

PLEASE READ THE NOTES BELOW:

- (1) during formal processing of this application, the information reported will be verified. An update will be done prior to occupancy to re-verify eligibility and compliance with our screening criteria.
- (2) A criminal background report will be obtained in all states which you have lived.
- (3) Credit rating report may be obtained in the absence of rental or personal references.
- (3) Copies of birth certificates or other proof of age will be required on all household members prior to initial occupancy.
- (4) Copies of social security cards will be required on all household members prior to initial occupancy.
- (5) Copies of immigrations status paperwork will be required on all household members who are not born in the United States prior to initial occupancy.

I/We the applicant agree to give the Management the authority to investigate my credit rating, current and past rental record, criminal background screening, income and all other information necessary to determine eligibility. I/We understand that any misrepresentation of information on this form will disqualify me from consideration for leasing and may be grounds for eviction.

I/We understand that this information may be release to appropriate Federal, State and local agencies. I/We hereby affirm that the foregoing information is true and correct to the best of my knowledge.

WARNING

FEDERAL PREFENCES:

If you feel you qualify for a Federal Preference, check the items below which accurately assess your current housing conditions. A written explanation of Federal Preference is available upon request.

- 1. FAMILIES OR PERSONS displaced by Presidential declared disaster or other governmental displacement.
- 2. Transfer of existing tenants who occupy over/under sized units over new applicants for occupancy.
- 3. FAMILIES with EXTREMELY LOW INCOME
- 4. DISABLED/HANDICAPPED/ELDERLY

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

You will be notified in writing within 30 days if your application has been accepted or rejected. If you wish to know our waiting list procedure or screening criteria, please ask. If your application has been approved, a letter will be sent to you upon approval and thereafter monthly to confirm you wish to remain on the waiting list. No status update will be provided by phone.

DOCUMENTS HAND CARRIED

- Birth Certificates on all household members
- Social Security cards on all household members
- Registration/Insurance on all vehicles
- Divorcee Decree
- Driver's License or State ID
- Bank Statements
- Receipts for over-the-counter medical expenses
- School Financial Award Letter

DOCUMENTS NOT HAND CARRIED

- Character References
- Income verifications
- Child Support verification
- Rental History verification
- Medical expenses

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

OFFICE USE ONLY:

Application received by: _____ Position: _____

Date: _____ Time: _____ am _____ pm

Application processed and completed by: _____ Date: _____

ATTACHMENT # 1
Please provide Employment History for the past 7 years

Head of Household Current Employer _____
Address, City, ST, Zip _____
Phone Number _____ Supervisor's Name _____
Employment date _____ Job Title _____

Head of Household Past Employer _____
Address, City, ST, Zip _____
Phone Number _____ Supervisor's Name _____
Employment date _____ Job Title _____

Head of Household Past Employer _____
Address, City, ST, Zip _____
Phone Number _____ Supervisor's Name _____
Employment date _____ Job Title _____

Head of Household Past Employer _____
Address, City, ST, Zip _____
Phone Number _____ Supervisor's Name _____
Employment date _____ Job Title _____

Spouse/Co-Head Current Employer _____
Address, City, ST, Zip _____
Phone Number _____ Supervisor's Name _____
Employment date _____ Job Title _____

Spouse/Co-Head Past Employer _____
Address, City, ST, Zip _____
Phone Number _____ Supervisor's Name _____
Employment date _____ Job Title _____

Spouse/Co-Head Past Employer _____
Address, City, ST, Zip _____
Phone Number _____ Supervisor's Name _____
Employment date _____ Job Title _____

Spouse/Co-Head Past Employer _____
Address, City, ST, Zip _____
Phone Number _____ Supervisor's Name _____
Employment date _____ Job Title _____

Other Household Current Employer _____
Address, City, ST, Zip _____
Phone Number _____ Supervisor's Name _____
Employment date _____ Job Title: _____

Other Household Past Employer _____
Address, City, ST, Zip _____
Phone Number _____ Supervisor's Name _____
Employment date _____ Job Title _____

Other Household Past Employer _____
Address, City, ST, Zip _____
Phone Number _____ Supervisor's Name _____
Employment date _____ Job Title _____

ATTACHMENT # 2
Please provide Rental History for the past 7 years

Name Current Landlord _____ Contact Person _____
Address _____, City _____, ST _____, Zip _____
Phone Number__ (____) _____ How long have you lived there _____
Do you rent or own? __rent __own. if you own, list mortgage company information under landlord.

