

ATTENTION APPLICANT:

**IN ORDER TO HAVE YOUR APPLICATION
PROCESSED, YOU **MUST** HAVE THE FOLLOWING
ITEMS WITH YOU:**

- **CERTIFIED BIRTH CERTIFICATES –FOR EVERYONE IN
THE HOUSEHOLD.**
- **SOCIAL SECURITY CARDS – FOR EVERYONE IN THE
HOUSEHOLD.**
- **PHOTO IDENTIFICATIONS – FOR EVERYONE OVER 18
YEARS OF AGE LIVING IN THE HOUSEHOLD.**

Your application **will not** be processed without these documents.

IN ADDITION TO THE ITEMS ABOVE YOU NEED:

- **LANDLORD NAMES & ADDRESSES**
- **INCOME INFORMATION**
- **SOCIAL SECURITY AWARD LETTERS**

Springfield Housing Authority





SPRINGFIELD HOUSING AUTHORITY

200 North 11th Street, Springfield, IL 62703
Phone 217.753.5757 | TTY 217.753.5757 | Fax 217.753.5799
www.springfieldhousingauthority.org

Changing lives one key at a time

Thank you for applying with the Springfield Housing Authority Public Housing Program. In order to process your application, you will need to furnish all of the information and/or documentation listed below as it pertains to your household. All applicants must submit a completed application packet and be interviewed by the Intake Department to be considered for housing.

- **Birth Record** – for all members of the household (Original/Certified Documents ONLY)
- **Social Security Cards** – for all members of the household (Originals ONLY)
- **Picture Identifications** – for all members of the household 18 yrs and older. (Originals ONLY)
- **Proof of Assets**
 - Stocks, bonds, savings, real estate, checking accounts, etc.
 - Any documentation, as applicable to verify assets.
- **Landlord Information** – on all residences for the last 24 months.
 - Landlord name, addresses – verification will be mailed.
 - Dates of residency.
 - The address(s) that you resided in for last 24 months.
- **Proof of Income** – for anyone 18 years and older in the household.
 - Employment information for anyone 18 years and older in the household.
 - Employer's name, address to mail verification.
 - Pension, Social Security, SSI, Public Aid, etc.
 - Current award letter and/or documentation.
 - Child support
 - Copy of most recent court orders indicating amounts received.
- **Other documentation**
 - Marriage license, divorce decree, custody papers, etc.
- **Privacy act/release of information authorization form**
 - Each family member 18 years and older must sign the Privacy Act Form.
- **Criminal History Background Check** – for all household members 18 years and older.
 - The analysis must be conducted through Springfield Housing Authorities office.
 - Each family member 18 years and older, must sign a release form.
 - All adult family members must have NO activity for the past 3 years and NO felonious activities for the past 10 years.

NOTE: You must have all of the information in order for the Intake Department to process your application.

Applications are accepted, on a walk in basis Mondays and Tuesdays, from 8:30 a.m. - 11:30 p.m. and 1:00 p.m. - 3:30 p.m. daily. Please allow 30-45 minutes for the initial application interview. If you have any questions, please call the Intake Department at (217) 753-5757.

DATE

TIME

FOR OFFICE USE ONLY

Springfield Housing Authority Application for Admissions

Name _____ Social Security Number _____

Address _____ Current Rent _____ Utilities ☐ YES ☐ NO

City _____ State _____ Zip _____ Phone _____

Race: ☐ White ☐ Black ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander Ethnicity: ☐ Hispanic ☐ Non-HispanicAre you a U. S. Citizen? ☐ Yes ☐ No

If no, please provide alien registration No A- _____

(If not a citizen, see guide book 7465.7 – SHA Staff)

Have you ever lived in Public Housing? ☐ Yes ☐ No Name of Development _____ Date from _____ to _____Do you have a former account balance? ☐ Yes ☐ No Amount \$ _____What are you applying for? ☐ Public Housing ☐ Section 8**FAMILY COMPOSITION:**

Family Composition Member number	Name	Relation	Birth Date	Sex	Age	Social Security Number	Occupation Status or School
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Do you have any anticipated changes in your family composition? _____

INCOME

Member Number	Name & Address of Employer or source of income	Date Employed From	Date Employed To	# Of hours per week	Rate of Pay	Past Year Income	Estimated Year Income
1				\$ Per	\$	\$	\$
2				\$ Per	\$	\$	\$
3				\$ Per	\$	\$	\$
4				\$ Per	\$	\$	\$
5				\$ Per	\$	\$	\$
6				\$ Per	\$	\$	\$
Total Income						\$	\$

ASSETS

Name of Bank _____
 Address _____
 Acct. # _____ Acct. Type _____
 Value of account _____
 Name of Bank _____
 Address _____
 Acct. # _____ Acct. Type _____
 Value of account _____

Net Family Assets

Have you or your spouse disposed of any "Net Family Assets for less than fair market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding today's date?

