



APPLICATION FOR HOUSING ASSISTANCE

Fitts-Powell Apts **053-HH053**
Project Name

1. List each person who would live with you if you receive housing assistance (including yourself)

Last Name	First Name	Age	Sex	Relationship to Head of Household	Annual Income	Social Security Number

2. Does anyone live with you now who is not listed above? Yes No
If yes, please explain: _____

3. Do you expect any change in your household composition? Yes No
If yes, please explain: _____

4. Current: Street Address _____ Apt. No. _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: _____ Evening Phone: _____

5. Please identify any special housing needs of the household: _____

6. Mark one item in "a" and one in "b" (For statistical purposes only)

a. Is the head of household:

- American Indian or Alaskan Native Asian
 African American Caucasian
 Native Hawaiian or Other Pacific Islander

b. Ethnicity of Household:

- Hispanic or Latino Non-hispanic or Latino

7. Are you currently involved in the use of illegal drugs? Yes No

8. Are you registered in a State Sex Offender Lifetime Registration? _____ Yes _____ No
9. Do you participate in the Medicare Part D Prescription Drug Plan? _____ Yes _____ No
10. Are you enrolled as a student at an institute of higher learning? _____ Yes _____ No
-

Applicant Certification

I certify that the statements made on this preliminary application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

Signature of Head of Household

Date

Signature of Spouse or Co-Head

Date

Local Operators, please fill out the box below with date & time received.

<p><u>FOR LOU USE ONLY</u></p> <p>Date Received: _____</p> <p>Time Received: _____</p>

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number and other relevant information of a family member, friend or social, health, advocacy or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 USC 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 USC 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.



The Arc of North Carolina Housing Development Services

5509-A W. Friendly Ave Suite 101

PO Box 18426

Greensboro, North Carolina 27419

Phone: 336-273-4404, Ext 11

Fax: 336-378-0758

MEMO TO: All LOUs / LMEs

DATE: August 21, 2010

FROM: Roni James, Assisted Housing Specialist

SUBJECT: SOCIAL SECURITY CARD & BIRTH CERTIFICATE

If this is a 202 Project: HUD requires that we maintain a copy of each tenant's Birth Certificate and Social Security card in our tenant files.

If this is an 811 Project: Please include a copy of the tenant's Social Security card. **Have both the tenant and a witness verify that this has been done by signing below.**

If you don't know if your property is a 202 or 811 Project, contact your Assisted Housing Specialist.

Thank you,

Roni James
Assisted Housing Specialist

Project Name: Fitts-Powell Apts

Proj. #: 053-HH- 053

Tenant Name: _____

Unit #: _____

I affirm that I am including a copy of my Birth Certificate and Social Security card with my recertification packet.

(Attach a copy of the Birth Certificate and / or Social Security card to this sheet)

Tenant Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Date: _____

STUDENT QUESTIONNAIRE

Tenant/Applicant's Name: _____

Project Name: Fitts-Powell Apts. 053-HH053

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

* Institutes of higher education include post-secondary vocational institutions: "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities.

If you answered YES, the owner agent is required to determine your eligibility as a student. You may refer to the tenant selection plan for additional information regarding student eligibility. Please complete the following questions.

2. Are you a full time student?	_____	_____
3. Will you live with your parents?	_____	_____
4. Are your parents receiving or eligible to receive Section 8 assistance?	_____	_____
5. Are you claimed as a dependent on your parent's tax return?	_____	_____
6. Are you a graduate or professional student?	_____	_____
7. Are you at least 24 years of age?	_____	_____
8. Are you a veteran of the United States military?	_____	_____
9. Are you married?	_____	_____
10. Do you have a dependent child?	_____	_____
11. Do you have dependents other than a child or spouse?	_____	_____
12. Have you been independent of your parents for at least one year?	_____	_____
13. Do you feel you qualify as a disabled student who was receiving Section 8 Assistance as of November 30, 2005?	_____	_____

Student Questionnaire

14. Are you receiving any financial assistance to pay for your education?

Yes

No

If yes, please list all sources of financial assistance below, including the school, any providers of scholarships, grants, parents, associations, etc.

Source of Assistance	Amount of Assistance

Signature of Applicant/Tenant: _____

Date: _____

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





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ASSET QUESTIONNAIRE

Tenant Name: _____ Project Name: Fitts-Powell Apts.

