



35661 Smith, Romulus, MI 48174  
(734) 729-3328 Fax # 729-2351

## TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

**NOTE:** As of July 1, 1991, there are no pets or fur bearing animals permitted at this community.  
A \$ 35.00 money order is required for each adult in the household.

INITIAL REQUEST DATE	UNIT TYPE DESIRED	APPLICATION NUMBER
/ /		

APPLICANT'S NAME		AGE	DATE OF BIRTH	PLACE OF BIRTH
SPOUSE'S NAME		AGE	DATE OF BIRTH	PLACE OF BIRTH
NUMBER AND STREET	HOW LONG	APPLICANT'S HOME TELEPHONE		APPLICANT'S SOCIAL SECURITY NUMBER
CITY, STATE, ZIP CODE		APPLICANT'S BUSINESS TELEPHONE		SPOUSE'S SOCIAL SECURITY NUMBER
APPLICANT'S MARITAL STATUS			MILITARY STATUS	
MARRIED	SINGLE	DIVORCED	SEPARATED	OTHER(EXPLAIN)
SERVICE FROM		SERVICE TO		MILITARY SERIAL NUMBER
				PRESENT DRAFT STATUS
DETAIL OF DIVORCE DATE(S) AMOUNT OF CHILD SUPPORT (GIVE AGES OF CHILDREN), ALIMONY OR SEPARATE MAINTENANCE, PAID OR RECEIVED.				

OCCUPANTS NAME	AGE	RELATIONSHIP TO APPLICANT	OCCUPANTS NAME	AGE	RELATIONSHIP TO APPLICANT

GIVE FIVE YEAR HISTORY - LIST MOST CURRENT RESIDENCE FIRST				
NAME OF OWNER/LANDLORD OR MORTGAGEE	ADDRESS OF OWNER/LANDLORD OR MORTGAGEE	TELEPHONE NUMBER	LIVED THERE FROM: DATE	DATE TO

APPLICANT'S PRESENT EMPLOYER		PRESENT EMPLOYER'S ADDRESS			
BADGE OR DEPARTMENT	TELEPHONE NUMBER	DATE EMPLOYMENT BEGAN			
SPOUSE'S PRESENT EMPLOYER		PRESENT EMPLOYER'S ADDRESS			
BADGE OR DEPARTMENT	TELEPHONE NUMBER	DATE EMPLOYMENT BEGAN			
APPLICANT'S FIRST PREVIOUS EMPLOYER		EMPLOYER'S ADDRESS			
DATE EMPLOYED		DATE LEFT			
APPLICANT'S SECOND PREVIOUS EMPLOYER		EMPLOYER'S ADDRESS			
DATE EMPLOYED		DATE LEFT			
APPLICANT'S INCOME THIS YEAR	APPLICANT'S INCOME LAST YEAR	SPOUSE'S INCOME THIS YEAR	SPOUSE'S INCOME LAST YEAR	OTHER INCOME	SOURCE OF OTHER INCOME
\$	\$	\$	\$	\$	

## SECTION V

AUTOMOBILE							
MAKE / PLATE NO.		YEAR	NAME AND ADDRESS OF FINANCE CO. OR BANK	AMOUNT OWED	MONTHLY PAYMENT	REGISTERED NAME	
1						APPLICANT	SPOUSE
2						APPLICANT	SPOUSE
3						APPLICANT	SPOUSE

## SECTION VI

NAME OF REFERENCE	PHONE NUMBER	ADDRESS	PLEASE COMPLETE BELOW	
			FROM WHAT SOURCE DID YOU HEAR ABOUT THE DEVELOPMENT	
			<input type="checkbox"/> PERSONAL VISIT	<input type="checkbox"/> RELATIVES/FRIENDS
			<input type="checkbox"/> TELEVISION	<input type="checkbox"/> NEWSPAPER
			<input type="checkbox"/> SIGNS	<input type="checkbox"/> OTHER
NAME OF NEAREST RELATIVE		RELATIONSHIP	ADDRESS	
			PHONE NUMBER	

## SECTION VII

CREDIT REFERENCES					
LIST ALL OPEN AND RECENTLY CLOSED ACCOUNTS - GIVE COMPLETE AND CORRECT ADDRESSES AND ACCOUNT NUMBERS - ATTACH A SEPARATE SHEET IF NECESSARY					
NAME OF CREDITOR	CREDITORS ADDRESS	ACCOUNT NUMBER	TOTAL OWED	MONTHLY PAYMENT	
BANK NAME	BRANCH OR ADDRESS	LOAN ACCOUNT NO.		CHECKING ACCOUNT	SAVINGS ACCOUNT
ARE YOU A CO-MAKER, ENDORSER, OR GUARANTOR ON ANY LOAN OR CONTRACT? Yes <input type="checkbox"/> No <input type="checkbox"/> IF "YES" FOR WHOM TO WHOM?					
ARE THERE ANY UNSATISFIED JUDGEMENTS AGAINST YOU? Yes <input type="checkbox"/> No <input type="checkbox"/> AMOUNT? IF "YES" OWED TO WHOM					
HAVE YOU BEEN DECLARED BANKRUPT IN THE LAST 7 YEARS? Yes <input type="checkbox"/> No <input type="checkbox"/> IF "YES" WHERE? YEAR					

## SECTION VIII

FAMILY COMPOSITION AND INCOME						ANNUAL INCOME BEFORE DEDUCTIONS
NO.	AGE	SEX	RELATIONSHIP	NAME	WHERE EMPLOYED	
1.						
2.						
3.						
4.						
5.						
6.						
TOTAL ANNUAL INCOME						\$



Have you or anyone in your family ever been convicted of a felony?

Have you or any member of your household ever had past membership in a housing cooperative? If so, where?

Have you or any member of your household ever applied for cooperative housing before? Where?

Upon submitting this application you are required to attend the next regularly scheduled Cooperative Orientation Meeting. Please contact Site Manager for time and date.

(Applicants Signature)

NOTE: FAILURE TO COMPLETE THIS APPLICATION IN FULL MAY LEAD TO REFUSAL OF THE MEMBERSHIP COMMITTEE TO MEET WITH YOU AT THE SCHEDULED TIME.

I (we) certify that the preceding information is accurate and complete and acknowledge that inaccuracies and/or omissions may be the basis for immediate cancellation of our application by the Corporation. I (we) also authorize the Corporation to make a thorough credit investigation. I (we) understand that the processing fee which accompanies this application is non-refundable.

	SIGNATURE OF APPLICANT X	SIGNATURE OF SPOUSE X
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**-FOR OFFICE USE ONLY-**

ORIGIN OF BUYER	RESPONSE TO ADVERTISEMENT	PROCURED BY MEMBER	OTHER (EXPLAIN)	CANCELLATION		
DATE DEPOSIT AND PROCESSING FEE REC'D	DATE DEPOSIT AND FEE FORWARDED TO ACCOUNTING	CANCELLATION DATE			REFUND DATE	CHECK NUMBER
DATE CREDIT CHECK ORDERED	DATE CREDIT CHECK RECEIVED	REASON FOR CANCELLATION				
DATE FORWARDED TO BOARD	DATE APPROVED OR DISAPPROVED					
DATE APPLICANT NOTIFIED						



Dear Prospective Member,

We appreciate your interest in becoming a member of the community as a potential place for your future residence. In this application you will find information pertinent to membership within the Wellesley Townhouses Cooperative. If you have any questions, or desire additional information regarding membership, please contact the office at (734) 729-3328.

