <li>Income maintenance payments, benefits, income other than wages (i.e., welfare, Social Security [SS], Supplemental Security Income [SSI], Disability Income, Pensions).</li> </ul> <p>*(See Chapter 5, Paragraph 5-6)*</p> | <ul style="list-style-type: none"> <li>* EIV Income Report for Social Security benefits (mandatory)<sup>*</sup></li> <li>Award or benefit notification letters prepared and signed by authorizing agency.</li> </ul> | <ul style="list-style-type: none"> <li>Current or recent check stubs with date, amount, and check number recorded by the owner.</li> <li>Award *or benefit* letters or computer printout from court or public agency.</li> <li>Most recent quarterly pension account statement.</li> </ul> | <ul style="list-style-type: none"> <li>Telephone or in-person contact with income source, documented in file by the owner.</li> <li><b>NOTE:</b> For all oral verification, file documentation must include facts, time and date of contact, and name and title of third party.</li> </ul> | <ul style="list-style-type: none"> <li>Copies of validated bank deposit slips or bank statements, with identification by bank.</li> </ul> | <ul style="list-style-type: none"> <li>Notarized statement of income received other than wages.</li> </ul> | <ul style="list-style-type: none"> <li>*It is mandatory that the EIV Income Report be used as third-party verification of the Social Security benefit income received (24 CFR 5.233).*</li> <li>Checks or automatic bank deposit slips may not provide gross amounts of benefits if applicant has deductions made for Medicare Insurance.</li> <li>Pay stubs for the most recent four to six weeks should be obtained.</li> <li>Copying of U.S. Treasury checks is not permitted.</li> <li>Award letters/printouts from court or public agency may be out of date; telephone verification of letter/printout is recommended.</li> </ul> |

<sup>a</sup>**NOTE:** Requests for verification from \*a third party source\* must be accompanied by a Consent to Release form \*HUD-9887-A\*.

<sup>b</sup>**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

<sup>e</sup>**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified   | ACCEPTABLE SOURCES   |   |   |  | *Provided by Applicant  | Self-Declaration  | Verification Tips |
|---|--|---|---|--|---|---|-------------------|
|   | Third Party <sup>a</sup>   |   |   | Oral <sup>c</sup>  |   |   |                   |
|   | Written <sup>b and d</sup>   | *Provided by Applicant <sup>e</sup>                                     |   |  |   |   |                   |
| <ul style="list-style-type: none"> <li>Interest from sale of real property (e.g., contract for deed, installment sales contract, etc.)</li> </ul> <p>*(See chapter 5, Paragraph 5-7.G.7)*</p> | <ul style="list-style-type: none"> <li>Verification form completed by an accountant, attorney, real estate broker, the buyer, or a financial institution which has copies of the amortization schedule from which interest income for the next 12 months can be obtained.</li> </ul> | <ul style="list-style-type: none"> <li>Copy of the contract.</li> </ul> | <ul style="list-style-type: none"> <li>Telephone or in-person contact with appropriate party, documented in file by the owner.</li> </ul> | <ul style="list-style-type: none"> <li>Copy of the amortization schedule, with sufficient information for the owner to determine the amount of interest to be earned during the next 12 months.</li> <li><b>NOTE:</b> Copy of a check paid by the buyer to the applicant is not acceptable.</li> </ul> | <ul style="list-style-type: none"> <li>Notarized statement of interest from sale of real property.</li> </ul> | <ul style="list-style-type: none"> <li>Only the interest income is counted; the balance of the payment applied to the principal is merely a liquidation of the asset.</li> <li>The owner must get enough information to compute the actual interest income for the next 12 months.</li> </ul> |                   |

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<sup>b</sup>**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