Name Past Landlord _____ Contact Person _____
Address _____, City _____, ST _____, Zip _____
Phone Number__ (____) _____ How long have you lived there _____
Reason for Leaving _____
Do you rent or own? __rent __own. if you own, list mortgage company information under landlord.

Name Past Landlord _____ Contact Person _____
Address _____, City _____, ST _____, Zip _____
Phone Number__ (____) _____ How long have you lived there _____
Reason for Leaving _____
Do you rent or own? __rent __own. if you own, list mortgage company information under landlord.

Name Past Landlord _____ Contact Person _____
Address _____, City _____, ST _____, Zip _____
Phone Number__ (____) _____ How long have you lived there _____
Reason for Leaving _____
Do you rent or own? __rent __own. if you own, list mortgage company information under landlord.

Name Past Landlord _____ Contact Person _____
Address _____, City _____, ST _____, Zip _____
Phone Number__ (____) _____ How long have you lived there _____
Reason for Leaving _____
Do you rent or own? __rent __own. if you own, list mortgage company information under landlord.

Name Past Landlord _____ Contact Person _____
Address _____, City _____, ST _____, Zip _____
Phone Number__ (____) _____ How long have you lived there _____
Reason for Leaving _____
Do you rent or own? __rent __own. if you own, list mortgage company information under landlord.

Name Past Landlord _____ Contact Person _____
Address _____, City _____, ST _____, Zip _____
Phone Number__ (____) _____ How long have you lived there _____
Reason for Leaving _____
Do you rent or own? __rent __own. if you own, list mortgage company information under landlord.

Name Past Landlord _____ Contact Person _____
Address _____, City _____, ST _____, Zip _____
Phone Number__ (____) _____ How long have you lived there _____
Reason for Leaving _____
Do you rent or own? __rent __own. if you own, list mortgage company information under landlord.

Name Past Landlord _____ Contact Person _____
Address _____, City _____, ST _____, Zip _____
Phone Number__ (____) _____ How long have you lived there _____
Reason for Leaving _____
Do you rent or own? __rent __own. if you own, list mortgage company information under landlord.

ATTACHMENT # 3
PLEASE COMPLETE THIS PAGE ONLY IF YOU ARE
DISABLED/HANDICAPPED/SENIOR APPLICANTS

YES NO Please mark YES or NO on the following questions:

___ ___ Do you wish to identify yourself or spouse under the age of 62 to qualify as handicapped or disabled under Section 223 of the Social Security act? if so, it would entitle your household to an automatic \$400 deduction from your annual income.

___ ___ Do you pay a care attendant or for any equipment for any handicapped or a disabled household member necessary to permit that person or someone else in the household to work?

___ ___ Do you have medicare?

___ ___ Do you have Medicaid?

___ ___ Do you have any other kind of medical insurance?

___ ___ Do you have outstanding medical bills that you are paying? if yes, list them
 Doctor/hospital: _____ Account #: _____
 Doctor/hospital address: _____

Doctor/hospital: _____ Account #: _____
 Doctor/hospital address: _____

Doctor/hospital: _____ Account #: _____
 Doctor/hospital address: _____

Doctor/hospital: _____ Account #: _____
 Doctor/hospital address: _____

___ ___ Do you take medication on a regular basis? If yes, list pharmacies
 Pharmacy: _____ Account #: _____
 Address: _____

Pharmacy: _____ Account #: _____
 Address: _____

___ ___ Do you purchase over-the-counter medications prescribed by your doctor? If yes, list
 Medication: _____ Medication: _____
 Medication: _____ Medication: _____
 Medication: _____ Medication: _____

___ ___ Do you anticipate any health care related expenses for the next 12 months which are not covered by health insurance?

