



Housing Services
 T 800-662-8706
 TTY 771
 www.arcnc.org



RECERTIFICATION FORMS

Enclosed are the forms you may need in order to recertify the Tenant. **COMPLETE ONLY THOSE VERIFICATION FORMS WHICH APPLY.** You are responsible for assuring the accurate completion of all applicable Forms. Please securely email the completed forms to the occupancy specialist assigned to your Property and keep a copy for your files.

TABLE OF CONTENTS

PAGE NUMBER

Certification Forms	Current page
*Document Package for Applicant's/Tenant's Consent to the Release of Information	2-7
*Verification of Guardians	8-9
*Recertification Assistance Statement	10
Instructions for completing verifications	11
*Supplement to Application for Federally Assisted Housing (HUD Form 92006)	12
*Student Questionnaire	13
Verification of Student Status and Financial Assistance	14
Zero Income Notice ((for tenants with no income ONLY)	15
*Income, Asset and Expense Questionnaire	16
*Asset Disposition	17
*Asset Verification	18
Employment Verification	19
Termination Verification	20
Benefits Verification	21
Reoccurring Gift Verification	22
Medical Expenses Verification	23
Pet Annual Registration	24
*Acknowledgement of Receipt (Brochures)	25

***Required Forms**

Tenant Name: _____

Property Name: _____

<i>The Arc of NC use only: Recert Month</i>

NOTE: THE DOCUMENT PACKAGE MUST BE INCLUDED WITH EVERY VERIFICATION FORM SENT TO A THIRD PARTY

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

Notice and Consent for the Release of Information

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

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)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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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 HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

ATTENTION GUARDIANS

A **legal guardian** is a person who has the **legal** authority (and the corresponding duty) to care for the personal and property interests of another person, called a ward and appointed by the court. **You must provide documentation of the guardianship.**

It is important that you complete all required forms if you **are** the following guardian:

Guardian of the Estate

General Guardian

You **are not** required to complete these forms if the individual has the following guardian:

Guardian of the Person

Limited Guardian (check on court ordered limitations)

NOTE: You **are not** required and should not sign any forms if you are the following:

Payee

ATTENTION: You are not a guardian if you are in fact appointed "Power of Attorney".

Power of Attorney

Although there are many types of appointments, please provide the notarized documentation to determine if you are required to sign. If you are required to sign, do not sign in the legal guardian area. You should sign in the "Tenant" area and end the *signature* by indicating that you're acting under *power of attorney*. You can do this in one of several ways. After your name, you can write in the words "*attorney in fact,*" "*power of attorney*" or simply, "POA."

If you are a representative of the individual completing these forms and you have questions related to guardianship or another form of representation, you can call or email the manager or occupancy specialist for this property.



VERIFICATION OF GUARDIANSHIP

Tenant Name: _____

Property: _____

I certify to the following of the applicant named above. (Check the appropriate box)

Tenant **does not** have a legally appointed guardian.

Tenant **does** have a legally appointed guardian
(Attach a copy of court document with printed seal appointing guardian)

Please indicate the level of guardianship as indicated on the Letter of Appointment.

General*
(Must Sign forms)

Person
(Does NOT have to Sign forms)

Estate*
(Must Sign forms)

Limited
(May have to Sign forms)

***Legal guardian is required to complete the forms.**

Signature of Tenant

Date

Signature of Legal Guardian

Date

Signature of Manager

Date

Penalties for misusing this form: Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department of the United States Government, HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subjected to penalties for unauthorized disclosures or improper uses of information collected based on the consent. Use of the information collected based on this verification for is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosures of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).





RECERTIFICATION ASSISTANCE STATEMENT

Please advise us if you have a disability (a physical or mental impairment that substantially limits one or more major life activities), or another impairment that would hinder or prevent you from completing this application. We will either assist you or arrange for assistance if we are unable to meet your needs.

Our phone number is _____ or you may contact The Arc of NC at **800-662-8706**
(LOU contact number)
between the hours of 9:00 am and 5:00 pm.

If you have a hearing impairment, call relay North Carolina at **711**. This service is available 24 hours a day, 365 days a year.

