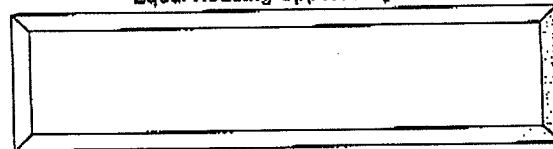


BROADWAY COURT APARTMENTS - HUD

505 Chicago Avenue - Office
 Viroqua, Wisconsin 54665
 (608) 637-8425



Equal Housing Opportunity



Last Name	First Name	Middle Name	Social Security #	Date of Birth	Gender
Street Address, Apt. #			City/State/Zip		Home Phone #
Email address				Work Phone #	
Emergency Contact (Name/Address/Phone Number)					Relationship
How did you hear about our Apartments? _____					

HOUSEHOLD INFORMATION

List all other persons beside yourself who will occupy the apartment at time of move-in.

<u>Full Name</u>	<u>Relationship</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>Gender</u>

Answer either YES or NO to each question.

- YES NO 1. Do you expect any additions to the household within the next twelve months?
 Name & Relationship: _____
 Explanation: _____
- YES NO 2. Is there anyone living with you now who will not be living with you at this property?
 Name & Relationship: _____
 Explanation: _____
- YES NO 3. Do you have full custody of your child/children?
 Explanation of custody arrangements: _____
- YES NO 4. Are there any absent household members who under normal conditions would live with you?
 (For example, a household member away in the military.)
 Explanation: _____

- YES NO 5. Do you anticipate having any pets? ___ Yes ___ No OR service animals? ___ Yes ___ No
 Type: _____ Weight: _____
- YES NO 6. Will you or anyone in your household require a live-in care attendant?
 Name: _____ Relationship: _____
- YES NO 7. Do you have any specific housing requirements, such as a handicapped accessible unit?
 Requirements: _____

HOUSING STATUS

Provide at least your last three years of rental history or where you have resided if no rental history.

[1st]

Present Landlord

Address of Landlord:	Street	City	State	Zip	Phone #
Monthly Rent	Average Utility Bills per Month		Is your current rent based on your income? Y or N		# of Bedrooms
Date of move in @ current residence.			Why do you wish to move from your current address?		

[2nd]

Previous Address

Landlord Name/Address/Phone #

Reason for Moving	Move-in date	Move-out date
Reason for Moving	Move-in date	Move-out date

[3rd]

Previous Address

Landlord Name/Address/Phone #

Reason for Moving	Move-in date	Move-out date
Reason for Moving	Move-in date	Move-out date

Attach separate page if needed for additional rental information

PERSONAL REFERENCES

List at least three personal references (not including relatives) that you have known for at least one year.

Name	Address	Phone #	Relationship	Known how long?
Name	Address	Phone #	Relationship	Known how long?
Name	Address	Phone #	Relationship	Known how long?

Please list the states in which you and your family members have resided: _____

Answer either YES or NO to each question.

- YES NO 1. Have you or anyone else on this application filed for bankruptcy? If yes, who: _____
 Explanation: _____

- YES NO 2. Have you or anyone else named on this application been convicted of a felony? If yes, who: _____
Explanation: _____
- YES NO 3. Have you or anyone else named on this application been convicted of possession, distribution or manufacture of illegal drugs?
Explanation: _____
- YES NO 4. Do you or anyone listed on this application currently use illegal drugs?
Explanation: _____
- YES NO 5. Have you or anyone else named on this application been convicted of property damage?
Explanation: _____
- YES NO 6. Have you or any other adult applicant ever been evicted from tenancy?
Explanation: _____
- YES NO 7. Do you or anyone else named on this application use alcohol to the point that it interferes with other's health, safety and right to peaceful enjoyment?
Explanation: _____
- YES NO 8. Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?

INCOME INFORMATION

Income is counted for anyone 18 or older. However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors. Include the dollar (\$) amount in the space provided.

Include all income estimated for the coming 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

Answer either YES or NO to each question.