Thank you,

Management



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## COOPERATIVE HOUSING

A Subscription for membership in a housing cooperative is more than an application for a place to live. The cooperative has been incorporated as a non-profit cooperative housing corporation for the purpose of operating a housing project consisting of individual family dwelling units, restricted to members of the cooperative.

The most important part of the cooperative is the individual member. The affairs of the corporation are conducted by a Board of Directors who are elected by the membership at annual meetings, as provided in the By-Laws. The completed application package is presented to the Membership Committee and all such applications will be acted upon promptly by the Membership Committee.

The cooperative is receiving the benefit of special financing to assist families of moderate income in meeting their housing needs. Due in part to the lower financing charges certain income limitations are necessary.





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DEAR APPLICANTS,

PLEASE BE ADVISED THAT YOU WILL NEED TO PROVIDE THE FOLLOWING INFORMATION WHEN YOU SUBMIT YOUR APPLICATION. ALL DOCUMENTS ARE TO BE ORIGINAL (S) (i.e. BIRTH CERTIFICATES (S), DRIVERS LICENSE, SOCIAL SECURITY CARDS, ETC.) NO PREVIOUSLY COPIED DOCUMENTS WILL BE ACCEPTED.

1. DRIVER'S LICENSE AND/OR STATE I.D. FOR ALL ADULTS OF THE HOUSEHOLD.
2. BIRTH CERTIFICATES FOR ALL HOUSEHOLD MEMBERS.
3. SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS.
4. SIX (6) CURRENT CHECK STUBS AND VERIFICATION OF INCOME
5. DIVORCE DOCUMENTS, CHILD SUPPORT ORDER AND MARRIAGE LICENSE.
6. LANDLORD VERIFICATION FOR THE PAST FIVE (5) YEARS.
7. ONE (1) YEAR OF CONTINUOUS EMPLOYMENT
8. BANKRUPTCY DISCHARGE AND CREDITOR PACKET

A THIRTY-FIVE DOLLAR (\$35.00) NON-REFUNDABLE MONEY ORDER FOR EACH ADULT IN THE HOUSEHOLD.

\*WE WILL NOT ACCEPT INCOMPLETE APPLICATIONS\*





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Thank you for your interest in Wellesley Townhouses Cooperative.

Wellesley Townhouses is pleased to offer affordable cooperative housing in seven (7) different styles ranging from one (1) to three (3) bedroom sizes designed to fit your individual needs.

STYLE	DESCRIPTION	SQUARE FOOTAGE	RATE
J	ONE BEDROOM 1 BATH RANCH	1,112	\$515
K	TWO BEDROOM 1 BATH RANCH	1,415	\$549
L	TWO BEDROOM 1 BATH TOWNHOUSE	1,058	\$530
M	TWO BEDROOM 1 ½ BATH TOWNHOUSE	1,156	\$542
O	TWO BEDROOM 1 ½ BATH TOWNHOUSE	1,235	\$549
P	THREE BEDROOM 1 ½ BATH TOWNHOUSE	1,301	\$563
R	THREE BEDROOM 1 ½ BATH TOWNHOUSE	1,520	\$582

Wellesley Townhouses Cooperative membership fees are as follows:

1 BR	\$3,200
2 BR	\$3,400
3 BR	\$3,600

The full amount is due at the time of move-in, along with the first month's carrying charge.  
(Payable with a certified check, cashier's check or money order.)

Amenities at Wellesley Townhouses include the following:

Refrigerator	Full basement
Gas stove	24-hour maintenance
Gas water heater	Hardwood floors
Range hood	Garbage disposal
Entry control	Utilities (except electricity)

Wellesley Townhouses Cooperative is conveniently located north of I-94 off Wayne Road between Wick and Ecorse Roads. We are minutes away from I-275, Romulus schools, churches, parks and recreational facilities.

Wellesley Townhouses Cooperative is governed by an elected Board of Directors.





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## WELLESLEY TOWNHOUSES COOPERATIVE INCOME GUIDELINES

1 person maximum income limit -----	\$36,600
2 person maximum income limit -----	\$41,800
3 person maximum income limit -----	\$47,050
4 person maximum income limit -----	\$52,250
5 person maximum income limit -----	\$56,450
6 person maximum income limit -----	\$60,650

**WELLESLEY TOWNHOUSES COOPERATIVE, INC.,  
MEMBER AND OCCUPANCY SCREENING POLICY**

Welcome to our community. Wellesley Townhouses Cooperative is a membership based, Michigan Non-Profit Corporation. Before you complete your application for membership to Wellesley Townhouses Cooperative, please take the time to review this screening policy. All individuals wishing to reside in the Cooperative premises will be required to complete our member and occupancy screening in order to be a member or occupant at Wellesley Townhouses Cooperative. Applicants legally married or with adult dependents, and applying for membership will be required to complete a joint screening and acknowledge acceptance below.

It is the policy of this community to comply with all applicable fair housing laws including those which prohibit discrimination against any person based on race, sex, religion, color, familial status, national origin or handicap.

The term "applicant(s)" under this policy means the person or persons that will be signing the Occupancy Agreement and applying for membership in the Cooperative. The term "occupant(s)" in this policy means the person or persons that are authorized occupants under the Occupancy Agreement.

Please also note that these are current membership selection criteria; nothing contained in these requirements shall constitute a guarantee or representation by us that all members and occupants currently residing in the community have met these requirements. There may be members and occupants that have resided in the community prior to these requirements going into effect; additionally, our ability to verify whether these requirements have been met is limited to the information we receive from the various resident credit and criminal reporting services used.

If, after approval of a membership application, a change in circumstances of a member or occupant arises, (i.e., family composition change, employment status change or income composition change), it is the applicant's responsibility to immediately inform Wellesley Townhouses Cooperative.

Failure to provide requested information or documentation within three days of being requested may be grounds for denial of membership and occupancy at Wellesley Townhouses Cooperative. Any material misrepresentation or omission made by an applicant or occupant during the credit and criminal screening process will result in immediate denial of the associated membership application.

Wellesley Townhouses strongly encourages applicants to obtain their own copy of a credit report in the event an adverse or negative mark is a basis for denial of membership and occupancy in the Cooperative. In the event the applicant wishes to review his or her credit report obtained by Wellesley Townhouses during the application process, must do so in accordance with the Fair Credit Reporting Act.

**FAMILY SIZE REQUIREMENTS**

The household size cannot exceed two (2) persons per bedroom where allowed.

**CREDIT SCREENING REQUIREMENTS**

Wellesley Townhouses Member/Occupant Screening Policy (09-27-2012)

(Member/Occupant Initials Required)

**1. Photo Identification**

Valid government issued photo identification must be provided. Acceptable identification includes a current driver's license, passport, and/or state issued photo identification card. A photocopy will be retained for our records. Foreign applicants must provide a copy of their entry visa (I-20, H-1, etc.) and current passport.

**2. Prior Residency/Tenancy**

At least **four years** of residency history must be provided. In the event that the applicant has not lived in a rental property or owned their personal residence over the past **four years**, either prior history can be provided, a corporate guarantor may be provided, or **four years** of verifiable and positive tenancy references from their prospective roommates, may be used as a substitute. Any negative references by landlords or recent (last **two years**) mortgage foreclosures will result in rejection as a member and occupant.