Household Assets: Do you, or anyone in the household, have any of the following assets? **Please mark “yes” or “No” for each source of income.**

Type of Asset	Check One		Value of Asset
	Yes	No	
Checking Account(s)			
Savings Accounts			
Certificates of Deposit			
Money Market Funds			
Mutual Funds / Stock			
Treasury Bills			
IRA 401K			
Company Retirement Accounts			
Annuities Income			
Life Insurance Policies (Whole Life)			
Pension Funds			
Trust Accounts			
If yes, is it revocable?			
Personal Property Held for Investment			
Mortgage or Deed of Trust			
Cash held in Safety Deposit Boxes, etc.			
House / Real Estate			
Rental Property			
Other Investments			
Have you received any lump sum payments such as the following:			
Inheritances			
Lottery or other Winnings			
Insurance Settlements			
Workers' Compensation Settlements			
Social Security Disability Settlements			
Unemployment Compensation Settlements			
VA Disability Settlements			
Severance Pay			
Capital Gains			
Other			



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INCOME QUESTIONNAIRE

Tenant Name: _____ Project Name: Fitts-Powell Apts.

Household Assets: Do you, or anyone in the household, have any of the following assets? **Please mark "yes" or "No" for each source of income.**

Type of Income	Check One		Monthly Amount
	Yes	No	
Employment Wages, Salary, etc			
Income from a Business or Profession			
Social Security			
SSI			
AFDC or other Public Assistance			
Alimony			
Child Support			
Unemployment Compensation			
Workers' Compensation			
Severance Pay			
Retirement Income			
Annuities Income			
Insurance Policies Income			
Disability or Death Benefits			
Income from Rental Property			
Regularly Recurring Monetary Gifts			
Scholarships			
Grants			
Educational Entitlements			
Regular, Special Armed Forces Allowances			
Work Study Programs			
Regular Occurring Allowance			
Long-term Care Payments			
Pensions			
Income from Training Programs			
Resident Students			
Severance Pay			
Other Income			

ASSET VERIFICATION FORM

Date: _____

ARC/Housing Development Services, Inc.
Post Office Box 18426, Greensboro, NC 27419

PART I

This consumer has applied to housing assistance under a program of the US Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information used in determining his consumer's eligibility or level of benefits. We ask your cooperation in providing the following information. Your prompt response will assure timely processing of the application for assistance. The tenant has consented to the release of this information as shown below. This information is kept in strict confidence.

Project Name: Fitts-Powell Apts 053-HH053 **County Group Home #** _____ **/ Apartment** _____
Office Address: 1017 Cook Rd **Durham, NC** 27713 **Phone:** (919)688-0843
(Street) (City) (Zip)
Tenant Name: _____ **Social Security No:** _____
(Last) (First)

PART II

You are not required to sign this form if either the organization requesting the information or the organization supplying the information is not included.

Release:

I authorize _____ to release information concerning my
(Organization supplying information)
 assets and earnings payable from same. Information obtained under this consent is limited to information not more than 12-months old. There are circumstances which would require the owner to verify information up to 5 years old; however, this would be authorized by me on a separate consent attached to this document.

(Signature of Tenant)

(Signature of Witness)

PART III

Type of Asset	Value	Interest Rate (%)		Anticipated Interest Earnings for Next 12 Months
Checking Account <small>(Avg. Bal for last 6 mo)</small>			OR	
Savings Account <small>(Current Balance)</small>				
Certificate of Deposit <small>(Current Balance)</small>				
Money Market Funds <small>(Current Balance)</small>				
Other (Describe):				

Signature of Bank Representative: _____

Date: _____

Name of Bank: _____

Phone: _____

Address: _____

Penalties for misusing this consent: Title 19, Section 1001 of the US Code states that a person is guilty of felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected, based on this Verification Form is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief as may be appropriate against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or

EMPLOYMENT VERIFICATION

Date: _____

ARC/Housing Development Services, Inc.
Post Office Box 18426, Greensboro, NC 27419

PART I

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Project Name: Fitts-Powell Apts 053-HH053 County Group Home # _____ / Apartment _____
Office Address: 1017 Cook Rd Durham, NC 27713 Phone: (919)688-0843
(Street) (City) (Zip)
Tenant Name: _____ Social Security No: _____
(Last) (First)

PART II

You are not required to sign this form if either the organization requesting the information or the organization supplying the information is not included.