Signature: _____ Date: _____

If you are an individual with handicaps or a disability, you may inform the owner of this fact and may request the owner to make reasonable accommodation in nonessential policies or practices to enable you equal opportunity. Parklane Apartments does not discriminate on the basis of handicapped status in the admission of access to or treatment or employment in its federally assisted programs and activities.

Robin Prophet has been designated as the contact person at Parklane Apartments, 1000 M Street, Danville, AR 72833, phone number (479) 495-2022, TDD# TOLL FREE 1-800-235-7959, to coordinate compliance with nondiscrimination in the Department of Housing and Urban Development's Section 504(24CFR Part 8 dated June 2, 1988).

AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

I, the undersigned, hereby authorize any law enforcement official, department, or administrative division to release to Parklane Apartments and/or Rental Management, Inc., any and all police reports, incident reports or any other information within the knowledge and control of such law enforcement official, or arrest that I have been listed on.

I further agree that a machine reproduced copy of the authorization shall have all the same effect as the executed original.

Executed at Parklane Apartments, 1000 M Street, Danville, AR 72834 on _____ Day of _____ 201__.

Applicant Signature _____ Date _____

Witness _____ Date _____

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

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

1. Form HUD-9887/A Fact Sheet describing the necessary verifications
2. Form HUD-9887 (to be signed by the Applicant or Tenant)
3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)
4. Relevant Verifications (to be signed by the Applicant or Tenant)

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with 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

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.

Section 221(d)(3) Below Market Interest Rate

Section 235

HOPE 2 Home Ownership of Multifamily Units

Sections 202 and 811 PRAC Section 202/152 PAO/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Notice and Consent for the Release of Information

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

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

Federal Housing Commission HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):

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

US. DEPT OF HUD
425 West Capitol Avenue Suite 1000
Little Rock, AR 72201

Rental Management, Inc
P.O. Box 1526
Fort Smith, AR 72902

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.):

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager. Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures: Additional Signatures, if needed:

_____	_____	_____	_____
Head of Household	Date	Other Family 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

Agencies To Provide Information

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

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

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

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

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

1099-S Statement for Recipients of Proceeds from Real Estate

Transactions

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions 1099-INT Statement for Recipients of Interest Income 1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

U.S. Department of Housing and Urban Development

Verification by Owners of Information

Office of Housing
Federal Housing Commissioner

Supplied by Individuals Who Apply for Housing Assistance Instructions to Owners

I. 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).

II. 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.

III. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request. Instructions to Applicants and Tenants

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

Read this material which explains:

HUD's requirements concerning the release of information, and

Other customer protections.

Sign on the last page that:

you have read this form, or

the Owner or a third party of your choice has explained it to you, and

you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544. In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits. In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

f. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guideline

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 that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Robin Prophet Name of Project Owner or his/her representative

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.

STATEMENT OF CURRENT/PREVIOUS RENTAL ASSISTANCE

Applicant's Name: _____
(First) (Middle initial) (Last)

Current Address:

Name of Property: _____
Manager _____ Phone #: () _____
Address: _____ City: _____ ST: _____ ZIP: _____

Date Needed to Move in: _____; Move date from present apt _____
Have you given notice to the Manager? ___ yes ___ no. **If yes, please attach a copy of the notice.**

I am not ___ **I am** ___ currently receiving rental assistance or one or more of the following: HUD Section 8 Project-based Assistance/ HUD Assisted Public Housing, or PHA Voucher Choice Program at the above named property.

The amount of rent I pay to my current landlord is \$ _____
Do you currently have utilities in your name at the above address?
Yes ___ No _____. Present utility bill ___ Yes ___ No

Signed: _____ **Date:** _____
Rental Applicant

VERIFICATION OF RENTAL HISTORY

From: **Parklane Apartments**
1000 M Street
Danville, AR 72834

To: _____

RELEASE OF INFORMATION FOR APPLICANT

I _____, an applicant for occupancy at the above named property, do hereby authorize my current landlord to disclose the following information. The information below is required to be certified by my current landlord. Please answer the applicable questions, and also state that

I do ___ **or I do NOT** ___ receive any type of HUD Rental Subsidy at the current time.