If yes, please specify:

	Address	From - to -	Rent	Utilities	Name & Address of Landlord
Present					
Previous					
Previous					

MILITARY PERSONNEL ONLY:

Perm. Party ☐ Student ☐ Retired ☐ TDY ☐ TDY- Orders attached
☐ Regular ☐ Reserve ☐ National Guard

References

	Name	Address	Relationship	Phone Number
1				
2				

WARNING: Section 1001 of the title 18 of the United States code makes it a criminal offence to make willful false statements or misrepresentations. To any department or agency of the United States as to any matter within its jurisdiction.

I have read the above statement. The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying the facts herein stated. I understand that this is not a contract and does not bind either party.

Applicant	Date	Housing Authority Interviewer	Date
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SUMMARY STATUS

Do you claim any of the following Federal Preferences?

Paying more than 50% of monthly income towards rent ☐ living in substandard facility ☐ involuntarily displaced ☐ Homeless ☐

Do you claim any of the following Local Preferences?

Veteran ☐ Local Resident ☐ Special Case ☐ Transitional/Training Program ☐

Do you claim any of the following?

Mobile impairment ☐ Hearing Impairment ☐ Sight Impairment ☐

Have you ever violated a previous family obligation in connection with a HUD program? Yes ☐ No ☐

Have you ever engaged in felonious use/possession of drugs? Yes ☐ No ☐

Do you owe any money to a Public Housing Authority? Yes ☐ No ☐ If so, to what Housing Authority? _____

DETERMINATIONS:

Withdrawn

- ☐ Applicants request
- ☐ Unable to locate
- ☐ Nonresponsive to final letter
- ☐ Falsified information
- ☐ Does not meet suitability of tenancy
- ☐ Other

Rejected

- ☐ does not qualify as a family
- ☐ exceeds income limits
- ☐ Exceeds asset limits

Special Needs

CERTIFICATIONS:

On the basis of the information contained herein, the applicant family

Named has been found to be:

- ☐ Eligible for admission
- ☐ Ineligible for admission

NOTES:

Signed _____

Title _____

Date _____

Reviewed By _____

LANDLORD INFORMATION

MUST INCLUDE THE PREVIOUS 24 MONTHS (DATES MUST BE CONSECUTIVE)

PRESENT LANDLORD:

ADDRESS	DATES YOU LIVED AT THE ADDRESS	NAME AND ADDRESS OF LANDLORD
	Month: Year	
	TO	
	Month: Year	

PREVIOUS LANDLORD:

ADDRESS	DATES YOU LIVED AT THE ADDRESS	NAME AND ADDRESS OF LANDLORD
	Month: Year	
	TO	
	Month: Year	

PREVIOUS LANDLORD:

ADDRESS	DATES YOU LIVED AT THE ADDRESS	NAME AND ADDRESS OF LANDLORD
	Month: Year	
	TO	
	Month: Year	

PREVIOUS LANDLORD:

ADDRESS	DATES YOU LIVED AT THE ADDRESS	NAME AND ADDRESS OF LANDLORD
	Month: Year	
	TO	
	Month: Year	

PREVIOUS LANDLORD:

ADDRESS	DATES YOU LIVED AT THE ADDRESS	NAME AND ADDRESS OF LANDLORD
	Month: Year	
	TO	
	Month: Year	

PERSONAL DECLARATION

This form must be completed in your own handwriting; you must use the correct legal name for each member in your household as it appears on the Social Security card. All adult members of the household must sign below certifying the information pertaining to them. PLEASE PRINT.

Household composition: List all people that will be living in your home, Head of household first.