Release:

I authorize _____ to release information
(Organization supplying information)

concerning my wages and income payable. Information obtained under this consent is limited to information not more than 12 months old. There are circumstances which would require the owner to verify information up to 5 years old; however, this would be authorized by me on a separate consent attached to this document.

(Signature of Tenant)

(Signature of Witness)

PART III

- 1. Date employment began: _____
- 2. Rate of pay: _____ per _____ (hour / week / month)
i. (If paid according to piece, contract or enclave, go to Item #5)
- 3. Average Hours worked per week: _____ 4. Average weeks worked per year: _____
- 5. Total gross earnings for the last 6 months: _____
i. (Include tips, bonuses, overtime, commissions, etc.)
- 6. Gross annual earnings you anticipate for this employee for the next 12 months: _____
ii. (Include tips, bonuses, overtime, commissions, etc.)
- 7. Does this employee work overtime? ___ (Y / N) If yes, how often? (Average) ___ Rate of pay? _____
- 8. What amount, if any, is deducted for health insurance? _____ per _____ (week / month / etc.)

Signature of Employer: _____

Date: _____

Name of Agency: _____

Phone: _____

Address: _____

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MEDICAL EXPENSE VERIFICATION

Date: _____

ARC/Housing Development Services, Inc.
Post Office Box 18426, Greensboro, NC 27419

PART I

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Project Name: Fitts-Powell Apartments 053-HH053 **County Group Home #** / **Apartment**

Office Address: 1017 Cook Rd **Durham, NC** 27713 **Phone:** 919 688 0843

(Street) (City) (Zip)

Tenant Name: _____ **Social Security No.** _____ - _____ - _____

(Last) (First)

PART II

You are not required to sign this form if either the organization requesting the information or the organization supplying the information is not included.

Release:

I authorize _____ to release information
(Organization supplying information)
concerning my medical expenses. Information obtained under this consent is limited to information not more than 12 months old. There are circumstances which would require the owner to verify information up to 5 years old; however, this would be authorized by me on a separate consent attached to this document.

(Signature of Tenant)

(Signature of Witness)

PART III – CONFIDENTIAL BENEFIT INFORMATION

NOTE: I anticipate the above named person will incur medical expenses during this next 12 months as shown below. These figures exclude any amounts paid by Medicare, Medicaid, insurance, etc.

Annual Amount	Item	Signature	Date
\$	Prescription Drugs <small>(PRINTOUT REQUIRED)</small>	Pharmacist:	
\$	Non-prescription Drugs <small>(Physician's authorization & Pharmacy printout required)</small>	Pharmacist:	
\$	Doctor Fees	Physician:	
\$	Doctor Fees	Physician:	
\$	Dental Fees	Dentist:	
\$	Hospitalization insurance	Agent:	
\$	Other (Describe)	Service Provider:	
\$	Medicare Deduction as shown on Benefit Verification		
\$	Health Insurance as shown on Employment Form		

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MEMO TO: All Tenants and/or Applicants
DATE: August 21, 2010
FROM: Roni James, Assisted Housing Specialist
SUBJECT: MEDICARE PRESCRIPTION DRUG PLAN

The Medicare Prescription Drug Plan was signed into law on December 8, 2003. Effective January 1, 2006, the permanent plan took effect. As a result, any person receiving subsidy through the US Department of Housing and Urban Developments Section 8 and Section 202 programs must report his/her participation in the drug plan.

Please complete the bottom portion of this memo and return it to The Arc of North Carolina, Post Office Box 18426, Greensboro, North Carolina 27419 by _____.

If you have any questions, please either call or email me at the number/address above.

Project Name: Fitts-Powell Apts **Project Number:** 053-HH053

Tenant Name: _____ **Unit Number:** _____

I certify that I (do ___) (do not ___) participate in the Medicare Part D Prescription Drug Plan.

(If you do participate in the Medicare Part D. Prescription Drug Plan, please enclose a copy of your prescription drug card.)