Applicant signature: _____ *Date:* _____

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

The 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

XII. 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:

XIII. Obtain accurate income information

XIV. Verify resident income

XV. Ensure residents receive the exclusions and deductions to which they are entitled

XVI. Accurately calculate Tenant Rent

XVII. Provide tenants a copy of lease agreement and income and rent determinations Recalculate rent when changes in family composition are reported

XVIII. Recalculate rent when resident income decreases

XIX. Recalculate rent when resident income increases by \$200 or more per month

XX. Recalculate rent every 90 days when resident claims minimum rent hardship exemption

XXI. Provide information on OA policies upon request

XXII. Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

XXIII. Provide accurate family composition information

XXIV. Report all income

XXV. Keep copies of papers, forms, and receipts which document income and expenses

XXVI. Report changes in family composition and income occurring between annual recertifications

XXVII. Sign consent forms for income verification

XXVIII. 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?

Determining Tenant Rent

Annual Income - Deductions = Adjusted Income

Project-Based Section 8 Rent Formula:

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

XXIX. 30% of the family's monthly *adjusted* income

XXX. 10% of the family's monthly income

XXXI. Welfare rent or welfare payment from agency to assist family in paying housing costs. OR

XXXII. \$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:

- XXXIII. Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- XXXIV. Net income from the operation of a business or profession
- XXXV. Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- XXXVI. 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)
- XXXVII. 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
- XXXVIII. 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
- XXXIX. All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- XXXX. 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:

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

Assets Do Not Include:

- LI. Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- LII. Interests in Indian trust land
- LIII. Term life insurance policies
- LIV. Equity in the cooperative unit in which the family lives
- LV. Assets that are part of an active business
- LVI. Assets that are not effectively owned by the applicant or are held in an individual's name but:
 - LVII. The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and that other person is responsible for income taxes incurred on income generated by the assets
- LVIII. Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- LIX. Assets disposed of for less than fair market value as a result of:
 - LX. Foreclosure
 - LXI. Bankruptcy
 - LXII. Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- LXIII. Income from the employment of children (including foster children) under the age of 18
- LXIV. 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)
- LXV. 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
- LXVI. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- LXVII. Income of a live-in aide
- LXVIII. 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
- LXIX. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- LXX. Amounts received under training programs funded by HUD
- LXXI. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- LXXII. 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
- LXXIII. Resident service stipend (not to exceed \$200 per month)
- LXXIV. 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
- LXXV. Temporary, non-recurring or sporadic income (including gifts)
- LXXVI. 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
- LXXVII. Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- LXXVIII. Adoption assistance payments in excess of \$480 per adopted child (adoption assistance payments in excess of \$480 per adopted child)
- LXXIX. Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- LXXX. Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- LXXXI. Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- LXXXII. Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- LXXXIII. Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- LXXXIV. Payments received under the Alaska Native Claims Settlement Act
- LXXXV. Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes
- LXXXVI. Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- LXXXVII. Payments received under programs funded in whole or in part under the Job Training Partnership Act
- LXXXVIII. Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- LXXXIX. The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- LXXXX. Payments received from programs funded under Title V of the Older Americans Act of 1985
- LXXXXI. 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
- LXXXXII. Payments received under the Maine Indian Claims Settlement Act of 1980
- LXXXXIII. 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
- LXXXXIV. Earned income tax credit (EITC) refund payments on or after January 1, 1991
- LXXXXV. Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- LXXXXVI. Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- LXXXXVII. 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

LXXXXVIII. 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

LXXXXIX. Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

Deductions:

- . \$480 for each dependent including full time students or persons with a disability
- I. \$400 for any elderly family or disabled family
- II. Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- III. 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
- IV. 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.
- V. 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:

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

Regulations:

- VII. General HUD Program Requirements; 24 CFR Part 5

Handbook:

- VIII. 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>

RHIIP Information Sheet

for Tenants

Multifamily Project-based Programs

June 2004

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

Office of Multifamily Housing Programs
US Department of Housing and Urban Development

This information sheet provides general information regarding the roles and responsibilities of tenants in the RHIIP initiative. See Multifamily Housing Programs' RHIIP website at: www.hud.gov/offices/hss/mffi/rhiip/niffrrhipp.com for additional information.