Occasionally, owners and managers will not provide references due to change in ownership, loss of records or company policy. If at least one previous (not present) reference for a term of a minimum of **one year** is deemed positive, then the applicant may be approved. Absolutely, no evictions may show up during the screening Inquiry. Wellesley Townhouses Cooperative will not investigate whether the resident's position in the case was justified.

**3. Employment**

Current employment must be independently verified. Applicants are encouraged to provide a recent pay stub with year-to-date totals or a phone number for a supervisor who can verify income. Self-employed applicants must provide their Schedule C or top two pages of their 1040 tax return for the previous year. In order to qualify, an applicant must have worked at the same job or in the same line of work for at least **one year**. The exception is with students who have just graduated from either an undergraduate or graduate institution and have an offer letter for future employment. Otherwise, an applicant may provide liquidity information as a substitute for income. The total gross income of all applicants must equal at least **three times** the monthly carrying charge. Again, evidence of requisite liquidity may substitute for this. Financial aid and/or student loans are considered income. The total award or annual loan proceeds will be divided by 9 months to determine monthly income.

In the event housing assistance or a live in care provider is required by a member or occupant, it is the applicant's responsibility to include those amounts paid to the care provider which are otherwise not included as income or debt. Failure to include this information will be considered a failure to disclose and may be grounds for denial of your application.

**4. Liquidity**

For an applicant that has no monthly employment income, in order to qualify, he or she must provide liquidity (savings accounts, retirement funds, securities, etc.) verification of at least **three times the annual carrying charge. (One year's needed income)**. A combination of monthly income and liquidity may be used to qualify, if the applicant can verify income status for the previous ten fiscal years. For example, an applicant is applying for membership which requires a carrying charge payment of \$1,000 per month. The applicant makes \$2,000 per month at their job. If he or she has at least \$12,000 in liquidity, the income/liquidity requirements will be met.

**5. Credit**

A credit report will be run through at least one major credit bureau. All collection accounts and public records must be either paid off or a written explanation must be provided. An applicant may be disqualified if his or her income to debt ratio exceeds his or her ability to satisfy monthly membership and occupancy requirements.

**CRIMINAL HISTORY SCREENING**

A criminal background check will be conducted for each applicant and occupant age 18 years or more. The application will be denied for any of the following reported criminal related reasons (negative marks) that have occurred on or before the application date:

1. Level I, II, or III Sexual Offenses (NO EXCEPTIONS)
2. Felony level convictions involving crimes against another that include, but are not limited to:
  - A. Assault (including domestic)
  - B. Rape
  - C. Arson
  - D. Child Molestation
  - E. Murder
  - F. Robbery
  - G. Burglary
  - H. Other felony level sexual offense
3. Any felony level offense not involving a crime against another within the past five (5) years. Exceptions to this may be made with proof of stable, verifiable, independent living (such as, but not limited to, rental housing) for at least six (6) consecutive months.
4. Evidence of chronic and continuous criminal activity at the misdemeanor level where the criminal activity involves crimes against another (listed above) or a sexual offense otherwise chargeable according to Michigan statutory laws and local ordinances.
5. Evidence of chronic and continuous criminal activity at the misdemeanor level where the criminal activity is drug or gang related.
6. For felony level drug-related convictions, unless applicant can show successful participation in or completion of a voluntary drug treatment program.

**SEX OFFENDER REGISTRY.** If you or any of your occupants are listed on the Sex Offender Registry, you will not be permitted to live at Wellesley Townhouses Cooperative. If it is discovered after you move in that you or your occupant(s) are listed on the Sex Offender Registry, you will be evicted immediately.

**CONVICTED FELONS.** If you or any of your occupants have been convicted of a felony related to a violent, aggressive, or drug-related crime, you will not be permitted to live at

Wellesley Townhouses Cooperative. If it is discovered after you move in, that you or your occupant(s) have been convicted of a felony as described above, you will be evicted immediately.

\*\*\*\*\*

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#### MEMBER APPLICANT/OCCUPANT ACKNOWLEDGMENT

By signing below, you acknowledge receipt of the foregoing Selection Criteria Policy on the date stated below. You further acknowledge that your signature indicates that you understand the contents of the policy and that you agree to allow Wellesley Townhouses Cooperative to perform a credit report screening for yourself and a criminal history screening for yourself and all other occupants as described above. You are advised that your signature below does not guarantee that your application will be approved and that in the event a report reflects a negative mark as defined in the above policy your application for membership and/or occupancy may still be denied. I understand and acknowledge that failure to disclose information otherwise required by this policy is material to my application for membership. I further understand and agree that I may request, in writing, a Management Review in the event my application is denied.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature Member/Occupant (Circle One)

\_\_\_\_\_  
Type or Print Name

Wellesley Townhouses Member/Occupant Screening Policy (09-27-2012)

\_\_\_\_\_  
(Member/Occupant Initials Required)



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WELLESLEY TOWNHOUSES COOPERATIVE  
35661 SMITH RD  
ROMULUS, MI 48174

VERIFICATION OF ACCEPTABLE CREDIT HISTORY  
&  
CRIMINAL BACKGROUND SEARCH

The verification of an acceptable credit history and criminal background search are required as part of the application process to determine membership eligibility. I understand my authorization is necessary for Wellesley Townhouses Cooperative to obtain this verification. I further understand that an acceptable credit rating and acceptable criminal background search is a necessary part of the member selection criteria.

Name: \_\_\_\_\_  
First Middle Last

Current Street: \_\_\_\_\_ How long: \_\_\_\_\_

Current: \_\_\_\_\_  
City State Zip

Previous Street: \_\_\_\_\_ How long: \_\_\_\_\_

Previous \_\_\_\_\_  
City State Zip

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

# Wellesley Townhouses Cooperative

## SUBJECT: ELIGIBILITY CERTIFICATION CHECKLIST

### I HAVE THE FOLLOWING ASSETS:

#### Yes/ No

- ☐ ☐ Checking Accounts; How many \_\_\_\_\_
- ☐ ☐ Savings Accounts; How many \_\_\_\_\_
- ☐ ☐ Certificates of Deposits/Time Certificates; How many \_\_\_\_\_
- ☐ ☐ IRAs/Keogh Accounts/Retirement Funds; How Many \_\_\_\_\_
- ☐ ☐ Inheritances
- ☐ ☐ Cash in a Safe Deposit Boxes
- ☐ ☐ A Mortgage or Deed Trust
- ☐ ☐ Personal Property held as an investment
- ☐ ☐ Life insurance *with cash surrender value*
- ☐ ☐ Money Market Funds/Treasury Bills
- ☐ ☐ Trust (Revocable)
- ☐ ☐ Lump Sum or One-Time Receipts (Lottery Winnings)
- ☐ ☐ Real Estate; How many \_\_\_\_\_
- ☐ ☐ Other: Type \_\_\_\_\_

### I HAVE THE FOLLOWING EXPENSES:

- ☐ ☐ I am elderly (age 62 or older)/ Handicapped or Disabled and pay Medicare Premiums
- ☐ ☐ I am Elderly (age 62 or older)/ disabled and pay medical insurance premiums other than Medicare
- ☐ ☐ I am Elderly (age 62 or older)/ disabled and pay medical or prescription expenses which are not reimbursed by insurance.
- ☐ ☐ I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
- ☐ ☐ I pay handicap care expenses for a disabled family member in order to be gainfully employed.
- ☐ ☐ I pay handicap equipment expense that is not covered by Insurance.

