Crestview Place

AN MRC HEALTHY LIVING COMMUNITY

ANNUAL INCOME

Annual income may not exceed these amounts:

1 person:	$ 23,000
2 persons:	$ 26,250
3 persons:	$ 29,550
4 persons:	$ 32,800

MRC Crestview Place
2503 E. Villa Maria Rd
Bryan, TX 77802

Phone: (979)703-7090 Fax: (979)731-1181 TTY: dial 711

Office Hours: Monday-Friday

8:00am - 5:00pm

MRC Crestview Place does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).
Compliance Manager
1440 Lake Front Circle, Suite 140
The Woodlands, Texas 77380
(877) 792-0969 **TTY: dial** 711

EQUAL HOUSING OPPORTUNITY

Affordable Housing

FOR METHODIST RETIREMENT COMMUNITIES

Documents Needed with Application

The application must be completed including signatures and dates. Return the application with the following documents:

❒ Copy of Picture identification

❒ Copy of Social Security Number:

Documents accepted for verification of social security number:

- Original Social Security card
- Original document issued by a federal or state government agency which contains the name, SSN, and other identifying information of the individual
- Driver's License with SSN printed on it
- Identification card issued by a medical insurance provider, or by an employer or trade union with SSN printed on it
- Earnings statements on payroll stubs
- Bank statement with SSN printed on it
- Form 1099
- Benefit award letter with SSN printed on it
- Retirement benefit letter with SSN printed on it
- Life insurance policy with SSN printed on it
- Court records with SSN printed on it

❒ Copy of Proof of Age:

Documents Accepted for Proof of Age:

- Birth Certificate
- Benefit letter from Social Security with DOB printed on it
- Baptismal Certificate
- Military Discharge papers
- Valid Passport
- Census Document showing age
- Naturalization Certificate

EQUAL HOUSING OPPORTUNITY

Application for Admission and Rental Assistance
Section 8 Housing for Seniors and/or Residents with Disabilities

Date: _____

Property Name: Address:	MRC Crestview Place 2503 E. Villa Maria Rd Bryan, TX 77802		
Telephone: Fax:	(979)703-7090 (979)774-9926	TTD/TTY:	711 National Voice Relay
Property Web Site:	http://www.mrcaff.org/affordable-housing-communities.aspx		

(Please return this form to the above address)

For Office Use Only: Date application received _____	Time application received _____	By _____

Applicant Name			
How did you hear about us?			
Gender	☐ Male ☐ Female ☐ Prefer not to disclose		
Citizenship Status	☐ United States Citizen ☐ Eligible Non-Citizen ☐ Ineligible Non-Citizen		
What is your relationship to the Head of household?	☐ Head of Household ☐ **Co-head* ☐ **Spouse* ☐ *Child* ☐ *Other adult* ☐ *Foster adult/child* ☐ *Live-in Aide (live in aides complete a different application and must be approved before move in)* ☐ *None of the Above* **You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.*		
Current Address			
Address Line 2			
City, State, Zip			
Home Phone			
Cell Phone			
Email address			
Work Phone			
May we contact you at work?		☐ Yes	☐ No
Birth date			
Social Security Number			
If you have no Social Security Number, you claim you are exempt because ☐ You are an ineligible non-citizen ☐ You were 62 as of 1/31/10 **and** receiving HUD housing assistance as of 1/31/10			
If the head-of household or co-head/spouse is not 62 or older, do you claim eligibility because the head-of-household or co-head/spouse is disabled?		☐ Yes	☐ No
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?		☐ Yes	☐ No
Are you a victim of a recent presidentially declared disaster?		☐ Yes	☐ No
Are you currently receiving housing assistance from HUD or a PHA?		☐ Yes	☐ No
Are you a student enrolled in an institute of higher education?		☐ Yes	☐ No
If yes		☐ Full-time	☐ Part-time
Are you currently using marijuana?		☐ Yes	☐ No

EQUAL HOUSING OPPORTUNITY

Application for Admission and Rental Assistance
Section 8 Housing for Seniors and/or Residents with Disabilities

Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? *This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc*.	☐ Yes	☐ No
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?	☐ Yes	☐ No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?	☐ Yes	☐ No
Have you ever been convicted of a crime?	☐ Yes	☐ No
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	☐ Felony	☐ Misdemeanor
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	☐ Yes	☐ No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	☐ Yes	☐ No
If yes, when?		