Adults (full legal name)	Date of Birth	Relationship to Head of Household	Social Security Number	Indicate if Married (M) Widowed (W) Separated (S) Divorced (D)	Year of marriage widowed Separated Divorced

Children (As it appears on the Social Security Card)	Date of Birth	Relationship to Head of Household	School Name	Absent Parent Name	Absent Parent Address

Separated or divorced, list names and Address of spouse/ex-spouse as follows:

Name _____
 Address _____
 City, State, Zip _____
 SS # (if known) _____

Name _____
 Address _____
 City, State, Zip _____
 SS# (if known) _____

Total household income: List all money earned or received by everyone living in the household, money from wages, self employment, child support, contributions, social security, disability payments, (social security Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, stock dividends, income accounts, alimony and all other sources.)

LIST ALL AMOUNTS RECEIVED BELOW:

Household Member	Employer	Total weekly wages	AFDC	Child Support	Social Security Benefits	Unemployment benefits

ASSETS:

- Do you or any household member own or have an interest in any rental and/or mobile home property? (yes or no)
- Have you sold any real estate in the last two years? (yes or no)
- Do you have a savings account? (yes or no) If yes, please list the information below
 - Bank Name _____ Bank Address _____
 - Account Number _____ Balance _____
- Do you own a car? (yes or no) if yes, please list the information below
 - Make _____ Model _____ Year _____ Lic _____
- Do you own a second care (yes or no) if yes, please list the information below
 - Make _____ Model _____ Year _____ Lic _____
- Does anyone outside your household pay for any of your bills or give you money? (yes or no) Amount _____
- How often do you receive cash from someone outside your home? _____
- Have you or any adult members ever used another name(s) or Social Security number(s) other than the one you are currently using? (yes or no) If yes Please explain _____
- Have you or any member lived in assisted (public housing and/or Section 8)? (yes or no) If yes, please list below
Where _____ When _____
- Have you or anyone in your household ever been arrested or convicted of any crime? (yes or no) If yes, please explain _____
- Have you ever committed fraud in a Federally assisted housing program or been requested to repay knowingly misrepresented information for such housing program? (yes or no) If yes, please explain _____

I do hereby swear and attest that all of the information above about me is true and correct. I also understand changes in income of any member of the household as well as, ANY CHANGES in the household members must be reported to the Housing Authority in writing IMMEDIATELY!!

Signature

Date

Signature

Date



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name

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.

Applicant Name:											
Mailing Address:											
Telephone No:	Cell Phone No:										
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason for Contact: (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
<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											
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

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

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Signature of Applicant

Date

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

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

Form HUD- 92006 (05/09)

DECLARATION OF CITIZENSHIP

PLEASE PROVIDE ALL INFORMATION REQUESTED AND RETURN TO:

SPRINGFIELD HOUSING AUTHORITY
200 N. 11TH STREET
SPRINGFIELD, IL 62703

PART 1: Applies to all family members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Services.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status	Signature of Adult Listed to the Left or signature of Guardian for Minors	I am 62 years of age. You must provide proof of age.
		<input type="checkbox"/>	or	<input type="checkbox"/>	X	<input type="checkbox"/>
		<input type="checkbox"/>	or	<input type="checkbox"/>	X	<input type="checkbox"/>
		<input type="checkbox"/>	or	<input type="checkbox"/>	X	<input type="checkbox"/>
		<input type="checkbox"/>	or	<input type="checkbox"/>	X	<input type="checkbox"/>
		<input type="checkbox"/>	or	<input type="checkbox"/>	X	<input type="checkbox"/>
		<input type="checkbox"/>	or	<input type="checkbox"/>	X	<input type="checkbox"/>
		<input type="checkbox"/>	or	<input type="checkbox"/>	X	<input type="checkbox"/>

Warning: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance. **NOTE: Family members who have checked a box indication that they are a noncitizen with eligible immigration status must complete Part 2 of this form.**

Part 2: Applies to Noncitizen Family Members Only

All Family Members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

1. Form I-551, Alien Registration Receipt Card
2. Form I-94, Arrival-Departure Record with appropriate annotations or documents
3. Form I-688, temporary Resident Card
4. Form I-688B, Employment Authorization Card
5. A receipt issued by the INS indicating that an application for issuance of a replacement document is one of the above listed categories has been made and the applicant's entitlement to the document has been verified.

Please call INS at (312) 353-7334 to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, you family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigrations status.