### I RECEIVE INCOME FROM THE FOLLOWING SOURCES:

#### Yes/ No

- ☐ ☐ Alimony
- ☐ ☐ Child Support
- ☐ ☐ FIA- Public Assistance (AFDC, TANF or GA)
- ☐ ☐ Interest/Dividends
- ☐ ☐ Military Active Duty Allotments
- ☐ ☐ Other: Type \_\_\_\_\_
- ☐ ☐ Ownership of a business or profession/Self Employment
- ☐ ☐ Pension/Retirement Funds
- ☐ ☐ Real or Personal Property (Rental Income)
- ☐ ☐ Regular support from persons not residing in the unit, such as monetary gifts, food, clothing, payment of bills, etc.
- ☐ ☐ Severance Pay
- ☐ ☐ Social Security or Railroad Retirement Act
- ☐ ☐ SSI-Supplementary Security Income
- ☐ ☐ FIA – Quarterly payment for SSI (\$42 every 3 months)
- ☐ ☐ Strike Benefits
- ☐ ☐ Tips, Bonuses
- ☐ ☐ Trusts
- ☐ ☐ Unearned income for family members age 17 and under; Type: \_\_\_\_\_
- ☐ ☐ Unemployment Compensation
- ☐ ☐ Veterans Administration/GI Bill Benefits
- ☐ ☐ Wage, Salaries, Pay
- ☐ ☐ Worker's Compensation

### OTHER:

- ☐ ☐ I have provided proof of Social Security Number for all household members age 6 and over.
- ☐ ☐ I am a US Citizen/Permanent Legal Resident
- ☐ ☐ I am a Full Time student
- ☐ ☐ I am a Part Time student
- ☐ ☐ I receive Educational Grants/Scholarships to assist with my education
- ☐ ☐ I have been convicted of a sexual or drug offense in The last year or a lifetime sex offender registrant.

### ASSET DISPOSAL CERTIFICATION

- ☐ I **have** disposed of assets for less than fair market value within the last 2 years proceeding this certification/recertification.
- ☐ I **have not** disposed of assets for less than fair market value within the last 2 years proceeding this certification/recertification.

I certify that to the best of my knowledge all statements are true and that when circumstances change; I will notify management so that a determination can be made regarding my continued eligibility for a federally assisted housing program in accordance with the regulations of the Department of Housing and Urban Development (HUD).

Member/Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised 01/07



### Application Certification

I/WE certify that if selected to receive assistance, the unit I/We occupy will be my/our residence. I/We understand that the information being collected is to determine my/our eligibility. I/We authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local Agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE / CO-HEAD

\_\_\_\_\_  
DATE



# Wellesley Townhouses Cooperative

## **SUBJECT: PERSONAL DECLARATION/CERTIFICATION**

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on their social security card. All adult members of the household must sign below certifying the information pertaining to them. Please Print.

**I. HOUSEHOLD COMPOSITION:** List all persons who will be living in your home, listing the head of household first.

### **LIST ALL PERSON(S) 18 YEARS OF AGE AND/OR OLDER**

ADULTS (Legal Name)	DATE OF BIRTH	RELATIONSHIP	S.S. NUMBER	STATUS (*)

(\*) Status -      Married (M)      Widowed (W)      Separated (SP)      Divorced (D)      Single (S)

### **LIST ALL PERSON(S) UNDER THE AGE OF 18**

CHILD'S NAME (As it appears on SS card)	DATE OF BIRTH	RELATIONSHIP	S.S. NUMBER	STATUS (*)

**II. TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household.

This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers compensation, retirement benefits, AFDC, Veterans benefits, rental property income, Stock Dividends, income from bank accounts, alimony and all other sources.

HOUSEHOLD MEMBER	Total Monthly Wage	Pension Monthly	Public Assistance Monthly	Child Support Monthly	SOC. SEC. Or SSI Monthly	Unemployment Weekly	All Other Income

I hereby swear and attest that all of the information above is true and correct. I also understand that all changes in the income of any member of the household as well as, any changes in the household composition must be reported to management, in writing, immediately.

Signature of Head of Household      Date      Signature of Spouse      Date

Signature of Other Adult      Date      Signature of Other Adult      Date

**WARNING:** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.



## INCOME/ASSETS ADDRESS SHEET

<b>Name:</b>	<b>Apt. #:</b>
<b>Phone:</b>	<b>Alt. Phone:</b>

**Please list sources of INCOME, to include name and complete mailing address:**

Name:
Address:
Phone:
Claim #/Case #/ I.D.#:

Name:
Address:
Phone:
Claim #/Case #/ I.D.#:

Name:
Address:
Phone:
Claim #/Case #/ I.D.#:

**Please list your ASSETS, to include name, complete mailing address and account #:**

Name:	
Address:	
Phone:	
Type of Account:	Account #:

Name:	
Address:	
Phone:	
Type of Account:	Account #:

Name:	
Address:	
Phone:	
Type of Account:	Account #:

**Please list your child care expense, to include name, complete mailing address of provider:**

Name:
Address:
Phone:

(Over)

**Elderly/Disabled Household(s) Only:**

**Please list your medical expenses, to include names, complete mailing address, account number (if applicable) for pharmacist, doctor, medical insurer, etc:**

Name:	
Address:	
Phone:	
Account #:	Account #:

Name:	
Address:	
Phone:	

Name:	
Address:	
Phone:	

Name:	
Address:	
Phone:	

**Additional space if needed:**

Name:	
Address:	
Phone:	

Name:	
Address:	
Phone:	

Name:	
Address:	
Phone:	

Name:	
Address:	
Phone:	

### III. ASSETS

1. Do you or any household member own or have an interest in any real estate, boat and/or mobile home? Yes (Please specify) \_\_\_\_\_
2. Have you sold any real estate in the last two years? Yes No, if yes, explain \_\_\_\_\_
3. Do you own any stocks or bonds? Yes No, if yes, explain \_\_\_\_\_
4. Do you have savings or checking accounts? Yes No, if yes, name bank, account numbers and amounts \_\_\_\_\_
5. Do you own a car? Yes No-Model Year \_\_\_\_\_ License# \_\_\_\_\_
6. Do you own a car? Yes No-Model Year \_\_\_\_\_ License# \_\_\_\_\_
7. Does anyone outside of your household pay any of your bills or give you money? Yes No, if yes, please explain \_\_\_\_\_
8. Have you or any of your household members ever used any name(s) or Social Security number(s) other than the one you are currently using? If yes, please explain, \_\_\_\_\_
9. Have you or any member lived in assisted housing? Yes No, if yes, list where and when \_\_\_\_\_
10. Have you or any other member of your household ever been convicted of a felony? Yes NO, if yes, please explain \_\_\_\_\_
11. Do you or any other member of household currently use any illegal drug or other illegal controlled substance? Yes No, if yes, please explain \_\_\_\_\_
12. Have you or any other member of your household ever engaged in drug related criminal activity such as use, possession, distribution, trafficking or manufacturing of an illegal drug? Yes No, if yes. Please explain \_\_\_\_\_
13. Have you or any member of your household been involved in a criminal activity that poses a threat to the health, safety and welfare of others? Yes No, if yes, please explain \_\_\_\_\_
14. Have you or any member of your household ever committed fraud in a Federally Assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program? Yes No, if yes, please explain \_\_\_\_\_

I hereby swear and attest that all of the information above is true and correct. I also understand that all changes in the income of any member of the household as well as, any changes in the household composition must be reported to management, in writing, immediately.