- YES NO 1. Employment wages or salaries (Include overtime, tips, bonuses, commissions and payments received in cash)
- | <u>Household Member</u> | <u>Name/Address/Phone Number of Company</u> | <u>Amount</u> |
|-------------------------|---|---------------|
| | | |
- YES NO 2. Self-employment (Attach Federal Tax Return or Profit and Loss Statements)
- | <u>Household Member</u> | <u>Type of Business</u> | <u>Amount</u> |
|-------------------------|-------------------------|---------------|
| | | |
- YES NO 3. Regular pay as a member of the Armed Forces
- | <u>Household Member</u> | <u>Base and Branch</u> | <u>Amount</u> |
|-------------------------|------------------------|---------------|
| | | |
- YES NO 4. Unemployment benefits or workman's compensation
- | <u>Household Member</u> | <u>Contact Person/Address/Phone Number</u> | <u>Amount</u> |
|-------------------------|--|---------------|
| | | |
- YES NO 5. Regular payments from any type of Settlements (Such as insurance settlements)
- | <u>Household Member</u> | <u>Source</u> | <u>Amount</u> |
|-------------------------|---------------|---------------|
| | | |

YES	NO	6.	Severance payments		
			<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
<hr/>					
YES	NO	7.	Social Security, SSI (State or Federal) or any other payments		
			<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
			ATTACH A COPY OF YOUR SOCIAL SECURITY AND FEDERAL SSI BENEFIT LETTERS		
<hr/>					
YES	NO	8.	Veteran's benefits, pensions, retirement benefits or annuities		
			<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
<hr/>					
YES	NO	9.	Disability, death benefits or life insurance dividends		
			<u>Household Member</u>	<u>Company/Phone Number/Address</u>	<u>Amount</u>
<hr/>					
YES	NO	10.	Public Assistance, W2 program, General Relief, Aid to Families with Dependent Children (AFDC) or (Not including Food Share) Temporary Assistance to Needy Families (TANF)		
			<u>Household Member</u>	<u>Contact Person/Phone Number</u>	<u>Amount</u>
<hr/>					
YES	NO	11a.	Child support or maintenance. <u>ATTACH A COPY OF THE CHILD SUPPORT OR MAINTENANCE DOCUMENTS FROM THE COURT.</u>		
			<u>Household Member</u>	<u>Payer</u>	<u>Amount</u>
<hr/>					
		11b.	How is the support being received (Check all that apply)		
			<input type="checkbox"/> Child Support Enforcement Agency	Name of Agency: _____	
			<input type="checkbox"/> Court of Law	Name of Court: _____	
			<input type="checkbox"/> Directly from Individual	Name of Person: _____	
			<input type="checkbox"/> Other	Explain: _____	
YES	NO	11c.	If support is not actually received, are you taking legal action to remedy (If yes, obtain court papers)		
			Explanation: _____		
YES	NO	12.	Regular gifts or payments from anyone outside of the household (This includes anyone supplementing your income by providing cash or goods, or paying any of your bills)		
			<u>Household Member</u>	<u>Source / Phone Number</u>	<u>Amount</u>
<hr/>					
YES	NO	13.	Educational grants, scholarships, or other student benefits		
			<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
<hr/>					

- YES NO 14. Lottery winnings or inheritances
Household Member Source Amount
-
- YES NO 15. Payments from rental property, land contracts or other forms of real estate
Household Member Source Amount
-
- YES NO 16. Any other income sources or types not listed
Household Member Source Amount
-
- YES NO 17. Do you or any other household members expect any changes to your income in the next 12 months?
 Explanation: _____

Zero Income Verification:

- YES NO 1. Are YOU or is ANY OTHER ADULT member of your household claiming zero income?
 Household Member(s): _____

Student Information:

- YES NO 1. Are YOU or is ANYONE in your household (INCLUDING MINORS) currently a full or part-time Student? If yes, list household member, school and status:
 Name: _____ School: _____ Status: full-time ___ part-time ___
 Name: _____ School: _____ Status: full-time ___ part-time ___
- YES NO 2. Do you plan to become a student in the next 12 months?

ASSET INFORMATION

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset.

**Do YOU or ANYONE in your household have any of the following assets:
 Include ALL assets held by ALL household members including minors.**

Answer either YES or NO to each question.