Signature _____ Date _____

First Name	Last Name	DOB	Alien Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Evidence supplied with this form may be released by the housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Services for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.				
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ Required to repay all overpaid rental assistance you received:▫ Fined up to \$ 10,000:▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>				
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.				
Completing The Application	<p>When you answer application questions, you must include the following information:</p> <table><tr><td>Income</td><td><ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</td></tr><tr><td>Assets</td><td><ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</td></tr></table>	Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)	Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.
Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)				
Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.				

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



TO: Purchasers and Tenants of Housing Constructed Before 1978

If this building was constructed before 1978 there is a possibility that it may contain lead-based paint!!!!

PLEASE READ THE FOLLOWING INFORMATION CONCERNING LEAD PAINT POISONING!!!!

The interior of older homes and apartments often have layers of lead-based paint on the walls, ceilings, window sills and door frames. Lead base paint and primers may have also been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children.

Children may eat chips or chew on painted railings, window sills or other items when parents are not around. Children may also ingest lead even they do not specifically eat paint chips. For example, when children play in an area where there are loose paint or dust particles containing lead, they may get these particles on their hands, put them in their mouths, and ingest a dangerous amount of lead.

Has your child been especially cranky or irritable? Is he or she eating normally? does your child have stomach aches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? this may be signs of lead poisoning, although many times there are no symptoms at all. Lead poisoning can eventually cause mental retardation, blindness, and even death.

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible.

Inform other family members and babysitters of the dangers of lead poisoning. You can safeguard your child from lead poisoning by preventing him or her from eating paint that contains lead.

Look at your walls, ceilings, door frames, windowsills. Are there places where the paint is peeling, flaking, or chipping? If so, there are some things you can do immediately to protect your child:

1. Cover all furniture and appliances.
2. Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork, and ceilings.
3. Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspapers. Put those packages in the trash can. **DO NOT BURN THEM.**
4. Do not leave paint chips on the floor. Damp mop the floors in and around the work area to remove all dust and paint particles. Keeping the floor clean of paint chips, dust and dirt is easy and very important.
5. Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

AS A RENTER: You should notify the Management office immediately if the unit in which you live has flaking, chipping, or peeling paint, water leaks from faulty plumbing, or defective roofs. You should cooperate with the management Office's efforts to repair any deficiencies and keep your unit in good shape. When lead-based paint is removed by scraping or sanding, a hazardous dust is created which can enter the body either by breathing or swallowing the dust. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premise.

Remember that you as a parent play an important role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference!

I have read and understand the above regarding Lead-Based Paint Poisoning.

Signature

Date

4/01



**SPRINGFIELD
HOUSING
AUTHORITY**



200 North 11th Street, Springfield, IL 62703
Phone 217.753.5757 • TTY 217.753.5757 Fax 217.753.5799
www.springfieldhousingauthority.org

Changing lives one key at a time

RELEASE OF INFORMATION FOR CRIMINAL HISTORY BACKGROUND CHECK

Please Furnish a criminal record check covering the last three (3) years for drug related and other criminal activity and ten (10) years for any felonious criminal activity for the following person:

LAST NAME FIRST NAME MIDDLE INITIAL

Current Address:

Previous Address:

Date of Birth: _____

SS#: _____

Gender: Male Female

YOU HEREBY AUTHORIZE TO FURNISH INFORMATION REQUESTED ON THIS INQUIRY.

Signature of Applicant

Date

Information released to Springfield Housing Authority will be used for program purposes only and should be returned to us in a sealed envelope.

SHA Representative Signature

Date

FOR USE BY POLICE AND/OR GOVERNMENT OFFICES: _____

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9 887:** Allows the release of information between government agencies.
3. **Form HUD-9 887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

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

Notice and Consent for the Release of Information

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

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

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

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

Authority for Requiring A 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.

Springfield Housing Authority
PHA OFFICIALS STATEMENT AND CERTIFICATION

Tenant # _____

I certify that the information given to the Springfield Housing Authority by the household of:

_____ on household composition, income, net family
Applicants/Tenants name

Assets and allowances and deductions has been verified as required by Federal Law and as applicable with the Springfield Housing Authority's Admission and Continued Occupancy Plan and all other Housing Authority rules and regulations;

The family was eligible and/or ineligible at admission;

The family has certified that it has given our agency accurate and complete information.