Please indicate each state where you have lived: *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

☐ AL ☐ AK ☐ AZ ☐ AR ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ ID ☐ IL ☐ IN ☐ IA

☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO ☐ MT ☐ NE ☐ NV ☐ NH

☐ NJ ☐ NM ☐ NY ☐ NC ☐ ND ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT

☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington D.C

<u>RENTAL HISTORY</u>:

Are you currently homeless or lacking a fixed night time residence?	☐ Yes	☐ No

Referred by: (list agency, shelter, etc…)
Office Use only: Verified by:
If homeless, please skip questions about your current landlord and answer questions related to your most recent landlord.

If you are not the Head-of-Household (HOH), Is your current landlord the same as the HOH? *(if Yes, continue to the Previous Landlord information; if No, Complete the Information below)*	☐ Yes	☐ No

Current Landlord	
Address	
Address	
City, State, Zip	
Contact Name (if known)	
Phone Number	
How long have you lived at this address	
Reason for leaving	

EQUAL HOUSING OPPORTUNITY

Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)*	☐ Yes	☐ No
Do you currently have any outstanding overdue balances owed to this landlord?	☐ Yes	☐ No
Have you given this landlord notice that you will be moving?	☐ Yes	☐ No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	☐ Yes	☐ No
Have you ever been asked to sign a repayment agreement to return money to HUD?	☐ Yes	☐ No

If you are not the Head-of-Household (HOH), is Previous Landlord #1 the same as the HOH? *(If Yes, continue to the next section. If No, complete the Information below)*		☐ Yes	☐ No
Previous Landlord #1			
Address			
Address			
City, State, Zip			
Contact Name (if known)			
Phone Number			
How long did you live at this address			
Reason for leaving			
Were you or any member of your household evicted from this property?		☐ Yes	☐ No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)*		☐ Yes	☐ No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?		☐ Yes	☐ No

Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?		☐ Yes	☐ No
If you are not the Head-of-Household (HOH), is Previous Landlord #2 the same as the HOH? *(If Yes, continue to the next section. If No, complete the Information below)*		☐ Yes	☐ No
Previous Landlord #2			
Address			
Address			
City, State, Zip			
Contact Name (if known)			
Phone Number			
How long did you live at this address			
Reason for leaving			
Were you or any member of your household evicted from this property?		☐ Yes	☐ No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)*		☐ Yes	☐ No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?		☐ Yes	☐ No

EQUAL HOUSING OPPORTUNITY

Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	☐ Yes	☐ No

Do you receive any assistance to pay your utility bills?		☐ Yes	☐ No
Is assistance provided under the HHS Low-Income Home Energy Assistance Program (LEAP)?	☐ Yes	☐ No	☐ NA
If no, the monthly amount you receive to assist with your utility bills.	$_____ or		☐ NA

PETS & ASSISTANCE/COMPANION ANIMALS: Please review the property pet/assistance animal rules. The presence of any animal must be approved **before** housing the animal in the unit.