1. What is RHIIP?

Initiated in 2001, the Rental Housing Integrity Improvement Project (RHIIP) is a department-wide secretarial initiative designed to reduce errors in the administration of the U.S. Department of Housing and Urban Development's (HUD's) rental programs. Its overall goal is to ensure that the "right benefits go to the right persons" and to improve the quality and accessibility of subsidized housing for families that need it the most.

2. What has the Office of Multifamily Housing Programs done?

HUD's Office of Multifamily Housing Programs has:

Updated Handbook 4350.3 Rev-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs* so those who use and administer rental assistance have access to current information.

Issued the "Rent and Income Determination Quality Control Monitoring Guide" to provide technical guidance and tools that will help contract administrators (CAs) improve their monitoring activities and bring about the correction of errors in rent.

Trained, and continues to train, HUD staff and contract administrators to help them understand how income and rent are determined and how to perform quality control monitoring reviews.

Developed a RHIIP Brochure and information sheets for owners/agents, tenants, contract administrators, and HUD staff. See the RHIIP Brochure on Multifamily Housing Programs' website at: www.hud.gov/offices/hsg/mfh/rhiip/mfhrhiip.cfm

Implemented systems and compliance policies to better assure that corrections are made when errors and oversights are discovered.

Distributed information sheets to property owners and rental assistance contract administrators about the Automation Rule to help them understand the requirements for providing current and correct tenant information to the Tenant Rental Assistance Certification System (TRACS).

3. To what types of multifamily properties does RHIIP apply?

RHIIP applies to the following properties:

Project-based Section 8

Section 202/8

Section 202/811 - Project Rental Assistance Contract (PRAC)

Section 202/162 - Project Assistance Contract (PAC)

Section 221 (d)(3) Below Market Interest Rate (BMIR)

Section 236

Rental Assistance Payments (RAP)

Rent Supplement

What is my role in the RHIIP initiative?

Pay rent on time and in full.

Provide current and accurate income and expense information at certification/ recertification.

RHIIP Website
www.hud.gov/offices/hsg/mfh/rhiip/mfhrhiip.cfm

Report changes in income, benefits, and family composition.

Know and follow the rules at your assisted property.

Be aware of allowable exclusions and deductions that will benefit you and your family. See "How Your Rent is Determined" fact sheets at: www.hud.gov/offices/hsg/mfh/rhiip/mfhrhiip.cfm.

Contact your property owner/agent regarding questions on how your rent is calculated and documented.

5. Why do I have to provide information about my income and family composition annually?

HUD requires you to report this information at least annually in order to determine the amount that you are eligible to receive in rental assistance. The amount you pay in rent is based on your family's income and composition. So, if your family's income or composition changes, your rent may also change. This is why it is so important for you to report these changes when they occur. By keeping us informed of changes in income and family composition, we can better assure that you are paying the correct amount in rent. Correct rent calculation will allow us to serve as many people as possible.

6. Do owners keep a record of changes in my income, family composition, and rent?

Yes. Property owners/agents are required to certify that they are in compliance with HUD's tenant eligibility and rent procedures by sending tenant data (i.e. 50059 data) to a HUD computer system (TRACS). The data includes tenant characteristics information (e.g., family income, composition, and rent), which must remain current and accurate. In the event you leave the property, your tenant data will be kept on file for at least three years thereafter.

7. Is my property owner required to provide me with a copy of this documentation?

Yes. You have a right to review and receive a copy of your tenant characteristics data (50059 data requirements). You should receive a copy of your 50059 data requirements when you move in, when you re-certify, and upon your request. See your property owner/agent for a printout of your 50059 data.

8. Where can I find information on how my rent is determined and the rules governing my owner's property?

Fact sheets for each subsidized housing program that answer the question of "How your Rent Is Determined" are found on Multifamily Housing Programs' RHIP website at: <http://www.hud.gov/offices/hsg/mfh/rhiip/mfhrhiip.cfm>.