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

**WARNING:** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.

Optional and Supplemental 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.

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

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.

Please fill out the following forms for each applicant  
And  
Occupant/s of the applicant/s.

1. Citizenship Tenant Declaration Format
2. Race and Ethnic Data

(Note: One per person)

**CITIZENSHIP  
TENANT  
DECLARATION FORMAT**

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

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

RELATIONSHIP TO  
HEAD OF  
HOUSEHOLD: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF  
BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ ALIEN  
REGISTRATION NO: \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable, (this is an 11-  
digit number found on INS Form I-94, Departure Record) \_\_\_\_\_

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

SAVE VERIFICATION NO: \_\_\_\_\_  
(To be entered by owner if and when received)

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

**DECLARATION**

I, \_\_\_\_\_ hereby declare, under penalty of  
(print or type first name, middle initial, last name)

perjury, that I am:

\_\_\_\_\_ 1. a citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Wellesley Townhouses Cooperative 0000000000000044-55058F 35661 Smith Rd Romulus, MI 48174

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
Professional Property Services 30300 Telegraph Suite 205 Bingham Farms, MI 48025	Below Market Income Rate BMIR/Section 8	
<b>Name of Owner/Managing Agent</b>	<b>Type of Assistance or Program Title:</b>	

<b>Name of Head of Household</b>	<b>Name of Household Member</b>
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Date (mm/dd/yyyy): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
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 in compliance 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 form 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 provided 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 not require any special protection.

## FAMILY SUMMARY SHEET

**(List all members of your household)**

[illegible]

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)

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

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

## HUD-9887/A Fact Sheet

### Verification of Information Provided by Applicants and Tenants of Assisted Housing

HUD form 9887-9887A OMB exp.(01/31/2014)

#### What Verification Involves

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

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

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

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

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

#### Customer Protections

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

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

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

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

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

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

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

#### Consequences for Not Signing the Consent Forms

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

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

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

#### Programs Covered by this Fact Sheet

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

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

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

## Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): Depart of Housing and Urban Development 47 Michigan Ave Detroit, MI 48226	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Wellesley Townhouses Cooperative 35661 Smith Road Romulus, MI 48174	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.): Keith Molin, MSHDA Interim Director 735 E. Lansing, MI 48909
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**Notice To Tenant:** Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

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

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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

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

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

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

## Instructions to Owners

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

## Instructions to Applicants and Tenants

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

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

## Authority for Re quiring A pplicant's/Tenant's Cons ent to the Release of Information

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

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

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

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

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

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

### Failure to Sign the Consent Form

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

### Conditions

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

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

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

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

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

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

---

Name of Applicant or Tenant (Print)

---

Signature of Applicant or Tenant & Date

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

---

Name of Project Owner or his/her representative

---

Title

---

Signature & Date  
cc:Applicant/Tenant  
Owner file

### Penalties for Misusing this Consent:

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

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

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

## **WELLESLEY TOWNHOUSES COOPERATIVE MEMBER SELECTION CRITERIA**

Wellesley Townhouses Cooperative recognizes the importance of screening applicants properly and within the guidelines that are set forth in the Fair Housing and Equal Opportunity laws and does not discriminate on the basis of race, color, religion, sex, national origin, disability or familial status in accordance with the Fair Housing Act of 1988 and Title VI of the Civil Rights Act of 1964.

The Cooperative also follows HUD required preferences and economic mixes, HUD limitations on admission of single person(s) and over income applicants; HUD requirements regarding eligibility for assistance based upon family income and composition; Occupancy provisions of the Quality Housing and Work Responsibility Act (QHWRA).

We now use a HUD mandatory web based computer income information system known as EIV (Enterprise Income Verification) this system provides employment, social security as well as Unemployment Information. EIV Income Reports will be generated to assist in the Annual Recertification process. In addition there are other reports that are mandated that will be ran on a regular basis. The EIV system also generates a New Hires Report that provides information on person(s) in a household that may have started new employment. Also the Existing Tenant Search will be utilized for all applicants to determine if they may possibly be receiving subsidy at another property. Again this system is mandatory and will be utilized; all household members 18 and over MUST sign a HUD 9887-A form. The VAWA (Violence against Woman Act) form is also a mandated form that will be provided at recertification(s) and Move-Ins and signed by household members 18 and over. The VAWA is used to provide some protections to person(s) and or households that may be victims of Domestic Violence and or Dating Violence.

### **ELIGIBILITY FOR ASSISTANCE AND OCCUPANCY**

Applicants and members must meet the following requirement to be eligible for Occupancy and housing assistance:

1. The applicant must be of legal contract age under state law. In the event the applicant and/or co-head of an applicant's household is a full time student, the individual must have established a household separate from parents or legal guardians for at least one year prior to application for occupancy or the individual meets the U. S. Department of Education's definition of an independent student. The individual must not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations. The individual must obtain a certification of the amount of financial assistance that will be provided by parents, guardians or others signed by the individual providing the support. This certification is required even if no assistance will be provided. The financial assistance provided by persons not living in the unit is part of annual income that must be verified to determine eligibility and at annual recertification to determine rent.
2. The family's annual income must not exceed program income limits.
  - a. BMIR -- 95% of the area median income
  - b. Section 8 -- 30% of the area median income to fulfill income the

Income targeting and cannot exceed the very low income limits.

3. Applicants must disclose and social security numbers for all family members and provide verification of the number reported. If no SSN has been assigned to a particular family member, the applicant must sign a certification stating that no SSN has been assigned. The cooperative will accept a certification and continue to process the application; however, an applicant may not become a participant in the program unless the applicant submits the required Social Security Number documentation to the cooperative. The applicant must provide Social Security Number documentation to the cooperative within 60 days from the date on which the applicant certified that documentation was not available.

**ELIGIBILITY FOR ASSISTANCE AND OCCUPANCY CONTINUED**

If it is determined that the applicant is otherwise eligible for admission into the Property, and the only outstanding verification is that of the Social Security Number, the applicant may retain his/her place on the waiting list for the 90 day Period during which the applicant is trying to obtain documentation.

After 90 days, if the applicant has been unable to supply the required Social Security Number documentation, the applicant will be determined ineligible and removed from the waiting list.

Exception: The cooperative will extend the time period for an additional 90 days if the applicant is at least 62 years old and unable to submit the required documentation within the first 90-day period.

4. All members of the applicant's household who are age 18 and older must sign the HUD required forms HUD-9887 and HUD-9887A. All adult members, regardless of age must sign these forms. All adult members of an applicant or tenant family must sign individual verification forms authorizing the owner to verify family income and other applicable eligibility factors (e.g., disability status). The cooperative will comply with the provisions of the Federal Privacy Act as well as any state or local law relating to confidentiality of the applicant's information

In the event the applicant or any adult member of the applicant's household do Not sign and submit the consent forms as required, the cooperative will deny Assistance and admission of the applicant.