- YES NO 1. Checking or savings accounts
Household Member Source/Address/Phone Number Amount Account #
-
- YES NO 2. CD's, money market accounts or treasury bills
Household Member Source/Address/Phone Number Amount Account #
-

YES NO 3. Stocks, bonds or publicly traded securities

<u>Household Member</u>	<u>Source/Address/Phone Number</u>	<u>Amount</u>	<u>Account #</u>
-------------------------	------------------------------------	---------------	------------------

YES NO 4. Trust funds

<u>Household Member</u>	<u>Source/Address/Phone Number</u>	<u>Amount</u>	<u>Account #</u>
-------------------------	------------------------------------	---------------	------------------

YES NO 5. Pensions, IRAs, KEOGH or other retirement accounts

<u>Household Member</u>	<u>Source/Address/Phone Number</u>	<u>Amount</u>	<u>Account #</u>
-------------------------	------------------------------------	---------------	------------------

YES NO 6. Cash on hand

Household Member: _____ Amount: _____

YES NO 7. Cash in Safe Deposit Box

Household Member: _____ Amount: _____

YES NO 8. Real estate, rental property, land contracts / contract for deeds or other real estate holdings
 Include your personal residence, mobile homes, vacant land, farms, vacation homes, etc.

ATTACH COPY OF PROPERTY TAXES

<u>Household Member</u>	<u>Type</u>	<u>Value</u>
-------------------------	-------------	--------------

YES NO 9. Personal property as an investment (Attach appraisal)
 (This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques)

<u>Household Member</u>	<u>Type</u>	<u>Value</u>
-------------------------	-------------	--------------

YES NO 10. Do you have Life Insurance? Policy # _____

<u>Household Member</u>	<u>Source/Address/Phone Number</u>	<u>Type</u>	<u>CashValue</u>
-------------------------	------------------------------------	-------------	------------------

YES NO 11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: _____ Amount: _____

Explanation: _____

EXPENSE INFORMATION

YES NO 1. Are you paying childcare expenses?

Name of child care provider: _____

Phone # and Address of provider: _____

HANDICAP OR DISABILITY DEDUCTION

Applicants or co-applicants who meet the definition of disabled or handicapped qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. Do you feel that you qualify and would you like to request this adjustment to your income? YES NO. If you have indicated your desire to request this adjustment, please provide the name of the person we should contact to verify your handicap/disability status. Failure to provide this information may result in the denial of these deductions.

Name of Contact: _____ Address and phone #: _____

IF YOU ARE NOT ELDERLY OR DO NOT QUALIFY FOR THE HANDICAP/DISABILITY ADJUSTMENT LISTED ABOVE, YOU DO NOT NEED TO ANSWER THE NEXT QUESTIONS.

Answer either YES or NO to each question.

YES NO 1. Are you paying any medical expenses out of pocket? (This includes hospitals, Dentists, Doctors, clinics or other medical facility.

Name and address of source: _____

Name and address of source: _____

YES NO 2. Are you paying for any prescriptions?

Name, phone, and address of pharmacy: _____

Name, phone, and address of pharmacy: _____

YES NO 3. Are you paying for health insurance?

Household member: _____ Policy #: _____

Agency name, phone number and address: _____

YES NO 4. Are you paying for any other medical expenses? (Transportation costs, eyeglasses, hearing aids, batteries, nursing services, and over the counter medical items) _____

Receipts for over the counter items must also be accompanied by a written recommendation from a medical professional.

All questions that were answered YES will be verified through the appropriate third-party source.

I/We declare that the statements and information contained in this application are true and complete to the best of my/our knowledge. I/We understand that the willful submission of false or misleading information may be the sole reason for rejection of this application or termination of tenancy. It is further understood that the completion of this application does NOT constitute an acceptance for occupancy.

I certify that if my application is accepted and I enter into a lease that my unit will serve as the household's primary residence.