APPROPRIATE ASSISTANCE WILL BE PROVIDED IN A CONFIDENTIAL MANNER AND SETTING.

PLEASE CHECK ONE:

I DO NOT NEED ASSISTANCE TO COMPLETE THIS RECERTIFICATION.

I NEED THE FOLLOWING ASSISTANCE TO COMPLETE THIS RECERTIFICATION:

EMERGENCY CONTACT

Name of Relative: _____

Address: _____

Phone Number: _____

Relationship to you: _____

Received by: _____
Signature of Tenant

Date:

Signature of Legal Guardian

Date:



INSTRUCTIONS FOR COMPLETING VERIFICATIONS

The following instructions apply to all Verification Forms. All Verification Forms can be completed online during the Tenant's interview.

1. Information more than **120 days old** will **NOT** be considered current by HUD. If the information on a Verification Form is older than 120 days, a new Verification must be resubmitted with current information.
2. For your convenience, all forms are fillable but if the application is completed manually, print in **blue or black ink** on all forms.
3. The **original version of every applicable** form may be requested by The Arc of NC for each Tenant along with all six pages of the Document Package for Applicant's/Tenant's Consent to the Release of Information ("Release"). You **do not** need to complete any form that does not apply **only** what is required, regardless of a form being "NA".
4. You **must** send a copy of the Document Package for Applicant's/Tenant's Consent to the Release of Information ("Release") for each Verification Form sent to a third party.
5. **A copy of the completed forms should be retained in your file.** Should any discrepancies exist, keeping a copy will expedite the correction as well as give you a form of reference when asking a question.
6. Any corrections on these forms **must be made with a single line drawn through the error**, initialed by the Applicant and the PREPARER, and the correction printed in the space. **NEVER ERASE OR WHITE OUT MISTAKES.**
7. For each applicable verification, be sure to **complete the date**, tenant's name, and property information as indicated.
8. **Always Remember: When in doubt, your specialist will help you out!** Call or email if there are any questions regarding certifying an applicant or re-certifying a tenant.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

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.

STUDENT QUESTIONNAIRE

Tenant Name: _____

Social Security No: XXX-XX-_____

Current Address: _____

City, State, Zip _____

TO BE COMPLETED BY TENANT

Are you a full-time or part-time student at an institution of higher education?

Yes No

**Institute of higher education includes post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

If you have answered "no", please skip the following questions and sign below.



If you answered "yes", please complete the following questions:

Yes No

- | | | | |
|-----|--|-----|-----|
| 1. | Are you a full-time or part-time student? | ___ | ___ |
| 2. | Are you a graduate or professional student? | ___ | ___ |
| 3. | Are you classified as a Vulnerable Youth? | ___ | ___ |
| 4. | Are you a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances? | ___ | ___ |
| 5. | Are you at least 24 years of age? | ___ | ___ |
| 6. | Are you a veteran of the United States military? | ___ | ___ |
| 7. | Are you married? | ___ | ___ |
| 8. | Do you have a dependent child? | ___ | ___ |
| 9. | Do you have dependents other than a child or spouse? | ___ | ___ |
| 10. | Were you an orphan or a ward of the court through the age of 18? | ___ | ___ |
| 11. | Do you live with your parents? | ___ | ___ |
| | a. Are your parents receiving or eligible to receive Section 8 assistance? | ___ | ___ |
| | b. Are you claimed as a dependent on your parent's tax return? | ___ | ___ |
| 12. | Are you receiving any financial assistance to pay for your education?
<i>Financial assistance does <u>not</u> include loan proceeds such as those from the Perkins, Stafford and Plus loans under the Higher Education Act of 1965.</i> | ___ | ___ |
| 13. | Are you disabled and were you receiving assistance as of November 30, 2005? | ___ | ___ |

If you or another member of your household is determined to be an ineligible student now or in the future, you may not be eligible for assistance. If we determine at any time after move-in that you are ineligible for assistance, we will notify you by providing a 30-day notice that your assistance will be terminated.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement and/or termination of tenancy.