Do you plan to house an animal in the unit?		☐ Yes	☐ No
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?		☐ Yes	☐ No
ANIMAL TYPE *(I.E. DOG, CAT, TURTLE, ETC)*	**BREED** *(IF APPLICABLE)*	**HEIGHT** *(MEASURED AT WITHERS IF APPLICABLE)*	**WEIGHT**

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:
If you are the Head of Household (HOH), please complete this section which provides information about other household members. Make a copy of this page if more than four people will live in the unit. This application must include information about everyone who will live in the unit. *If you are not the HOH, please skip to questions about income and assets.*

Will anyone else live in the unit with you? *If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.*				☐ Yes	☐ No
How many people will live in the unit?	Adults		Minors		
If there are any dependents in the household, are any of these dependents part of a joint custody arrangement set forth by a court order?	☐ Yes ☐ No				
If yes, would the joint custody dependent spend more than 50% of his/her time in this household's unit per that arrangement?	☐ Yes ☐ No				

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME			
2			
☐ Co-head ☐ Spouse ☐ Child ☐ Other adult ☐ Foster adult/child ☐ Live-in Aide *(live in aides must be approved before move in)* ☐ None of the Above			
SSN		Date of Birth	

Please indicate each state where this person has lived

☐ AL ☐ AK ☐ AZ ☐ AR ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ ID ☐ IL ☐ IN ☐ IA
☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO ☐ MT ☐ NE ☐ NV ☐ NH
☐ NJ ☐ NM ☐ NY ☐ NC ☐ ND ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT
☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington D.C.

Application for Admission and Rental Assistance
Section 8 Housing for Seniors and/or Residents with Disabilities

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME			
3			
☐ Co-head ☐ Spouse ☐ Child ☐ Other adult ☐ Foster adult/child ☐ Live-in Aide *(live in aides must be approved before move in)* ☐ None of the Above			
SSN		Date of Birth	

Please indicate each state where this person has lived

☐ AL ☐ AK ☐ AZ ☐ AR ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ ID ☐ IL ☐ IN ☐ IA
☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO ☐ MT ☐ NE ☐ NV ☐ NH
☐ NJ ☐ NM ☐ NY ☐ NC ☐ ND ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT
☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington D.C.

UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preferences below. Please indicate any necessary special features below.

Unit Size	Special Features
☐ 1 Bedroom Unit	☐ Mobility Accessible Unit
☐ 2 Bedroom Unit	

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed?	☐ Yes	☐ No
If yes, please provide the name and address of your present employer below.		
Employer #1		
Address		
Address 2		
City, State, Zip		
Phone		
How much employment income do you expect to receive in the next 12 months?	$	

Employer #2	
Address	
Address 2	
City, State, Zip	

EQUAL HOUSING OPPORTUNITY

Application for Admission and Rental Assistance
Section 8 Housing for Seniors and/or Residents with Disabilities

Phone	
How much employment income do you expect to receive in the next 12 months?	$

Do you currently have more than two employers? ☐ Yes ☐ No
If yes, please provide additional employment information on a separate sheet.

How much do you expect to receive in other income in the next 12 months? ***Please write in 0.00, NA or None if you will receive no income from these sources.*** ***THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.***				
Monthly Social Security?	☐ Check	☐ Direct Deposit	☐ Pre-paid Debit Card	$
Monthly SSI?	☐ Check	☐ Direct Deposit	☐ Pre-paid Debit Card	$
Monthly Retirement Benefits?	☐ Check	☐ Direct Deposit	☐ Pre-paid Debit Card	$
Monthly VA Benefits?	☐ Check	☐ Direct Deposit	☐ Pre-paid Debit Card	$
Monthly Unemployment Benefits?	☐ Check	☐ Direct Deposit	☐ Pre-paid Debit Card	$
Monthly Public Assistance?	☐ Check	☐ Direct Deposit	☐ Pre-paid Debit Card	$
Child Support?	☐ Check	☐ Direct Deposit	☐ Pre-paid Debit Card	$

Are you entitled to Alimony?	☐ Yes	☐ No
Monthly Alimony Amount	$	
Income from a pension or annuity or other asset?	$	
Regular contributions from organizations or from individuals not living in the unit?	$	
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	$	
Contributions from family for rent, child care or other bills.	$	
Any lump sum amounts from delay of payments for SSI or VA Disability	$	
Do you receive financial aid for education assistance?	☐ Yes	☐ No
Annual amount of education assistance.	$	
Other?	**$**	
Other?	**$**	
Other?	**$**	