Your signature on this application authorizes the owner/manager of the property in which you are applying for occupancy to contact your prior landlords for information regarding your prior tenancies, to check personal references, and to obtain credit history.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Signature	Date
Signature	Date
Signature	Date

Application Received by: _____

Vehicle: Make _____ Model _____ Year _____ License Plate # _____

Vehicle: Make _____ Model _____ Year _____ License Plate # _____

APPLICANT INFORMATION (Head of Household only)

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity:

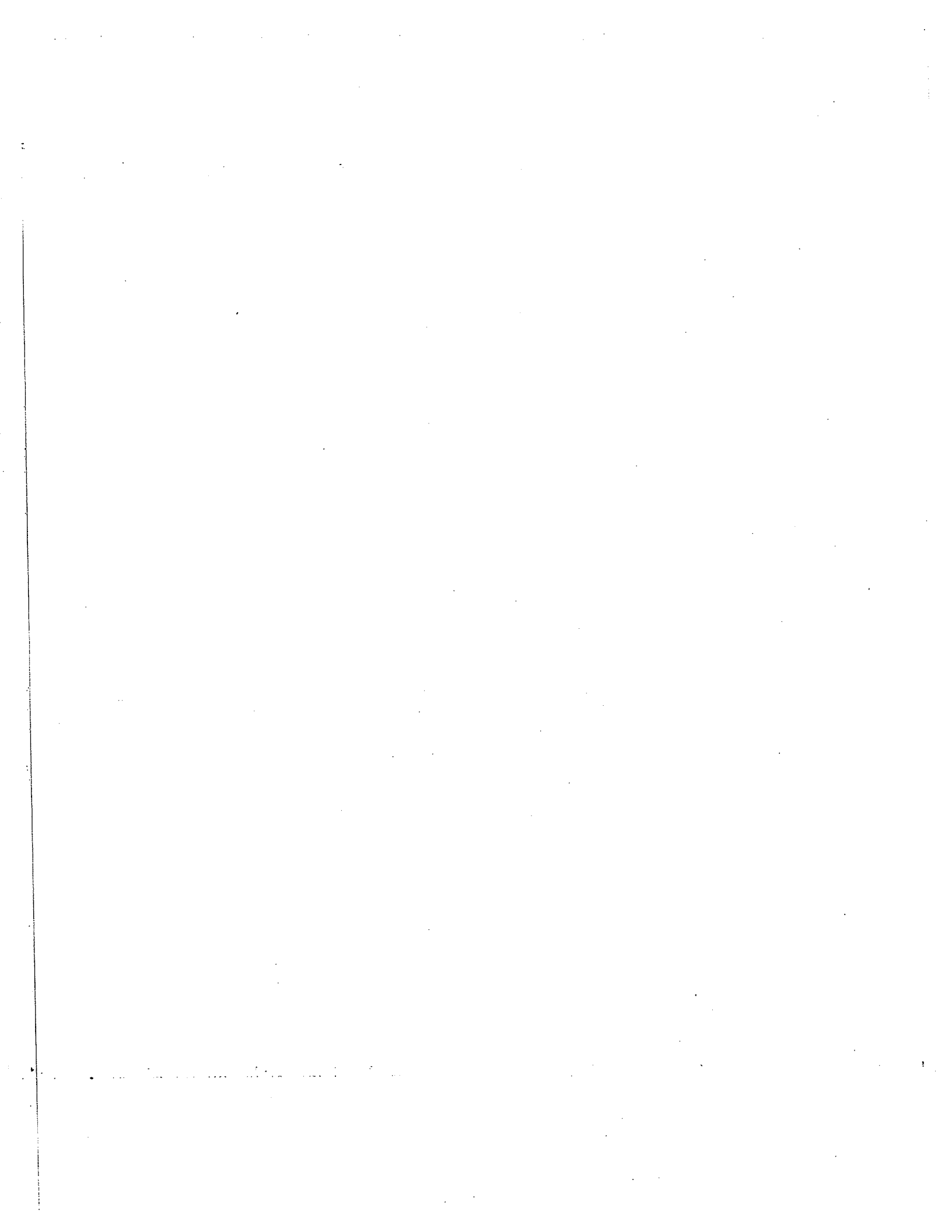
Hispanic or Latino _____
Not Hispanic or Latino _____

Race: (Mark one or more)