<sup>e</sup>**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified  | ACCEPTABLE SOURCES  |  |   |  |  | Verification Tips   |
|--|---|--|---|--|--|---|
|  | Third Party <sup>a</sup>  |  |   | *Provided by Applicant   | Self-Declaration   |   |
|  | Written <sup>b and d</sup>  | *Provided by Applicant <sup>e</sup>  | Oral <sup>c</sup>   |  |  |   |
| <ul style="list-style-type: none"> <li>Medical expenses.</li> </ul> <p>*(See Chapter 5, Paragraph 5-10.D)*</p>           | <ul style="list-style-type: none"> <li>Verification by a doctor, hospital or clinic, dentist, pharmacist, etc., of estimated medical costs to be incurred or regular payments expected to be made on outstanding bills which are not covered by insurance.</li> </ul> | <ul style="list-style-type: none"> <li>Copies of income tax forms (Schedule A, IRS Form 1040) that itemize medical expenses, when the expenses are not expected to change over the next 12 months.</li> <li>Receipts, or pay stubs, which indicate health insurance premium costs, or payments to a resident attendant.</li> <li>Receipts or ticket stubs that verify transportation expenses directly related to medical expenses.</li> </ul> | <ul style="list-style-type: none"> <li>Telephone or in-person contact with these sources, documented in file by the owner.</li> </ul> | <ul style="list-style-type: none"> <li>Copies of cancelled checks that verify payments on outstanding medical bills that will continue for all or part of the next 12 months.</li> <li>Cancelled checks which indicate health insurance premium costs, or payments to a resident attendant.</li> </ul> | <ul style="list-style-type: none"> <li>Notarized statement or signed affidavit of transportation expenses directly related to medical treatment, if there is no other source of verification.</li> </ul> | <ul style="list-style-type: none"> <li>Medical expenses are not allowable as deduction unless applicant is an elderly or disabled family. Status must be verified.</li> </ul> |
| <ul style="list-style-type: none"> <li>Need for an assistive animal.</li> </ul> <p>*(See Chapter 3, Paragraph 3-29)*</p> | <ul style="list-style-type: none"> <li>Letter from *appropriate third party unless the need is readily apparent or already known*.</li> </ul>   |  |   |  |  | <ul style="list-style-type: none"> <li>If the owner's policy is to verify this need, owner must implement policy consistently.</li> </ul>                                     |

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<sup>b</sup>**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

<sup>e</sup>**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified  | ACCEPTABLE SOURCES  |   |   |   |  | Verification Tips  |
|--|---|---|---|---|--|--|
|  | Third Party <sup>a</sup>  |   |   | *Provided by Applicant  | Self-Declaration   |  |
|  | Written <sup>b and d</sup>  | *Provided by Applicant <sup>e</sup>   | Oral <sup>c</sup>   |   |  |  |
| <ul style="list-style-type: none"> <li>Net Income for a business</li> </ul> <p>*(See Chapter 5, Paragraph 5-6.H).*</p>         | <ul style="list-style-type: none"> <li>Not applicable.</li> </ul>   | <ul style="list-style-type: none"> <li>Form 1040 with Schedule C, E, or F.</li> <li>Financial Statement(s) of the business (audited or unaudited) including an accountant's calculation of straight-line depreciation expense if accelerated depreciation was used on the tax return or financial statement.</li> <li>For rental property, copies of recent rent checks, lease and receipts for expenses, or IRS Schedule E.</li> </ul> | <ul style="list-style-type: none"> <li>Not applicable.</li> </ul>   | <ul style="list-style-type: none"> <li>*Provided by Applicant</li> <li>Any loan application listing income derived from business during the preceding 12 months.</li> </ul> | <ul style="list-style-type: none"> <li>Self-Declaration</li> <li>Notarized statement showing net income for a business.</li> </ul>   |  |
| <ul style="list-style-type: none"> <li>Recurring contributions and gifts.</li> </ul> <p>*(See Chapter 5, Paragraph 5-6.G)*</p> | <ul style="list-style-type: none"> <li>Notarized statement or affidavit signed by the person providing the assistance giving the purpose, dates, and value of gifts.</li> </ul> | <ul style="list-style-type: none"> <li>Not applicable.</li> </ul>   | <ul style="list-style-type: none"> <li>Oral<sup>c</sup></li> <li>Telephone or in-person contact with source documented in file by the owner.</li> </ul> | <ul style="list-style-type: none"> <li>*Provided by Applicant</li> <li>Not applicable.</li> </ul>   | <ul style="list-style-type: none"> <li>Self-Declaration</li> <li>Notarized statement or affidavit signed by applicant stating purpose, dates, and value of gifts.</li> </ul> | <ul style="list-style-type: none"> <li>Verification Tips</li> <li>Sporadic contributions and gifts are not counted as income.</li> </ul> |