Printed Name of Tenant / Legal Guardian

Signature of Tenant / Legal Guardian

Date



VERIFICATION OF STUDENT STATUS AND FINANCIAL ASSISTANCE

Date: _____

PLEASE COMPLETE AND RETURN THIS FORM TO THE PERSON LISTED BELOW WITHIN 3 DAYS:

To:

Name: _____

Address: _____

City, State, Zip Code: _____

From:

Name, Title: _____

Housing Project: _____

Address: _____

City, State, Zip Code: _____

Applicant/Tenant Name (print): _____

SS#: XXX-XX-_____

The person named above has applied for housing or housing assistance under a program regulated by HUD, Rural Development, a State Agency or the IRS. These Agencies require the housing provider to verify all information that is used in determining the person's eligibility or level of benefits. We ask your prompt cooperation in providing the following information and returning it to the property listed at the top of the page (via fax or mail) to assure timely processing of the application for housing. **The Applicant/Tenant has consented to the release of this information as shown on the attached form.**

Any financial assistance in excess of amounts received for tuition and any other required fees and charges shall be considered income.

1. Is this school an institution of higher education as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)?
 YES NO If no, explain: _____
2. Is the above-named individual a student at this educational institution? Yes No # of semesters/Years _____
3. If yes, is student enrolled part-time or full-time? Part-time Full-time
4. Date enrolled as such: _____
5. Expected date of graduation: _____
6. Cost of tuition (only) per semester: _____
7. Indicated all financial assistance being received by or on behalf of this individual under the Higher Education Act of 1965 (20 U.S.C. 1001 *et seq.*), from private sources, or from an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002). **DO NOT INCLUDE LOAN PROCEED IN THIS SECTION.**

Source of Assistance/Funding	Total Tuition Amount Per Semester	Total Non-Tuition Amount Per Semester
	\$ _____	\$ _____
	\$ _____	\$ _____

8. Indicate the amount of loans received by or on behalf of this individual: \$ _____ per semester.

Comments: _____

Signature of College Institution Representative

Date

Name (print) & Title

Phone

Penalties for misusing this form: Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department of the United States Government, HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subjected to penalties for unauthorized disclosures or improper uses of information collected based on the consent. Use of the information collected based on this verification for is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosures of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

ZERO INCOME NOTICE

Tenant Name: _____

Unit#: _____

Property Name: _____

FOR ZERO INCOME TENANTS ONLY

I, _____ (Tenant), certify that I am receiving no income. However, I will notify the manager in order for me to complete the applicable forms and to provide 3rd party documentation when my income changes. I understand that my rent will increase 30 days after I begin receiving income.

I understand that I am required to complete the **Zero Income Questionnaire every 90 days** when claiming zero income status. Therefore, completed forms will be accurate to the best of my knowledge and belief. I also understand that providing false statements or information is punishable under Federal Law and grounds for termination of housing assistance and/or termination of tenancy.

Signature of Tenant

Date

Signature of Legal Guardian

Date

Signature of Manager

Date

If you are claiming zero income, please complete the Zero Income Questionnaire.

INCOME, ASSET AND EXPENSE QUESTIONNAIRE

Please answer each of the following questions. For each “yes” provide a verification form.

Do you:

YES NO

1. Work full-time, part-time or seasonally?
2. Expect to work for any period during the next year?
3. Work for someone who pays you cash?
4. Expect a leave of absence from work due to lay off, medical or maternity leave?
5. Now receive or expect to receive unemployment benefits?
6. Now receive or expect to receive alimony and/or child support?
7. Now receive or expect to receive public assistance (TANF or Welfare)?
8. Now receive or expect to receive Social Security or SSI benefits?
9. Now receive or expect to receive income from a pension or annuity?
10. Now receive or expect to receive regular Veterans Administration benefits?
11. Have a checking account, Direct Express Debit Card or savings accounts, certificates of deposit (CDs), stocks, bonds or a trust fund? *
12. Received a lump sum payment (inheritance, lottery, insurance, workers comp.)?
13. Own real estate? *
14. Have you sold or given away real property or other assets in the past two years?
(please complete an asset disposition form)
15. Do you regularly receive any other income?
16. Do you have out-of-pocket medical expenses?
17. Do you have Medicare?
18. Do you participate in the Medicare Prescription Drug Benefit Plan? *(ENCLOSE A COPY OF THE CARD)*
19. Are you covered by Medicaid?
20. Do you have any other kind of medical insurance?
If yes, please provide a copy of the card and the premium amount in which you pay out of pocket.