Applicant Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

VERIFICATION OF DISABILITY

Date: _____

ARC/Housing Development Services, Inc.
Post Office Box 18426, Greensboro, NC 27419

PART I

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Project Name: Fitts-Powell Apts 53-HH053 **County Group Home #** _____ **/ Apartment** _____
Office Address: _____ 1017 Cook Rd Durham, NC 27713 **Phone:** 919 688 0843
(Street) (City) (Zip)
Tenant Name: _____ **Social Security No.** _____ - _____ - _____
(Last) (First)

PART II

You are not required to sign this form if either the organization requesting the information or the organization supplying the information is not included.

Release:

I authorize _____ to release information
(Organization supplying information)

concerning medical history. Information obtained under this consent is limited to information not more than 12 months old. There are circumstances which would require the owner to verify information up to 5 years old; however, this would be authorized by me on a separate consent attached to this document.

(Signature of Tenant)

(Signature of Witness)

PART III – CONFIDENTIAL INFORMATION – MEDICAL PERSONNEL ONLY

Identify Disability / Handicap: _____

_____ which is expected to be of a long-continued and indefinite duration, substantially impedes his/her ability to live independently and is of such a nature that such disability could be improved by more appropriate housing.

(Signature and Title of Physician)

Date

or

Attached is a copy of an FL-2 or MR-2

Penalties for misusing this consent: **Title 19, Section 1001 of the US Code** states that a person is guilty of felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected, based on this Verification Form is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief as may be appropriate against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized

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 US 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 US Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As and PHAs can receive information authorized by this form

2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

Notice and Consent for the Release of Information

To the US Department of Housing and Urban Development (HUD) and to
An Owner and Management Agent (O/A), and to a Public Housing
Agency (PHA)

**US 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)

US Department of HUD
Greensboro Multifamily Hub
1500 Pincroft Road, Suite 401
Greensboro, North Carolina 27407

O/A requesting release of information (Owner should provide the full name and address of the Owner):

The Arc of North Carolina, Inc.
Post Office Box 18426
Greensboro, North Carolina 27419

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):

NCHFA
3508 Bush Street
Raleigh, North Carolina 27609-7509

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 of level of benefits, (3) HUD to request certain tax return information from the US Social Security Administration (SSA) and the US 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, S USC 552a. The O/A and the PHA is also required to protect the income information it ob-

tains 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 Member 18 and Over

Date

Spouse

Date

Other Family Member 18 and Over

Date

Other Family Member 18 and Over

Date

Other Family Member 18 and Over

Date

Other Family Member 18 and Over

Date

Other Family Member 18 and Over

Date

Original is retained on file at the project site

Ref. Handbooks 4350.3 Rev-1, 4571.1, 4571/2 &
4571.3 and HOPE II Notice of Program Guidelines

Form HUD-9887 (02/2007)

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 levels 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. .

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

Original is retained on file at the project site

ref. Handbooks 4350.3, 4571.1, 4571.2 &
4571.3 and HOPE II Notice of Program Guidelines

form HUD 9887 (02/2007)

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

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 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 affect 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 level. 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 PHA and the Owner 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 18 years of age or older 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 Program (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 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.

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 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.

Kimberly H. Higgins (Owner Representative)

Name of Project Owner or his/her representative

Assisted Housing Manager

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.

**VERIFICATION OF
GUARDIANSHIP**

PART I

Date: _____

Project Name: Fitts-Powell Apts 53-HH053 **County Group Home #** _____ **/ Apartment** _____

Office Address: 1017 Cook Rd Durham, NC 27713
(Street) (City) (Zip)

Office Phone: (919) 688 0843

PART II

Tenant Name: _____
(Last) (First) (MN)

Social Security Number: _____

PART III

I certify to the following of the tenant named above. (Check the appropriate block)

Tenant does not have a legally appointed guardian.

Tenant does have a legally appointed guardian
(Copy of court document appointing guardian is attached)

(Signature of LOU Administrator)

(Date)

Penalties for misusing this consent: **Title 19, Section 1001 of the US Code** states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any Owner (or any employee of HUD, the PHA or the Owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected, based on this Verification Form is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief as may be appropriate against the officer or employee of HUD, the PHA or the Owner responsible for the unauthorized disclosure or improper use. Penalty

provisions for misusing the Social Security Number are contained in **The Social Security Act at 42 USC 208 (f)(g) and (h)**. Violations of these provisions are cited as violations of 42 USC 407 (f)(g) and (h).

Rev 01/2009