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<sup>b</sup>**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

<sup>e</sup>**NOTE:** See examples and requirements found in Paragraph 5-13.B.1



### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified  | ACCEPTABLE SOURCES  |  |   |                        |  | Verification Tips |
|--|---|--|---|------------------------|--|-------------------|
|  | Third Party <sup>a</sup>  |  |   | *Provided by Applicant | Self-Declaration   |                   |
|  | Written <sup>b and d</sup>  | *Provided by Applicant <sup>e</sup>  | Oral <sup>c</sup>   |                        |  |                   |
| <ul style="list-style-type: none"> <li>Self-employment, tips, gratuities, etc.</li> </ul> <p>*(See Paragraph 5-5.C and Paragraph 5-6.H)*</p> | <ul style="list-style-type: none"> <li>None available.</li> </ul> | <ul style="list-style-type: none"> <li>Form 1040/1040A showing amount earned and employment period.</li> </ul> | <ul style="list-style-type: none"> <li>None available.</li> </ul> |                        | <ul style="list-style-type: none"> <li>Notarized statement or affidavit signed by applicant showing amount earned and pay period.</li> </ul> |                   |

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<sup>b</sup>**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

<sup>e</sup>**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified  | ACCEPTABLE SOURCES   |                                     |   |   | Self-Declaration                                      | Verification Tips   |
|--|--|-------------------------------------|---|---|---|---|
|  | Third Party <sup>a</sup>   |                                     |   | *Provided by Applicant  |   |   |
|  | Written <sup>b and d</sup>                                       | *Provided by Applicant <sup>e</sup> | Oral <sup>c</sup>   |   |   |   |
| <ul style="list-style-type: none"> <li>Social security number.</li> </ul> <p>*(See Chapter 3, Paragraph 3-31)*</p> | <ul style="list-style-type: none"> <li>None required.</li> </ul> |                                     | <ul style="list-style-type: none"> <li>None Required</li> </ul> | <ul style="list-style-type: none"> <li>Original Social Security card</li> <li>*Original document issued by a federal or state government agency which contains the name, SSN, and other identifying information of the individual*</li> <li>Driver's license with SSN</li> <li>Identification card issued by a medical insurance provider, or by an employer or trade union.</li> <li>Earnings statements on payroll stubs</li> <li>Bank statement</li> <li>Form 1099</li> <li>Benefit award letter</li> <li>Retirement benefit letter</li> <li>Life insurance policy</li> <li>Court records</li> </ul> | <ul style="list-style-type: none"> <li>N/A</li> </ul> | <ul style="list-style-type: none"> <li>Individuals who have applied for legalization under the Immigration Reform and Control Act of 1986 will be able to disclose their social security numbers but unable to supply cards for documentation. Social security numbers are assigned to these persons when they apply for amnesty. The cards go to DHS until the persons are granted temporary lawful resident status. Until that time, their acceptable documentation is a letter from the DHS indicating that social security numbers have been assigned.</li> </ul> |

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<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