- 1 American Indian/Alaska Native _____
- 2 Asian _____
- 3 Black or African American _____
- 4 Native Hawaiian or Other Pacific Islander _____
- 5 White _____

Are you a citizen of the United States of America? Yes No

Management Services by:
HORIZON MANAGEMENT GROUP, INC.
P.O. BOX 2829
LA CROSSE, WI 54602-2829
(608) 784-2935 / (800) 944-4866
This institution is an equal opportunity provider and employer



Broadway Court

505 Chicago Avenue
Viroqua, WI 54665
(608)-637-8425

ATTACHMENT 3

OWNER'S NOTICE NO.1 FOR A TENANT FAMILY

Section 214 of the Housing Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible non-citizens in the following HUD programs:

- A. Public and Indian Housing Programs
- B. Section 8 Housing Assistance Payment Programs
- C. Section 235 of the National Housing Act
- D. Section 236 of the National Housing Act
- E. Section 101/Rent Supplement Program

You are receiving assistance under one of these programs; therefore, **you are required** to declare U.S. citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members residing in the assisted unit.
2. Have a Declaration Format (Attachment 6) completed by **each family member** (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any, other forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below by _____.

Broadway Court Apartments
505 Chicago Avenue - Office
Viroqua, WI 54665

If one or more members of your family elect not to contend that they have eligible immigration status, and other members of the family establish their citizenship or eligible immigration status, your family may be eligible for prorated assistance; i.e. the amount of assistance will be determined by the number of members of your household who are eligible. Your family must identify to the project owner, the family member (or members) who will not elect to contend that he or she has eligible immigration status. Block 3 on the attached Declaration Format can be used for this purpose.

This Section 214 review will be completed in conjunction with the regular reexamination of tenant income and will be performed only one time during continuously assisted occupancy for each member of your household under any covered program. For any new occupant of your unit, the required evidence shall be submitted at the first interim or regular recertification following the person's occupancy.

If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact **Horizon Management Group, Inc.** at **608-784-2935**. We will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. **Failure to provide this information or establish eligible status may result in the termination of your housing assistance.**

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance; your family may be eligible for temporary deferral of termination of assistance, continued assistance, or proration of assistance. The conditions and availability of these options will be discussed with you in detail if you contact **Horizon Management Group, Inc.**

You will be contacted as soon as we have further information regarding your eligibility for assistance.