Assets

Have you sold or given away real property or other assets valued at $1000.00 or more (including cash donations) in the past two years?	☐ Yes	☐ No
Have you given any money to charities in the past two years?	☐ Yes	☐ No

Do you have a checking account?	☐ Yes	☐ No
If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.		
Do you have a savings account?	☐ Yes	☐ No
Current Balance - Please write in 0.00, NA or None if the account balance is zero.	$	
Do you have cash that is not deposited in an account?	☐ Yes	☐ No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	$	
Do you have a 401K or other employment savings account?	☐ Yes	☐ No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	$	
Do you own an IRA or other retirement account?	☐ Yes	☐ No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	$	
Do any of your retirement accounts have a Required Minimum Distribution?	☐ Yes	☐ No
Amount	$	
Do you own a home or other property?	☐ Yes	☐ No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	$	
Do you have business income?	☐ Yes	☐ No
Current Value of Business - Please write in 0.00, NA or None if the asset value is zero.	$	
Do you own stocks/bonds/certificates of deposit (CD)?	☐ Yes	☐ No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	$	
Do you own a life insurance policy?	☐ Yes ☐ Whole ☐ Term ☐ Universal	☐ No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	$	
Do you own an annuity?	☐ Yes	☐ No
	$	

EQUAL HOUSING OPPORTUNITY

Current Value - Please write in 0.00, NA or None if the asset value is zero.		
Is there a trust fund in your name or have you established a trust fund for someone else?	☐ Yes	☐ No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	$	
Do you have a safety deposit box?	☐ Yes	☐ No

Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.	☐ Yes	☐ No
Do you have access to any other assets, property, insurance policies, businesses, etc.?	☐ Yes	☐ No
If yes, please provide a description of the asset(s) and the current asset value below:		

Medical Expenses: Households in which the **head-of-household, co-head of household or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Health Insurance - 1– annual premium	$	
Health Insurance - 1 – annual deductible	$	
Health Insurance - 2 – annual premium	$	
Health Insurance - 2 – annual deductible	$	
Dr. visit/medical treatments - annual out-of-pocket expense	$	
Prescription Drugs - annual out-of-pocket expense	$	
Do you have an **HMO**, a **medical plan**, or **health insurance policy**, which pays all or part of the cost of your medications?	☐ Yes	☐ No
If yes, please give the name of the HMO, plan, or insurance company. _____ _____ _____		
What amount (or percentage) of the cost must YOU pay?	$	%
If you must pay for the medicines yourself, are you later reimbursed all or part of the cost?	☐ Yes	☐ No
If yes, who reimburses you? _____ _____ _____		

EQUAL HOUSING OPPORTUNITY

Over-the-counter medical expenses to treat a specific medical condition - annual out-of-pocket expense *(i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis)*	$
Personal use items annual out-of-pocket expense *(i.e. glasses, incontinent supplies, hearing aids)*	$

Cost/Care for Assistance/Companion Animals - annual out-of-pocket expense	$
Mileage to and from medical appointments	$
Other	$
Other	$
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?	
Other?	$
Other?	$

Child Care: HUD allows you to deduct a certain amount of child care expense to allow a resident living in the unit to work, look for work or to go to school. Please indicate any child care expense for any child who is 12 years of age or younger. Expenses for children 13 or older are not allowed as part of the deduction unless the child is disabled and such expense is necessary to allow an adult household member to work. See Disability Assistance Expense below.

Do you pay for Child Care for a minor 12 years of age or younger?	☐ Yes	☐ No
Monthly Amount Child #1 Name: _____ Enables someone to: ☐ Work ☐ Seek employment ☐ Go to school	$ _____	
Monthly Amount Child #2 Name: _____ Enables someone to: ☐ Work ☐ Seek employment ☐ Go to school	$ _____	

Disability Assistance Expense: Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and "auxiliary apparatus" for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work by the attendant care or auxiliary apparatus. If no household member works, then the household does not qualify for a Disability Assistance Expense deduction.