<sup>e</sup>**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified  | ACCEPTABLE SOURCES  |                                     |  |  |   | Verification Tips   |
|--|---|-------------------------------------|--|--|---|---|
|  | Third Party <sup>a</sup>  |                                     |  | *Provided by Applicant   | Self-Declaration  |   |
|  | Written <sup>b and d</sup>  | *Provided by Applicant <sup>e</sup> | Oral <sup>c</sup>  |  |   |   |
| <ul style="list-style-type: none"> <li>*Student Status (Section 8 only)</li> </ul> <p>(See Chapter 3, Paragraphs 3-13.A and 3-33.A)*</p>   | <ul style="list-style-type: none"> <li>*Enrolled full-time and/or part-time at an institution of higher education</li> <li>Verification of independence from parents</li> <li>Financial assistance received*</li> </ul> |                                     |  |  | <ul style="list-style-type: none"> <li>*Signed declaration and certification of income from parents</li> <li>Certification of income provided by parent or from persons not living in the unit with the student*</li> </ul> | <ul style="list-style-type: none"> <li>*May also need to verify age; dependent children; marital status; tuition; veteran status and /or disability status.*</li> </ul> |
| <ul style="list-style-type: none"> <li>*Student status (Section 221(d)(3) BMIR, Section 202 PAC, Section 202 PRAC and Section 811 PRAC)</li> </ul> <p>See Chapter 3, Paragraph 3-13.B and 3-33.B)*</p> | <ul style="list-style-type: none"> <li>*Enrolled full-time and/or part-time at an institution of higher education</li> <li>Verification of independence from parents</li> <li>Financial assistance received*</li> </ul> |                                     |  |  | <ul style="list-style-type: none"> <li>*Certification of income provided by parent or from persons not living in the unit with the student*</li> </ul>  |   |
| <ul style="list-style-type: none"> <li>Unborn children.</li> </ul>   | <ul style="list-style-type: none"> <li>None required.</li> </ul>  |                                     | <ul style="list-style-type: none"> <li>None required.</li> </ul> | <ul style="list-style-type: none"> <li>None required.</li> </ul> | <ul style="list-style-type: none"> <li>Applicant/tenant self-certifies to pregnancy.</li> </ul>   | <ul style="list-style-type: none"> <li>Owner may not verify further than self-certification.</li> </ul>   |

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<sup>c</sup>**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

<sup>d</sup>**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

<sup>e</sup>**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified  | ACCEPTABLE SOURCES   |   |  |                        | Verification Tips  |  |
|--|--|---|--|------------------------|--|--|
|  | Third Party <sup>a</sup>   |   |  | *Provided by Applicant |  |  |
|  | Written <sup>b and d</sup>   | *Provided by Applicant <sup>e</sup>   | Oral <sup>c</sup>  |                        |  |  |
| <ul style="list-style-type: none"> <li>Unemployment compensation.</li> </ul> <p>*(See Chapter 5, Paragraphs 5-5.A, 5-6.J and Q)*</p> | <ul style="list-style-type: none"> <li>*EIV Income Report (mandatory) *</li> <li>Verification form completed by source.</li> </ul> | <ul style="list-style-type: none"> <li>Copies of checks or records from agency provided by applicant stating payment amounts and dates.</li> <li>Benefit notification letter signed by authorizing agency.</li> </ul> | <ul style="list-style-type: none"> <li>Telephone or in-person contact with agency documented in a file by an owner.</li> </ul> |                        | <ul style="list-style-type: none"> <li>Notarized statement of unemployment compensation received.</li> </ul> | <ul style="list-style-type: none"> <li>*It is mandatory that the EIV Income Report be used as third-party verification of employment and income (24 CFR 5.233).*</li> <li>Frequency of payments and expected length of benefit term must be verified.</li> <li>Income not expected to last full 12 months must be calculated based on 12 months and interim recertification completed when benefits stop.</li> </ul> |

<sup>a</sup>**NOTE:** Requests for verification from \*a third party source\* must be accompanied by a Consent to Release form \*HUD-9887-A\*.

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<sup>e</sup>**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