These are required forms and you must complete and return them

TENANT CERTIFICATION

I certify that if selected to receive assistance, the unit I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility. I certify that the information I have provided above is accurate and complete to the best of my knowledge and belief. I understand that providing false information is punishable under Federal law and grounds for termination of housing assistance and/or termination of tenancy.

Signature of Tenant

Date

Signature of Legal Guardian

Date

Signature of Manager

Date



ASSET DISPOSITION

Tenant Name: _____

Social Security No: XXX-XX-_____

Current Address: _____

City, State, Zip _____

Has this tenant disposed of (sold or given away) any assets within the past 24-month period for less than fair market value? **Yes** **No**

If the answer is yes, please complete the following:

Description of Asset	Date of Disposition	Amount Received For Asset	Fair Market Value

APPLICANT CERTIFICATION:

I do hereby certify that I have not disposed of any assets within the last 24-month period, other than those listed above, and that the above information is true and correct.

Signature of Tenant

Date

Signature of Legal Guardian

Date

Signature of Manager

Date

Penalties for misusing this form: Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department of the United States Government, HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subjected to penalties for unauthorized disclosures or improper uses of information collected based on the consent. Use of the information collected based on this verification for is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosures of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



ASSET VERIFICATION

Tenant Name: _____ Social Security No: XXX-XX-_____

Current Address: _____ City, State, Zip _____

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

Release: I authorize _____ to release information
(Organization supplying information)

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

Signature of Tenant / Legal Guardian

Signature of Manager

**You are not required to sign this form if the tenant information and signature is not included.*

Assets include but are not limited to all bank accounts, savings bonds, certificates of deposit, stock, and real estate that the above individual and/or any adult member of his or her household owns. Also, indicate if the asset is jointly owned.

Type of Asset	Value	Interest Rate (%)	Jointly Owned? (Y/N)
Checking Account* <i>(Avg. Bal for last 6 mo.)</i>			
Savings Account <i>(Current Balance)</i>			
Certificate of Deposit <i>(Current Balance)</i>			
Money Market Funds <i>(Current Balance)</i>			
Direct Express Accounts <i>(Global, Reloadable Card)</i>			
Other: <i>(Describe)</i>			

*** If this form is not completed by a third party, include 6 consecutive months of checking account bank statements.**

Check box if you have attached complete statements

Signature of Bank Representative: _____ Date: _____

Name of Bank: _____ Phone: _____

Address: _____

Penalties for misusing this form: Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department of the United States Government, HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subjected to penalties for unauthorized disclosures or improper uses of information collected based on the consent. Use of the information collected based on this verification for is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosures of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

EMPLOYMENT VERIFICATION

Tenant Name: _____

Social Security No: XXX-XX-_____

Current Address: _____

City, State, Zip _____

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

Release: I authorize _____ to release information
(Organization supplying information)

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

Signature of Tenant / Legal Guardian

Signature of Manager

**You are not required to sign this form if the tenant information and signature is not included.*

1. Date employment began: _____
2. Rate of pay: _____ per _____ (hour / week / month)
(If paid per piece, contract or enclave, go to Item #5)
3. Average Hours worked per week: _____ and Average weeks worked per year: _____
4. Average earnings in tips per week: _____
5. Total gross earnings for the last 6 months: _____
(Include tips, bonuses, overtime, commissions, etc.)
6. Gross annual earnings you anticipate for this employee for the next 12 months: _____
(Include tips, bonuses, overtime, commissions, etc.)
7. Does this employee work overtime? ____ (Y / N) If yes, how often? (Average) ____ Rate of pay? _____
8. Do you anticipate any changes in the number of hours the employee works? _____
9. Effective date of last pay increase _____. Is a pay increase anticipated during the next 12 months? _____
If yes, anticipated effective date of increase _____; and anticipated amount of increase. _____
10. What amount, if any, is deducted for health insurance? _____ per _____ (week / month / etc.)

If this form is not completed by a third party, please include 4-6 consecutive paystubs and check the box if it is.