The Handbook 4350.3 - Rev. 1, which governs HUD-subsidized multifamily housing projects, can be found by visiting www.hudcliDS.org. See the "Handbook Summary for Tenants," located on the Multifamily Housing Programs RHIP website at: www.hud.gov/offices/hsg/mfh/rhiip/mfhrhiip.cfm.

which highlights key program requirements that directly affect tenants.

9. What can I do, or whom can I contact, if I believe my income or rent is not being determined correctly?

To discuss or resolve concerns about how your rent is determined, you should contact your property owner/agent. If you need further assistance, you may contact the contract administrator of the property; and if a resolution is not reached, HUD. For help locating the nearest HUD field office, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.

10. How can I use the various information sheets and the brochure to help meet the RHIP goal?

The information sheets and the brochure can be:

Given to other tenants to make them aware of their role in HUD's initiative to ensure that the right benefits go to the right person.

Used as a handout at tenant meetings and conferences regarding HUD program requirements.

Used as a reference for resource materials, and understanding the initiative, HUD program requirements, and your role in improving income integrity.

What you need to know about Bed Bugs

SOUTHERN NEVADA HEALTH DISTRICT

What are bed bugs?

Bed bugs are small wingless insects that feed on the blood of warm-blooded animals, such as humans, birds, rodents, bats and pets.

Young bed bugs are about the size of a poppy seed and adults are about quarter of an inch in length. Their bodies are oval and flat, and their color ranges from nearly white (after molting) to deep brown (after feeding).

Bed bugs come out at night to feed and live in cracks and crevices.

Do bed bugs spread disease?

Bed bugs are not known to spread disease.

Bed bugs inject a small amount of saliva into the skin while feeding. An allergic reaction to the saliva may cause the area around the bite to become swollen and itchy. Do not scratch bites, as this may

Bed bug bites.

worsen the irritation and itching and may lead to a secondary infection.

Why are bed bugs resurging?

International travel and changes in modern pest control practices are believed to be responsible for the resurgence of bed bugs in the United States.

Bed bugs are common in Asia, Africa, Central and South America and Europe. With the growth of international travel, bed bug infestations are steadily increasing. Since most people of this generation have never seen a bed bug, they are more likely to bring bed bugs home with them in luggage and clothes.

In the 1940s and '50s, the pesticide DDT was liberally used in homes to fight insect infestation. With the ban on DDT in the '70s pest control methods changed from elimination to repellent and baits. These changes make it easy for bed bugs to avoid most pest control methods.

How can I avoid bedbugs while traveling?

Check for bed bugs right after entering your hotel room.

- IX. Place luggage on the luggage rack. The metal or plastic legs of the luggage rack make it hard for bed bugs to get into your suitcase.
- X. Keep luggage rack away from walls.
- XI. Check the mattress and headboard for signs of bed bugs.
- XII. Pull sheets back and check for dark brown spots on the mattress.
- XIII. Check crevices and creases of mattress for shed skin, live insects or fecal matter.

What if I think my hotel room has bed bugs?

Most good hotels have a plan in place to deal with bed bug infestations. If you believe a room is infested with bed bugs, notify the front desk immediately. You will most likely be moved to another room.

Notify the Southern Nevada Health District's Environmental Health Division at (702) 759-0588 to report the infestation.

To prevent bringing the bed bugs with you to the new room, have clothes washed in hot water and dried in a commercial dryer for one hour and store luggage in a sealed plastic bag.

How do I prevent bringing bed bugs home with me?

If you have visited a dwelling infested with bed bugs, the following procedures will help prevent you from bringing the pests home.

- XIV. Wash all clothing in 120°F water and use a machine dryer set on hot before or as soon as the clothing is brought back into the home.
- XV. Suitcases should be carefully inspected, scrubbed with a stiff brush, and thoroughly vacuumed.

XVI. Seal the luggage in a plastic bag for several months to prevent bed bugs from feeding, and they will eventually die. Bed bugs can live several months without a blood meal.

Bed bugs hiding in a mattress seam.

XVII. Leaving luggage for several hours in a closed vehicle in full summer sun may also kill bed bugs and eggs.

What if I think my home has bed bugs?

Several different kinds of insects resemble bed bugs, so any bugs found in your home should be carefully compared to pictures to confirm their identify. A pest control expert or entomologist can also accurately identify the insects you collect.