Attachments: Family Summary Sheet
Applicant Declaration Sheet

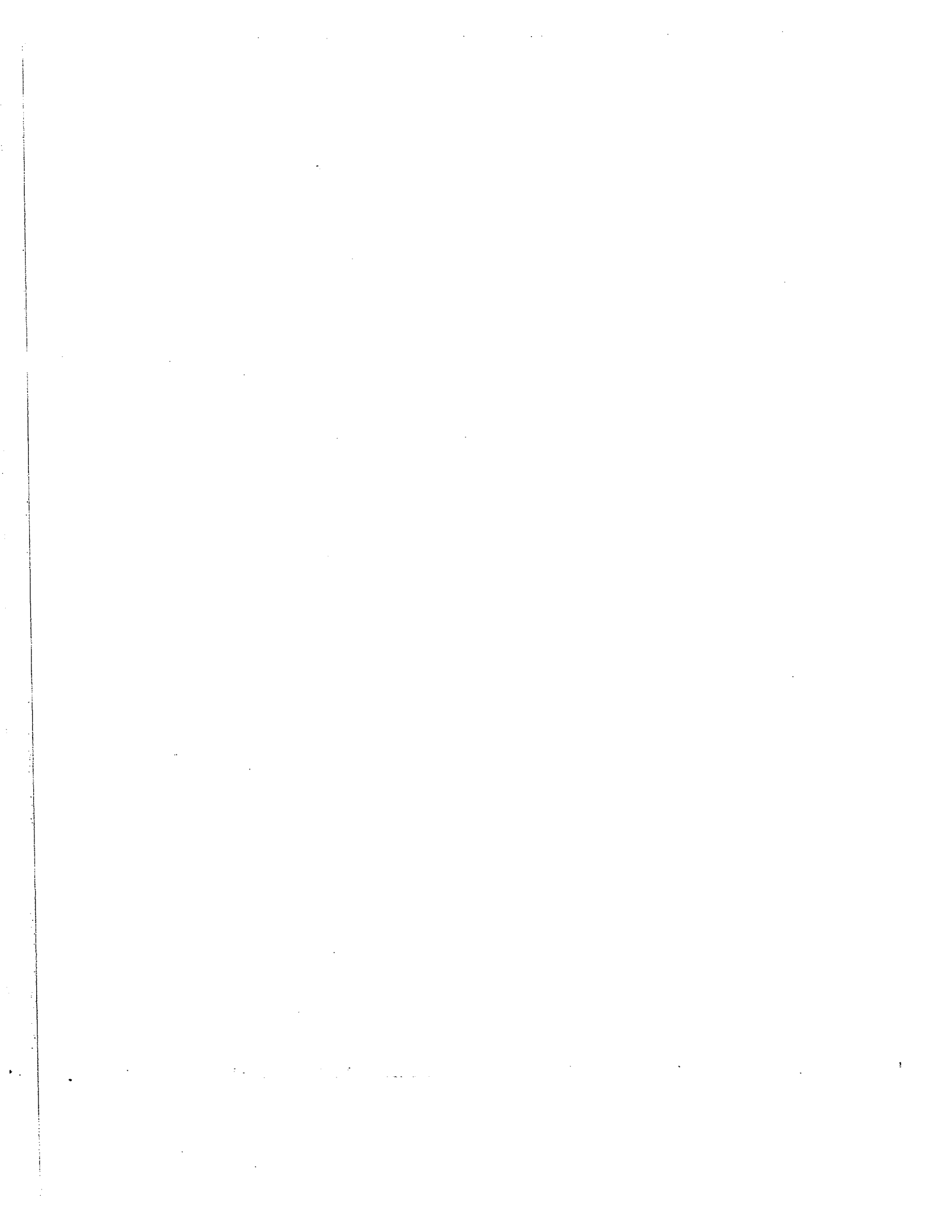
Broadway Court

505 Chicago Avenue
Viroqua, WI 54665
(608) 637-8425

ATTACHMENT 5

FAMILY SUMMARY SHEET

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



Broadway Court

505 Chicago Avenue
Viroqua, WI 54665
(608) 637-8425

ATTACHMENT 7

APPLICANT DECLARATION FORMAT

INSTRUCTIONS: Complete this format 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 INS 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
(print or type first name, middle initial, last name)

perjury that I am:

_____ 1. A citizen or national of the United States

If you checked this block, no further information is required. 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 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 non-citizen with eligible immigration status in the category checked below:

- _____ (i) A non-citizen lawfully admitted for permanent residence, as defined by section 101(a) (20) for the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15), of the INA (8 U.S.C. 1001(a) (20) and 1101 (a) (15), respectively). [immigrants]. (This category includes a non-citizen admitted

under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);

- ___ (ii) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- ___ (iii) A non-citizen who is lawfully present in the United States pursuant to admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- ___ (iv) A non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d) (5) of the INA (8 U.S.C. 1253 [parole status]
- ___ (v) A non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or
- ___ (vi) A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked this block, you should submit the following documents:

- a. Verification Consent Format (Attachment 9)
- 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:
 - (i) "Admitted as Refugee Pursuant to section 207";
 - (ii) "Section 208" or "Asylum" (iii) "Section 243(h)" or "Deportation stayed by Attorney General";
 - (iv) "Paroled Pursuant to Sec. 212 (d) (5) of the INA"
 - (3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - (i) A final court decision granting asylum (but only if no appeal is taken);
 - (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
 - (iii) A court decision granting withholding or deportation; or
 - (iv) A letter from an INS asylum officer granting withholding of deportation (if application 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 INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and 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 format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the format.