5. The unit for which the family is applying must be the family's only residence. The Cooperative will not provide assistance to applicant's who will maintain a residence in addition to the HUD assisted unit for which he/she is applying.
6. The applicant must agree to pay the rent required by the program under which the applicant will receive assistance.
7. Only U.S. Citizens or eligible non-citizens may receive assistance under the Section 8 program. Assistance in subsidized housing is restricted to the following:
  - a. U.S. citizens or nationals; and
  - b. Noncitizens that have eligible immigration status.

All applicants for assistance will be given notice of the requirement to submit evidence of citizenship or eligible immigration status at the time of application. All family members, regardless of age, must declare their citizenship or immigration status. A Declaration Form must be completed and submitted with the application.

(Noncitizens (except those ages must sign a Verification Consent Form (see Exhibit 3-6 for a sample) and submit documentation of their status or sign a declaration that they do not claim to have eligible status. Noncitizens age 62 and older must sign a declaration of eligible immigration status and provide a proof of age document. U.S. citizens must sign a declaration of citizenship. The cooperative requires a copy of all household members' birth certificate.

8. Student Eligibility: Students who are the Head or Co-Head of a household must meet The following criteria:

- a. The Head or Co-Head must be of legal contract age under Michigan state law.
- b. The Head or Co-Head must have established a household separate from parents or legal guardians for at least one year prior to application for occupancy or he/she must meet the U.S. Department of Education's definition of an independent student. To be classified as an independent student for Title IV aid, a student must meet one or more of the following criteria: (1) Be at least 24 years old by December 31 of the award year for which aid is sought; (2) Be an orphan or a ward of the court through the age of 18; (3) Be a veteran of the U.S. Armed Forces; (4) Have legal dependents other than a spouse (for example, dependent children or an elderly dependent parent); (5) Be a graduate of professional student; or (6) Be married.
- c. The Head or Co-Head must not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations.
- d. The Head or Co-Head must obtain signed certification of the amount of financial assistance that will be provided by parents, guardians or others. The certification must be signed and dated by the individual providing the support. This certification is required even if no assistance will be provided. The financial assistance provided by the person(s) not living in the unit is part of annual income that must be verified to determine eligibility.

### **OCCUPANCY STANDARDS**

The occupancy standards set forth by the Cooperative in accordance with HUD regulations and any state and/or local laws are as follows:

1. One Bedroom -- 1 to 2 person(s)
2. Two Bedroom -- At least 2 person(s), No more than 4 person(s)
3. Three Bedroom -- At least 3 person(s), No more than (6) person(s)

At a maximum two persons per bedroom is acceptable.

## PROCEDURES FOR ACCEPTING APPLICATIONS

Anyone who wishes to be admitted to the cooperative or placed on a property's waiting list must complete an application, as well as provide self-certification of their race and ethnicity for data collection by using form HUD-27601. Completing this form is optional and there is no penalty for not completing it, however the cooperative must document that the form was presented to the applicant.

All applications will be dated and time stamped in the order received. Once eligibility has been established and there are no eligible units available, the applicant will be placed on the waiting list.

Alternate forms of application will be accepted to accommodate person with disabilities.

## SCREENING

All screening activities will occur prior to approval of tenancy. Screening generally occurs at the same time as, or immediately following, the full eligibility review but may occur earlier. Applicant screening will include the following:

### Credit History

A review of the applicant's credit history will be made to determine his/her ability to meet financial obligations.

### Rental History

Information that the cooperative may learn from a landlord that may be grounds for accepting or rejecting an applicant

- Failure to cooperate with recertification procedures;
- Violations of house rules;
- Violations of the lease;
- History of disruptive behavior;
- Poor housekeeping practices;
- Previous evictions;
- Termination of assistance for fraud; or
- Conviction for the illegal manufacture, distribution, or use of Controlled substances.

### Drug Abuse and Other Criminal Activity

A Criminal History will be obtained to determine eligibility. The Cooperative Reserves the right to prohibit admission of:

- Any household containing a member(s) who was evicted in the last three Years from federally assisted housing for drug-related criminal activity.
- A household in which any member is currently engaged in illegal use of drugs

### Drug Abuse and Other Criminal Activity Continued

or for which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents;

- Any household member who is subject to a state sex offender lifetime registration requirement; and
- Any household member if there is reasonable cause to believe that member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents. The screening standards will be based on behavior, not the condition of alcoholism or alcohol abuse.
- Any household member who has engaged in violent criminal activity or behavior.
- Any household member who has engage in other criminal activity that threatens the health, safety, and right to peaceful enjoyment of the property by other residents or the health and safety of the owner, employees, contractors, subcontractors, or agents of the owner.

### OTHER CATEGORIES FOR REJECTING AN APPLICANT

Misrepresentation – Willful or serious misrepresentation in the application procedure and subsequent occupancy for the unit or for any governmental assisted dwelling unit. Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly make false or fraudulent statements to any department or agency of the United States

Misrepresentation of Family Composition/Guest and Visitor Violation – Applicant must disclose the true family composition prior to acceptance. Any changes in family composition must be immediately reported to management. Anyone staying in the unit in excess of two weeks is no longer considered a vacation visitor and may be handled as an unauthorized occupancy.

### REJECTING APPLICANTS AND DENIAL OF RENTAL ASSISTANCE

The Cooperative will not discriminate against an applicant based on race, color, religion, sex, national origin, familial status, or disability. In the event the Cooperative must deny an application the following procedures will be followed:

2. The Cooperative will promptly notify the applicant in writing of the denial of admission or assistance.
3. The written rejection will include the specific state reason(s) for the rejection;
4. For Criminal rejections the applicant will be notified prior to denial and given the opportunity to refute, clarify or dispute any information used for a possible denial.

## REJECTING APPLICANTS AND DENIAL OF RENTAL ASSISTANCE CONTINUED

- .5. The written rejection will notify the applicant of his/her right to respond to the cooperative in writing or request a meeting with 14 days to dispute the rejection.

### **Owner Meetings with Applicants to Discuss Rejection Notices**

Any meeting with the applicant to discuss the applicant's rejection will conduct by members of the Cooperative Board and management who were not involved in the initial decision to deny admission or assistance.

Persons with disabilities have a right to request specific accommodations to allow them to participate in the hearing process.

Within 5 business days of the Cooperative response or meeting, the Cooperative will advise the applicant in writing of the final decision on eligibility.

### **WAITING LIST**

Once an application has been approved and there is no unit is immediately available, the applicant will be placed on a waiting list.

The waiting list will include the following:

- Date and Time of the applicant submitted the application.
- Name of the Head of Household
- Annual Income Level -- ELI, VLI, LI
- Whether the applicant needs an accessible unit.
- Preferences
- Unit Size

### **SELECTION FROM THE WAITING LIST**

#### **Applicants applying under the BMIR program**

Applicants with preferences are selected from the waiting list and receive an opportunity for an available unit earlier than those who do not have a preference. Preferences affect only the order of applicants on the waiting list. They do not make anyone eligible who was not otherwise eligible, and they do not change the Cooperative's right to adopt and enforce tenant-screening criteria

In accordance with HUD regulations and the Statutory displacement preference for BMIR properties, those applicants who have provided documentation of government displacement or displacement as a result of a presidential declared disaster will be chosen first and offered an available unit.