Once you have confirmed the presence of bed bugs, devise a plan to rid them from your home. There are several things you can do to rid bed bugs from your home:

XVIII. Reduce clutter to reduce hiding spaces for bed bugs.

XIX. Thoroughly clean all rooms.

XX. Scrub infested surfaces with a stiff brush to dislodge eggs.

XXI. Dismantle bed frames to find hiding places.

XXII. Remove drawers from furniture and turn furniture over, if possible.

XXIII. Use a powerful vacuum to remove bed bugs from cracks and crevices.

XXIV. Seal used vacuum bags in a plastic bag and place in the outside trash.

XXV. Steam clean carpets to kill bugs and eggs that the vacuum missed.

XXVI. Encase mattresses and box springs within special mattress bags.

XXVII. Seal any holes in mattress bags with permanent tape.

XXVIII. Pull bed frame away from the wall.

Tuck in sheets and blankets so they don't touch the flo

XXIX. Place the bed frame legs into dishes or cups of mineral oil (bed bugs cannot crawl up slick surfaces).

XXX. Caulk and seal all holes where pipes and wires penetrate walls and the floor.

XXXI. Fill cracks around baseboards and cove molding.

XXXII. Clean behind picture frames, switch plates and outlets, and inside clocks, phones, televisions and smoke detectors.

XXXIII. Infested bedding and garments must be bagged and washed in a minimum temperature of 120°F and dried in a machine dryer set on hot for at least one hour.

XXXIV. Individual items can be wrapped in plastic and placed in a hot, sunny location for at least a few days or in cold temperature (below 32°F) for at least two weeks.

QUICK FACTS

XXXXV. A single pregnant female bed bug can start an infestation.

XXXXVI. Bed bugs have up to a two year chance to lay eggs when the light is on.

XXXXVII. Bed bugs can survive months without food.

XXXXVIII. Bed bugs can survive 120°F temperatures for several days.

XXXXIX. Bed bugs can survive freezing temperatures for several weeks.

XXXXX. Bed bug eggs are tiny, sticky and difficult to remove, making them difficult to eliminate.

XXXXXI. Contact a pest control company.

XXXXXII. Verify the company has experience with bed bugs.

XXXXXIII. Ask for references of customers who had bed bug infestations.

XXXXXIV. Insecticides must be applied in all cracks and crevices where the bugs are discovered or tend to hide.

How did bed bugs get into my home?

Bed bugs come out at night and hide in the presence of light. Their size and shape make it easy for them to hide:

XXXXXV. In the folds and creases of bed linens

XXXXXVI. In seams and tufts of mattresses and box springs

XXXXXVII. Within pleats of curtains

XXXXXVIII. Beneath loose areas of wallpaper

XXXXXIX. In corners of desks and dressers

L. Within spaces of wicker furniture

LI. In laundry

LII. In the space between the carpet and baseboard

Bed bugs are efficient hitchhikers and are usually transported home on luggage, clothing, beds, furniture, etc. Travelers returning from countries where bed bugs are common bring bed bugs home in their luggage or clothes. Buying secondhand furniture is another way bed bugs can enter your home.

The cleanliness of the dwelling has little to do with the level of bed bug infestation. Bed bugs will thrive in any location where there are warm-blooded hosts and plenty of hiding places.

What are the rights and obligations of tenants and landlords?

RENTERS: Landlords and property owners have an obligation to provide safe and habitable accommodations for tenants. Tenants have an obligation to cooperate with owners and landlords. This includes preparing the home so that the pest control operator can easily inspect the rooms and treat if necessary.

LANDLORDS: Landlords and property owners have an obligation to provide safe and habitable accommodations for tenants. Bed bug infestations can be considered unacceptable conditions.

Because bed bugs can live for months without feeding, they may be present in clean and vacant homes. Bed bugs can move between apartments through voids in walls and holes through which wires and pipes pass.

For more information on the rights and obligations of tenants and landlords, visit the Nevada Revised Statutes Chapter 118A-Landlord and Tenant: Dwellings webpage at <http://www.leg.state.nv.us/NRS/NRS-118A.html>.