If for any reason, the documents shown in paragraph 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 non-citizen 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: _____

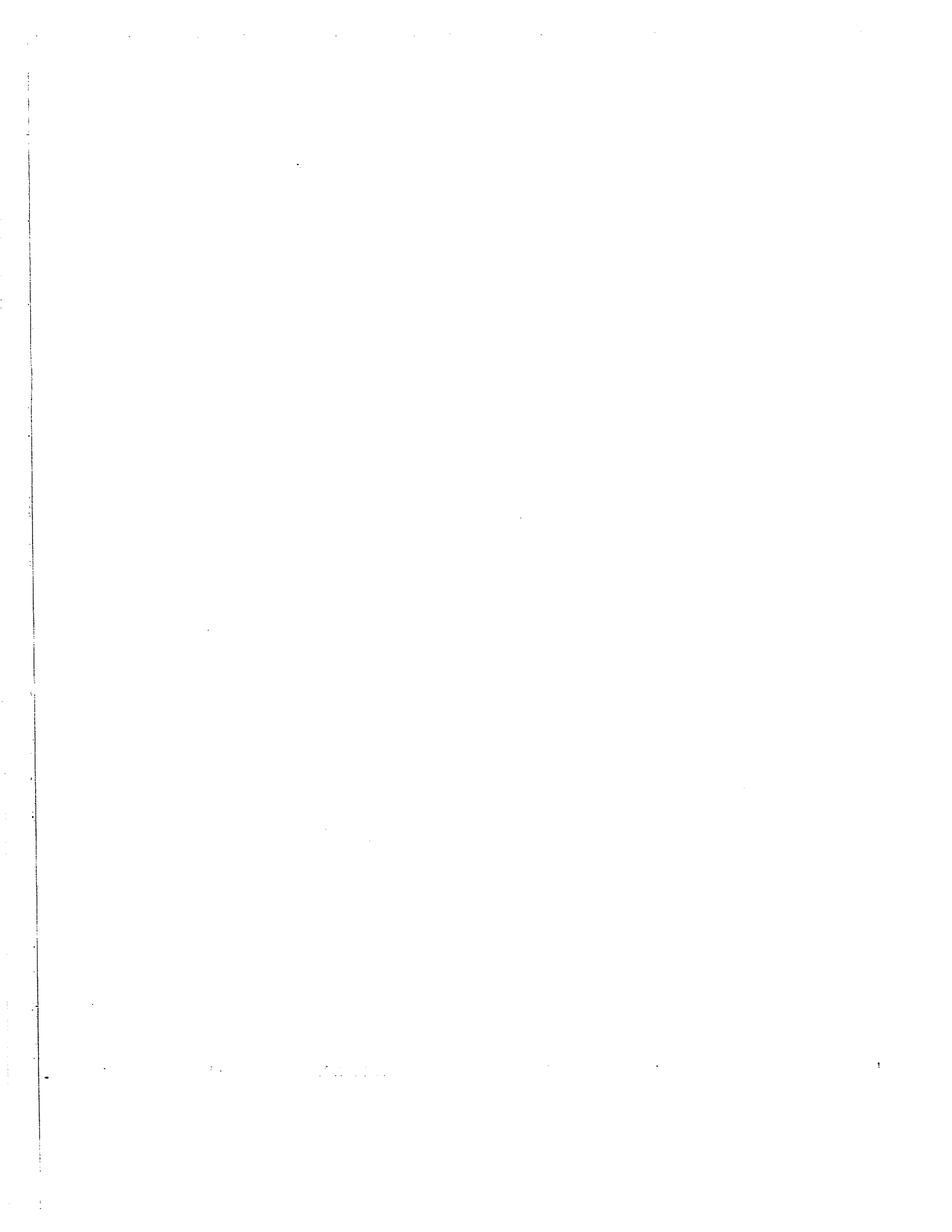
Check if adult signed for a child: _____

_____ 3. 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: _____



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)	
<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.