In the event there are no applicants with preferences, applicants will be chosen from the waiting list in chronological order, based on the date and time of the application.

#### **Applicants applying under the S-8 program**

In accordance with HUD regulations with regard to Income Targeting, the Cooperative will take steps to ensure that at least 40% of the project based S8 set-aside units are occupied by extremely low-income families.

Preference will be given to in place residents who are in need of assistance and who meet Section 8 program requirement. Residents who meet the extremely low-income requirement will be offered the units first. In the event there is not an eligible family in-house for the available unit, an applicant will be selected from the waiting list that meets Section 8 program requirement.

New applicants will be chosen in chronological order. The Cooperative will monitor the results quarterly and make adjustments as necessary to meet the 40% rule. In the event the 40% is not met during the year, the Cooperative reserves the right to re-examine and revise the selection plan and incorporate the following method for meeting the rule:

Alternate between the first extremely low-income applicant on the waiting list and the applicant at the top of the waiting lists. Once the 40% is met, then the next eligible applicant will be selected.

#### **UPDATING THE WAITING LIST**

The waiting list will be updated at least twice annually. Those applicants failing to respond within the specified time frame for expressing their continued interest will be removed from the list. The removed applicant may reapply at any time, but will not assume their old position on the list. They will be treated as a new applicant.

#### **UNIT TRANSFERS**

All unit transfers must be approved by the Cooperative BOD, unless it is required due to HUD program requirements. The order of Selection is as follows:

1. An available unit will be offered to a member who is waiting to be transferred to the appropriate sized unit due to a change in family size, change in family composition, deeper subsidy, medical, etc.
2. In the event the available unit is accessible it will be offered first to a member who is waiting to be transferred to an accessible unit.
3. Unit transfers will alternate between in-house members and qualified outside applicants.

### BARRIER MODIFICATIONS

Management acknowledges that in an effort to provide disabled persons with an opportunity to afford full enjoyment of the premises, from time to time, reasonable modifications may be necessary. In accordance with the provisions of the 1988 Amendments of to the Fair Housing Act, reasonable modifications of existing premises occupied or to be occupied by such person(s) will be allowed with prior written approval of the Cooperative. The cooperative may absorb the expense, however, in the event that it is determined that the modification will cause undue financial hardship to the cooperative; the modification, after written approval from the cooperative, will be at the expense of the member.

### OPENING AND CLOSING THE WAITING LIST

The Cooperative will monitor the vacancies in the property and the waiting list regularly to ensure that there are enough applicants to fill the vacancies, as well as to make sure that the list do not become so long that the wait for a unit becomes excessive.

#### Closing waiting lists

The waiting list will be closed for one or more unit sizes when the average wait is exceeds on year or more.

When the Cooperative closes the list, they will advise potential applicants that the waiting list is closed and refuse to take additional applications. A notice will be published in the local newspaper and posted in the management office. The notice will clearly state the reason that the Cooperative is no longer accepting additional applications.

#### Opening waiting lists

When the Cooperative agrees to accept applications again, the notice of this action will be announced in the local newspaper and posted in the management office. The notice will clearly explain the rules for applying and the order in which applications will be processed.

All Advertisements will include where and when to apply and will conform to the advertising and outreach activities described in the Affirmative Fair Housing Marketing Plan.

## What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

## What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

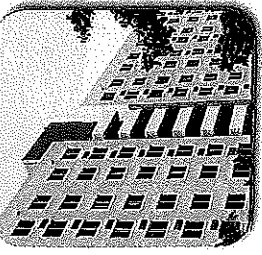
## What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

## Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved



to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.

## Where can I obtain more information on EIV and the income verification process?

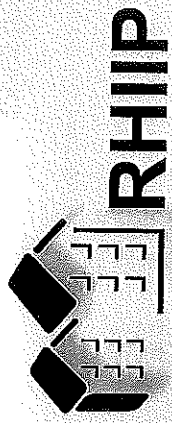
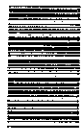
Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: [www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm](http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm).



JULY 2009

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RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# EIV & You

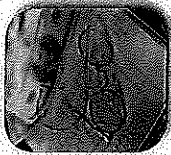
ENTERPRISE INCOME VERIFICATION



**What YOU Should Know**  
if You are Applying for or are Receiving  
Rental Assistance through the Department of  
Housing and Urban Development (HUD)

## What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



## What income information is in EIV and where does it come from?

### The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlementment SS benefits

### The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

## What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you: correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

## Is my consent required to get information about me from EIV?

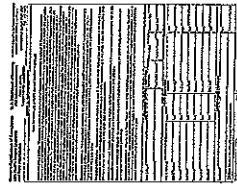
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

## Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

## What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



## Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

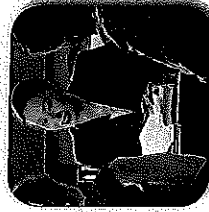
## Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
  - Child support
  - AFDC payments
  - Social security for children, etc.

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.



Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.



# APPLYING FOR HUD HOUSING ASSISTANCE?

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

## Do You Realize...

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

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

## Do You Know...

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

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

## So Be Careful!

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

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

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

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

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

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

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

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

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

## Ask Questions

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

## Watch Out for Housing Assistance Scams!

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

## Report Fraud

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



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

# Resident Rights



# & Responsibilities



**Secretary of HUD**

*This brochure does not apply to the Public Housing Program, the Section 8 Moderate Rehabilitation Program (except for multifamily housing projects that are insured by HUD), and the Housing Choice Voucher Program (except when a voucher is used in a multifamily housing project with a HUD-insured mortgage).*

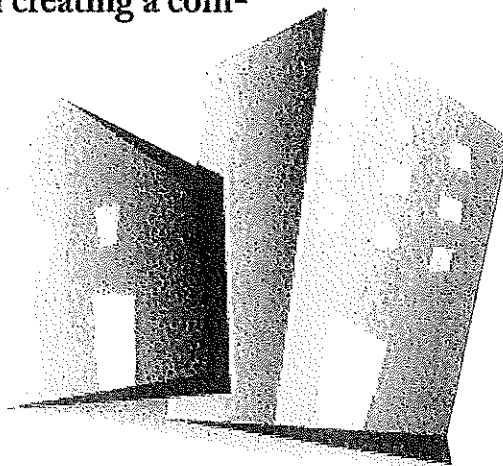
**You, as a resident (tenant), have rights and responsibilities that help make your HUD-assisted housing a better home for you and your family.**

**T**his brochure is being distributed to you because the United States Department of Housing and Urban Development, which has ultimate jurisdiction over the project in which you live, has provided some form of assistance or subsidy for this apartment building. As part of its dedication to maintaining the best possible living environment for all residents, your HUD field office encourages and supports the following:

- Management agents and property owners communicate with residents on any and all issues.
- Owners and managers give prompt consideration to all valid resident complaints and resolve them as quickly as possible.
- Residents' right to organize and participate in the decisions regarding the well-being of the project and their home.

Along with your owner/management agent, you play an important role in making your place of residence—the unit (apartment), the grounds, and other common areas—a better place to live and in creating a community you can be proud of.

This brochure briefly lists some of your most important rights and responsibilities to help you get the most out of your home.