Do you pay for care or expenses for a disabled family member that allows any adult family member to work?	☐ Yes	☐ No
Monthly Amount	$	
Name of Family Member who can work as a result of such an expense.		
Do you pay for equipment that allows any adult family member to work? *e.g. costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work*	☐ Yes	☐ No
Monthly Amount	$	
Name of Family Member who can work as a result of such an expense.		

EQUAL HOUSING OPPORTUNITY

Application for Admission and Rental Assistance
Section 8 Housing for Seniors and/or Residents with Disabilities

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).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will by my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/agent to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I would like to request a complete copy of the owner/agents Tenant selection criteria.

☐ No ☐ Yes If yes, which option do you prefer? ☐ Paper copy ☐ Electronic copy

Applicant Name (please print) _____

Signature _____ Date _____

MRC Crestview Place does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).
Compliance Manager
1440 Lake Front Circle, Suite 140
The Woodlands, Texas 77380
(877) 792-0969 **TTY: dial** 711

EQUAL HOUSING OPPORTUNITY

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant **Date**

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

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

Citizen/Non-citizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME_____

FIRST NAME_____

RELATIONSHIP TO
HEAD OF HOUSEHOLD _____ DATE OFBIRTH _____

SOCIAL
SECURITY NO._____ ALIEN
REGISTRATION NO._____

ADMISSION NUMBER_____if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO._____
(to be entered by owner/agent if and when received)

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

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).

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

Citizen/Non-citizen Declaration

DECLARATION

I, _____ hereby declare, under

penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

☐ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
   (1) The following documents will be accepted as proof of citizenship
      (a) United States (U.S.) Passport
   (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided *(Note: Proof of identity is not required for minors)*
      (a) U.S. Birth Certificate
      (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
      (c) U.S. Citizen ID card issued by USCIS
      (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
      (e) Certificate of Citizenship issued by USCIS
      (f) American Indian card issued by USCIS for the Kickapoo tribe
      (g) Final Adoption Decree
      (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
      (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
      (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
      (k) Extract of U.S. hospital birth record established at the time of birth
   (3) Proof of Identity includes
      (a) Driver's License
      (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
      (c) Tribal government issued ID and documents, including Certificate of Indian Blood
      (d) Day care or nursery record (minors only)
      (e) School record or report card (under 16 only)
      (f) School ID with picture
      (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

_____ _____
Signature Date

☐ Check here if adult signed for a child,

EQUAL HOUSING OPPORTUNITY

Citizen/Non-citizen Declaration

☐ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

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

From non-citizens claiming eligible status who is 62 or older:

a. This signed declaration of eligible immigration status and
b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

a. This signed declaration of eligible immigration status and
b. Verification Consent Form

AND

c. One of the following documents:

1. Form I-551, Permanent Resident Card.
2. Form 1-94, Arrival-Departure Record annotated with one of the following:
   a. "Admitted as a Refugee Pursuant to Section 207";
   b. "Section 208" or "Asylum";
   c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
   d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
   a. A final court decision granting asylum (but only if no appeal is taken);
   b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
   c. A court decision granting withholding of deportation; or
   d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

_____ _____

Signature Date

☐ Check here if adult signed for a child.

Citizen/Non-citizen Declaration

EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

_____ _____

Signature Date

☐ Check here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

_____ _____

Signature Date

☐ Check here if adult signed for a child.

MRC Crestview Place does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).
Compliance Manager
1440 Lake Front Circle, Suite 140
The Woodlands, Texas 77380
(877) 792-0969 **TTY: dial** 711

EQUAL HOUSING OPPORTUNITY

Family Summary Sheet

Date: _____

(To be filled out below by applicant/resident)

Member No.	Last Name of Family Member	First Name	Declaration	Relationship to Head of Household	Sex *Optional M, F or blank*	Date of Birth
1			☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen			
2			☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen			
3			☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen			
4			☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen			
5			☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen			
6			☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen			
7			☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen			

PENALTIES FOR MISUSING THIS VERIFICATION 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).