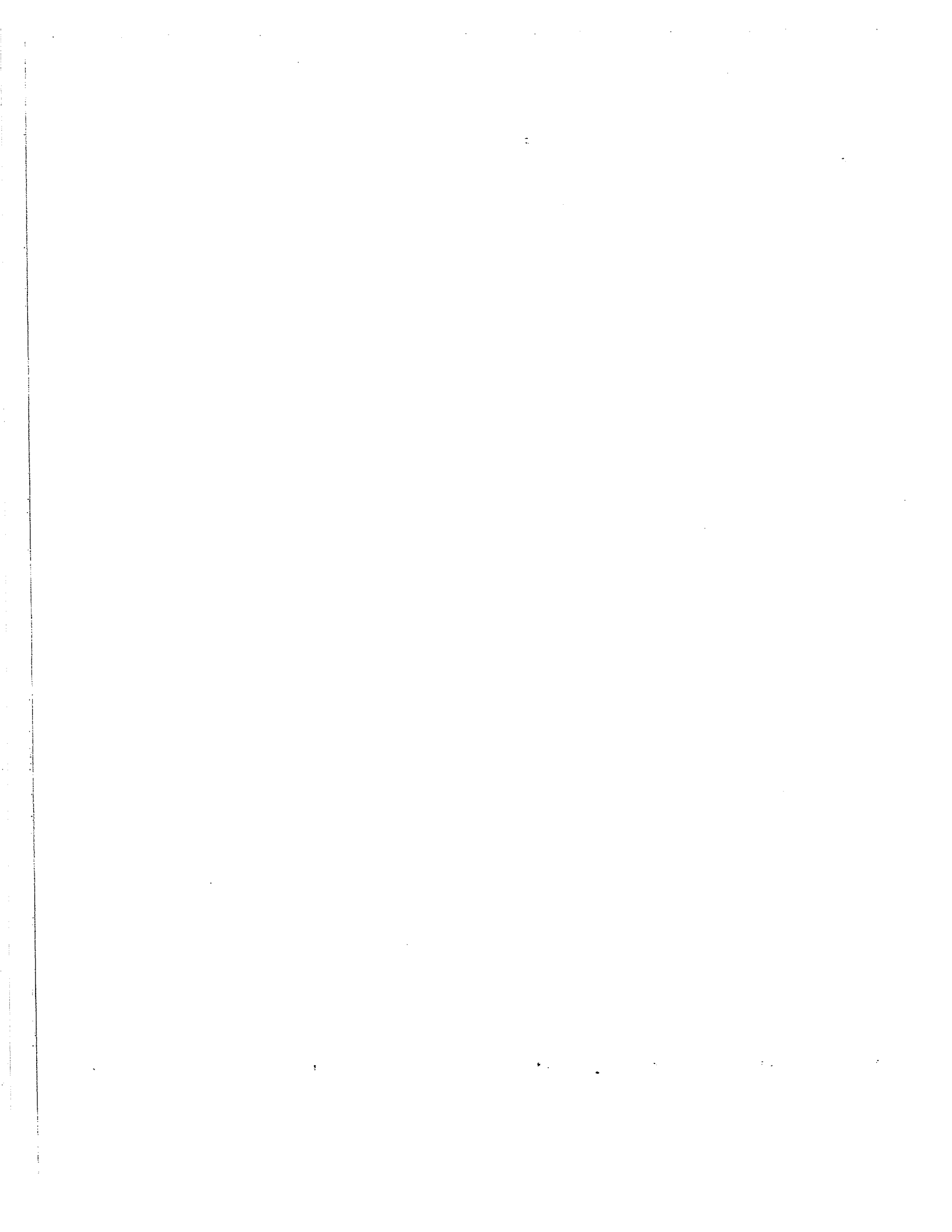
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Signature of Applicant

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.



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 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

- 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 U.S. 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.

- 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 services 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 of 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

- Foreclosure
- Bankruptcy
- Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

- 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

Deductions:

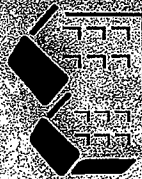
- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- Unreimbursed medical expenses of any elderly family or disabled family that total 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, 117 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>

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



RHIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & you

ENTERPRISE INCOME VERIFICATION



What YOU Should Know
if You are Applying for or are Receiving of
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 reapply 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?

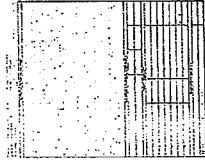
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or 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 *Tenant's 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?

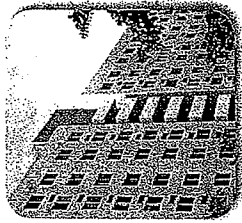
EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social 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.



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