### Appendix 3: Acceptable Forms of Verification

| Factor to be Verified   | ACCEPTABLE SOURCES   |   |   |   |   | Verification Tips  |
|---|--|---|---|---|---|--|
|   | Third Party <sup>a</sup>   |   |   | *Provided by Applicant  | Self-Declaration  |  |
|   | Written <sup>b and d</sup>   | *Provided by Applicant <sup>e</sup>                               | Oral <sup>c</sup>   |   |   |  |
| <ul style="list-style-type: none"> <li>Welfare payments (as-paid states only).</li> </ul> <p>*(See Chapter 5, Paragraph 5-6.K)*</p> | <ul style="list-style-type: none"> <li>Verification form completed by welfare department indicating maximum amount family may receive.</li> <li>Maximum shelter schedule by household size with ratable reduction schedule.</li> </ul> |   | <ul style="list-style-type: none"> <li>Telephone or in-person contact with income source, documented in file by the owner.</li> </ul> | <ul style="list-style-type: none"> <li>Maximum shelter allowance schedule with ratable reduction schedule provided by applicant.</li> </ul> | <ul style="list-style-type: none"> <li>Notarized statement of welfare payments received.</li> </ul> | <ul style="list-style-type: none"> <li>Actual welfare benefit amount not sufficient as proof of income in as-paid states or localities since income is defined as maximum shelter amount.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Zero Income.</li> </ul> <p>*(See Chapter 9, Paragraph 9-11.D)*</p>                           | <ul style="list-style-type: none"> <li>Not applicable.</li> </ul>  | <ul style="list-style-type: none"> <li>Not applicable.</li> </ul> | <ul style="list-style-type: none"> <li>Not applicable.</li> </ul>   | <ul style="list-style-type: none"> <li>Not applicable.</li> </ul>   | <ul style="list-style-type: none"> <li>Applicant/Tenant self-certifies to zero income.</li> </ul>   | <ul style="list-style-type: none"> <li>Owners may require applicant/tenant to sign verification release of information forms for state, local, and federal benefits programs, as well as the HUD 9887 and HUD 9887-A.</li> <li>Owners may require the tenant to reverify zero income status at least every 90 days.</li> </ul> |

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## MaineHousing's Most Common Findings – Section 8 Program Rev. 3/2021

| Finding   | Citation  | How to Avoid   |
|---|---|--|
| Manager not using the correct HUD Model lease or addendum                   | HUD Handbook 4350.3 Rev-1 Chapter 6   | Delete outdated templates and standardize forms for move-ins and annual recertifications.  |
| Social Security Number not verified   | HUD Handbook 4350.6 Section 3-9 and Appendix 3                                      | Be clear to applicants that these are needed and request this information early on in the application process. Know what alternative verifications can be used if applicants do not have their SS card.  |
| Student Verification issues-<br>Not found, out dated or not followed up on. | HUD Handbook 4350.3 Section 3-13 Chapter 4, 4-4C8                                   | Be certain student eligibility criteria is in your tenant selection plan. HUD has not issued a form for this – managers must develop their own. Criteria is different than for the LIHTC program. Due at move-in, annual and some interims.  |
| Applicant Rejection Issues  | HUD Handbook 4350.3 Section 4-9<br>H2017-5 VAWA Protection<br>HUD Forms 5380 & 5382 | Recommend sending rejection letters out from one location. Errors in the rejection process could result in Fair Housing issues. Tenant selection plan should be consistent with HUD requirements and spell this process out clearly. Denied applicants must be informed of their rights. |
| Disability Status of household member not verified                          | HUD Handbook 4350.3 Section 2-31 and Appendix 3 and Appendix 6-B                    | HUD provides two forms of verification for different program types (Forms HUD-90102 and HUD-90103). Maine has a different list of disabilities for reasonable accommodation purposes. See the Maine Human Rights website for Maine's more extensive list.                                |
| Incorrect Move-Out Date   | MAT User Guide<br>TRACS Release 2.0.2D<br>7-12E                                     | Owners are entitled to an assistance payment only for the actual number of days during the month that the tenant occupied the unit. Exception for deceased tenants. Document move-out date in the file. Documentation on file must support how move-out date was arrived at.             |
| Incorrect Social Security Income  | HUD Handbook Chapter 5  | This is typically due to managers using net instead of the gross amount before the Medicare deduction. At move-in cents identified in Award Letter must be part of annual income calculation.  |
| Citizenship Declaration missing or incomplete                               | HUD Handbook 4350.3 Appendix 2A<br>Section 3-12, 4-14 B.1.e<br>Exhibit 3-5          | Suggest that managers read over the forms so that they are familiar with them. Review them for completeness when they are returned by the applicant, don't just file them away.  |
| Over 62 household's age not verified  | HUD Handbook 4350.3 Section 3-28 and Appendix 3                                     | This is required for deductions and allowances as well as for admittance to elderly properties. Know which alternative verifications can be used if applicants do not have their birth certificate.  |
| Manager not properly using EIV  | HUD Handbook 4350.3 Chapter 9 and section 9-3 and Exhibit 9-5                       | Reports must be run, reviewed, resolved, properly documented and retained per Owner/Agent EIV policies and procedures in compliance with HUD regulations.  |