By my signature I certify that the information I have provided above is true and complete.

_____ _____

Signature of Applicant/Resident Date

MRC Crestview Place does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).
Compliance Manager
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The Woodlands, Texas 77380
(877) 792-0969 **TTY: dial** 711

EQUAL HOUSING OPPORTUNITY

Race and Ethnic Data Reporting Form

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

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

Crestview Place 114-11234 2503 E. Villa Maria Rd. Bryan, TX 77802

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

Methodist Retirement Communities 202/8

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy)**:** _____

Ethnic Categories*	**Select One**
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

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

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

_____ _____

Signature **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Request for Criminal History Check

Please Print Legibly the following information in order for criminal history to be checked:

All lines must be completed!

Applicant Name: _____ _____ _____
First *Middle* *Last*

Maiden Name: _____

Other Names, (Aliases) _____

(List all Married Names)_____

Social Security Number:_____-_____- _____

Date of Birth (mm/dd/yyyy): _____

Gender ( ) Male ( ) Female ( ) Prefer not to disclose

****

I understand that the information I have provided above will be used to conduct a Criminal history check. I understand that a criminal history check must be done before I will be considered for housing at MRC Crestview Place.

_____ _____
Print Applicant Name Date

_____

Signature of Applicant

MRC Crestview Place does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).
Compliance Manager
1440 Lake Front Circle, Suite 140
The Woodlands, Texas 77380
(877) 792-0969 **TTY: dial** 711

EQUAL HOUSING OPPORTUNITY

Disposal of Assets Affidavit

Date: _____ **Name:** _____

Because this property receives benefits from the U.S. Government, we are required by law to verify information regarding the income and assets of new applicants and current residents.

The U.S. Government requires the following when completing this verification form:

- Please do not leave any questions blank or unanswered. Enter "N/A" on the line if a question is not applicable.
- Use of correction fluid, or "White-out", is prohibited.
- If the information must be corrected, please strike through the incorrect information and initial the change.
- The date and signature of the individual completing the form is required.

In order to ensure that you are provided the correct assistance, we are required to ask if you have given away any assets or disposed (sold or given away) of any assets for less than fair market value in the last two years. Please complete the questions below so that the owner/agent may complete the certification process.

I hereby certify that during the previous two-year (24-month) period I have disposed of assets as indicated in the form below:

Asset Type	None	Date Disposed	Amount
Cash Contributions or Gifts (to Churches, Charities, Individuals)	☐		
Property sold for less than fair market value (this identifies property that was given away or sold for substantially less than current real estate market would bear such as a Quit Claim)	☐		
Trust/Savings/Investment Accounts Opened for another person	☐		
Transfer of Assets for Free or for Less Than Market Value (for example, giving a child stock or mutual funds or selling a home to a family member for less than market value)	☐		
Other	☐		

By signing this document, I certify that the information provided is true and correct.

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

MRC Affordable Housing does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).
Compliance Manager
1440 Lake Front Circle, Suite 140
The Woodlands, Texas 77380
(877) 792-0969 **TTY: dial** 711

EQUAL HOUSING OPPORTUNITY

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

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

Section 236

HOPE 2 Home Ownership of Multifamily Units

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

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
HUD Field Office Attention: Director, Multi Family Division 801 Cherry Street Unit 45 Suite 2500 Fort Worth, TX 76102	Methodist Retirement Communities 1440 Lake Front Circle, Suite 140 The Woodlands, Texas 77380 Attn: Owner/Agent	Southwest Housing Compliance Corporation 1124 S. IH 35 Austin, Texas 78704 Attn:President/CEO

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 verity salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section

221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household	Date	Other Family Members 18 and Over	Date
Spouse	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

Katy Edmondson

Name of Project Owner or his/her representative

Property 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.