# Your Rights

As a resident of a HUD-assisted multifamily housing project, you should be aware of your rights.

## Rights

### **Involving Your Apartment**

- The right to live in decent, safe, and sanitary housing that is free from environmental hazards such as lead-based paint hazards.
- The right to have repairs performed in a timely manner, upon request, and to have a quality maintenance program run by management.
- The right to be given reasonable notice, in writing, of any nonemergency inspection or other entry into your apartment.

## Rights

### **Involving Resident Organizations**

- The right to organize as residents without obstruction, harassment, or retaliation from property owners or management.
- The right to post materials in common areas and provide leaflets informing other residents of their rights and of opportunities to involve themselves in their project.
- The right, which may be subject to a reasonable, HUD-approved fee, to use appropriate common space or meeting facilities to organize or to consider any issue affecting the condition or management of the property.
- The right to meet without the owner/manager present.
- The right to be recognized by property owners and managers as having a voice in residential community affairs.

## Rights

### **Involving Nondiscrimination**

The right to equal and fair treatment and use of your building's services and facilities, without regard to race, color, religion, gender, disability, familial status (children under 18), national origin (ethnicity or language), or in some circumstances, age.

# *Your* Responsibilities

As a resident of a HUD-assisted multifamily housing project, you also have certain responsibilities to ensure that your building remains a suitable home for you and your neighbors. By signing your lease, you and the owner/management company have entered into a legal, enforceable contract. You and the owner/management company are responsible for complying with your lease, house rules, and local laws governing your property. If you have any questions about your lease or do not have a copy of it, contact your management agent or your local HUD field office.

## Responsibilities

### **to Your Property Owner or Management Agent**

- Complying with the rules and guidelines that govern your lease.
- Paying the correct amount of rent on a timely basis each month.
- Providing accurate information to the owner at the certification or recertification interview to determine your total tenant payment, and consenting to the release of information by a third party to allow for verification.
- Reporting changes in the family's income.

## Responsibilities

### **to the Project and to Your Fellow Residents**

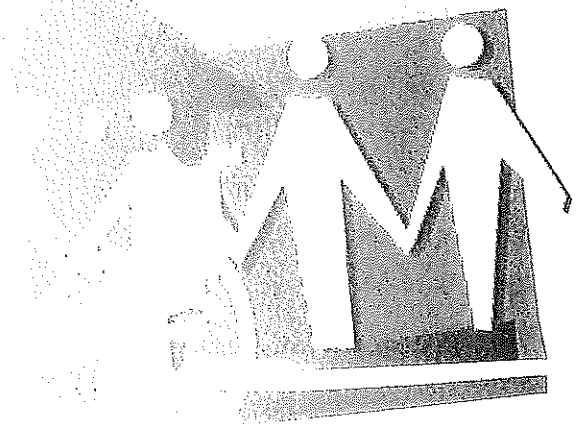
- Conducting yourself in a manner that will not disturb your neighbors.
- Not engaging in criminal activity in the unit, common area, or grounds.
- Keeping your unit clean and not littering the grounds or common areas.
- Disposing of garbage and waste in a proper manner.
- Complying with local codes that affect the health or safety of the residence.
- Maintaining your apartment and common areas in the same general physical condition as when you moved in.
- Reporting any apparent environmental hazards to the management, such as peeling paint—which is a hazard if it is a lead-based paint—and any defects in building systems, fixtures, appliances, or other parts of the unit, the grounds, or related facilities.

# *Your* Participation *is important*

Residents in HUD-assisted multifamily housing can play an important role in decisions that affect their project. Different HUD programs provide for specific resident rights. You have the right to know under which HUD program your building is assisted. To find out if your apartment building is covered under any of the following categories, contact your management agent.

If your building was funded under **Section 236, 221 (d)(3)/BMIR, Rent Supplement Program, Section 202 Direct Loan Program, Section 202/811 Capital Advance Programs, or is assisted under any applicable project-based Section 8 programs**, and prior HUD approval is required before the owner can prepay, you have the right to participate in or be notified of, and comment on, the following:

- An increase in the maximum permissible rent.
- Conversion of a project from project-paid utilities to tenant-paid utilities or a reduction in tenant utility allowance.
- Conversion of residential units in a multifamily housing project to a nonresidential use or to condominiums, or the transfer of the project to a cooperative housing mortgagor corporation or association.
- Partial release of mortgage security.
- Capital improvements that represent a substantial addition to the project.
- Nonrenewal of a project-based Section 8 contract.
- Any other action which could ultimately lead to involuntary temporary or permanent relocation of residents.
- Prepayment of mortgage.



# *Your* Participation *continued...*

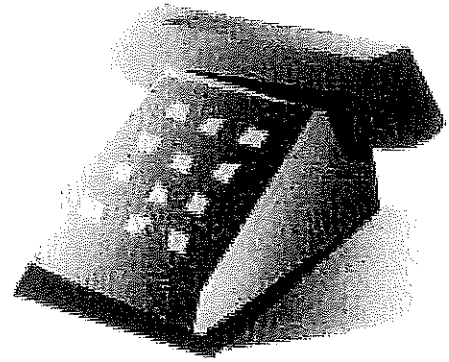
If your unit has a project-based Section 8 contract that is expiring or being terminated and will not be renewed, the assisted family may elect to remain in the same project in which the family was residing on the date of the eligibility event for the project. The family residing in an assisted unit may be eligible for an enhanced voucher. Owners must provide a 1-year notification of their intent to opt out of the Section 8 contract. Residents may use the Section 8 voucher in any building with rents in the allowable range. Eligible tenants can receive enhanced vouchers only if they remain in the same project in which they resided on the date the Section 8 contract was terminated. If an eligible tenant moves, they are eligible for a Section 8 voucher that is not enhanced. You also have the right to Relocation Counseling, where you can learn about housing options available to you.

**Residents of HUD-assisted housing are our partners and partners in their communities. HUD regulations give residents the right to press for improved conditions by organizing independent resident associations. These associations encourage residents to become involved in the decisions that affect their homes without harassment or retaliation by property owners or management.**

*—Secretary of HUD*

If you live in a building that is **owned by HUD** and is being sold, you have the right to be notified of, and comment on, HUD's plans for disposing of the building.

# *Additional* Assistance



If you need help or more information, you may contact:

- Your property manager or management company.
- The project manager in HUD's Multifamily Hub, Multifamily Field Office, or your local Contract Administrator.
- Your local HUD Field Office - <http://www.hud.gov/local/index.cfm>
- The housing counseling agency in your community (for assistance, call the HUD Housing Counseling Service Locator at 1-800-569-4287).
- HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 to report maintenance or management concerns.
- HUD's Office of Inspector General Hot Line at 1-800-347-3735 to report fraud, waste, or mismanagement.
- Citation to the Multifamily Housing Rule—24 CFR Part 245.
- World Wide Web - <http://www.hud.gov>

If you believe that you have been discriminated against, or would like information on what constitutes housing discrimination, call 1-800-669-9777, or call your local HUD Office of Fair Housing and Equal Opportunity.

Your local government tenant/landlord affairs office, legal services office, and tenant organizations may also provide you with information on additional rights you have under local or state law.

The brochure about your rights and responsibilities as a resident of HUD assisted multifamily housing is available in languages other than English. To find out which language versions are currently in stock, contact HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470.