I/We understand that false statements or information are punishable under Federal Law. I/We also understand that the false statements or information are grounds for termination of housing and termination of tenancy.

Applicant Signature

Date

Springfield Housing Representative

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll free hot line at 800-424-8590. Within the Washington D. C. Metropolitan Area, call 426-3500.

* After verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD 50058 (Tenant Data Summary), a computer-generated facsimile on the form of magnetic tape. See the Federal Privacy Act Statement for more information about this use

ADDITIONAL ADULT LIVING IN UNIT

The Springfield Housing Authority's Public Housing Policy states that no adult person(s) other than those listed on the lease and application shall live/stay in the unit other than on a temporary basis and/or not exceeding **ten (10) days** per 6 months or 20 days annually. This is to ensure that the Gross Family Contribution is accurate based on the total monthly income of that household unit.

If this situation should arise during the term of the lease, I agree to contact the Springfield Housing Authority with the additional information. I realize that failure to do this could result in an eviction, lifetime loss of the Public program, repayment of the rent and possible theft and fraud charges under State and Federal Law.

I understand the above statement. There is no adult living/staying in the unit now other than those whose name is on the application and lease. I agree to notify the Springfield Housing Authority if this should change.

Signature of Tenant

Date

SHA Staff Representative

Date

Preference Points

Please print neatly in black or blue ink.

PLEASE READ CAREFULLY

Preferences establish the order of applicants on the waiting list. An admissions preference does not guarantee admission. Every applicant must still meet SHA admissions screening criteria before being offered a unit. Preferences will be granted to applicants on the waiting list who are otherwise qualified and/or who, at the time of application processing, are verified to meet the definitions of the preferences described in this section. Preferences will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family. (24 CFR 960.206)

Please read each item in its entirety to ensure you are correctly claiming all preferences you qualify for. Any preferences claimed will be verified during the application process.

I claim the following preferences:

- ☐ **Local Residency Preference:** Mark this preference if you are currently a resident of Sangamon County or are employed in Sangamon County. Residency must be on a permanent, non-temporary basis. (25 points)

If applicable, please choose the one preference below that most applies:

- ☐ **Working Family Preference:** Mark this preference if at least one adult in your household is gainfully employed at least 20 hours per week and has been for the last 90 days. (50 points)
- ☐ **Elderly Household Preference:** Mark this preference if the head of household, spouse or sole member is age 62 or older at the time of application. (50 points)
- ☐ **Disabled Family Preference:** Mark this preference if the head of household, spouse or sole member is a person with disabilities at the time of application. It may include two or more persons with disabilities living together, or one or more persons with disabilities living with one or more live-in aides. (50 points)
- ☐ **I do NOT qualify for any of the above listed preferences.**

Name: _____ SSN: _____

Signature: _____ Date: _____

Site Based Application Processing

Please print neatly in black or blue ink

Please read carefully

The Springfield Housing Authority maintains a site-based waiting list for each of its Asset Management Properties (AMP's) and for its Homeownership Development's. Please indicate below what site-based waiting lists you would like to apply for so that we may offer you a unit that better meets your needs. Every applicant must still meet SHA's admissions screening criteria before being offered a unit. Site-based waiting lists will not have the purpose of effect of delaying or otherwise denying admissions to the program based on race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant's family.

Please read each item in its entirety to ensure you are being placed on the waiting list(s) of your choice. You may choose more than one waiting list.

I, _____ wish to be placed on the following list(s):

If choosing more than one list please rate your preference by number: 1, 2, 3, etc....

- ☐ **AMP 1:** All scattered site housing located North of South Grand Avenue.
- ☐ **AMP 2:** All scattered site housing located South of South Grand Avenue.
- ☐ **AMP 3:** The Hi Rises consist of two buildings throughout the city primarily serving Elderly, near elderly and young disabled.
- ☐ **AMP 4:** North Park Place: Located near and around Madison Park Place. A minimum Income of \$16,400.00 is required for tenancy.
- ☐ **AMP 7:** Genesis Place: A new development better known as the old Major Byrd Hi Rise site.
- ☐ **Homeownership:** The homeownership units are located in Madison Park Place, North Park Place & Genesis Place and require working income to qualify. A minimum income of 24,000.00 for North Park Place and Madison Park Place, and at 29,600.00 at Genesis Place is required for tenancy.