Signature of Employer: _____

Date: _____

Name of Employer: _____

Phone: _____

Address: _____

Penalties for misusing this form: Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department of the United States Government, HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subjected to penalties for unauthorized disclosures or improper uses of information collected based on the consent. Use of the information collected based on this verification for is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosures of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

EMPLOYMENT TERMINATION VERIFICATION

Tenant Name: _____ Social Security No: XXX-XX-_____

Current Address: _____ City, State, Zip _____

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

Release: I authorize _____ to release information

(Organization supplying information)

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

Signature of Tenant / Legal Guardian

Signature of Manager

**You are not required to sign this form if the tenant information and signature is not included.*

1. Date of Termination: _____

2. Last Date Worked: _____

3. Do you anticipate rehiring this employee? Yes No
 If yes, when _____

4. Will the employee receive additional paychecks for Workman's Compensation? Yes No
 If yes, provide the name and address of the company through which this can be verified:

Name of Company: _____

Address: _____

City, State, Zip Code: _____

5. Reason for Termination

Employee was terminated/Lay off

Employee Quit

Other

Name of Company Representative

Company Name

Signature of Representative

Date

Telephone

Penalties for misusing this form: Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department of the United States Government, HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subjected to penalties for unauthorized disclosures or improper uses of information collected based on the consent. Use of the information collected based on this verification for is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosures of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

BENEFIT INCOME VERIFICATION

Tenant Name: _____

Social Security No: XXX-XX-_____

Current Address: _____

City, State, Zip _____

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

Release: I authorize _____ to release information

(Organization supplying information)

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

Signature of Tenant / Legal Guardian

Signature of Manager

**You are not required to sign this form if the tenant information and signature is not included.*

NOTE: Special Assistance is not counted

	Amount Per Month
Social Security (Gross Amount)	\$ _____
<i>Amount Deducted Monthly for Medicare Premium \$ _____</i>	
Supplemental Security Income	\$ _____
Medicaid Payment (For ICF Homes ONLY)	\$ _____
Railroad Benefit (Gross Amount)	\$ _____
Veterans (VA) Benefit (Gross Amount)	\$ _____
Other (Describe): _____	\$ _____
<i>(Family support, trust fund payments, etc.)</i>	
Pensions and Annuities	\$ _____
Unemployment Income (per week)	\$ _____

Date of Initial Payment: _____ Duration: _____ Weeks _____ Expected Termination Date: _____

Check box if you have attached a printout of Benefits.

Signature of Benefit Representative: _____

(Social Security, VA, etc.)

Address: _____

Phone: _____ Date: _____

Penalties for misusing this form: Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department of the United States Government, HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subjected to penalties for unauthorized disclosures or improper uses of information collected based on the consent. Use of the information collected based on this verification for is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosures of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

MEDICAL EXPENSE VERIFICATION

Tenant Name: _____

Social Security No: XXX-XX-_____

Current Address: _____

City, State, Zip _____

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

Release: I authorize _____ to release information
(Organization supplying information)

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

Signature of Tenant / Legal Guardian

Signature of Manager

**You are not required to sign this form if the tenant information and signature is not included.*

THIRD PARTY VERIFYING THE INFORMATION

Complete the statement(s) below with the most accurate information for each category and **exclude** one-time expenses if not expected to reoccur:

The Annual amount that the person listed above paid out of pocket for medical expenses for the previous 12 months is \$ _____ from the dates of _____ to _____. It is anticipated that the person listed above will spend \$ _____ in medical expenses for the next 12 months from _____ to _____ which will not be covered by Medical Insurance.

MEDICAL EXPENSES INCLUDE

Please check expenses included in this estimate.

- Services of physicians and other healthcare professionals
- Services of health care facilities
- Prescription/non-prescription medicines (To include over the counter medication)
- Dental expenses
- Eyeglasses, hearing aids, batteries, wheelchair, walker, and other supplies and equipment
- Medical insurance premiums

Check box if you have attached a printout of medical payments.

Signature of Pharmacist

Pharmacy

Penalties for misusing this form: Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department of the United States Government, HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subjected to penalties for unauthorized disclosures or improper uses of information collected based on the consent. Use of the information collected based on this verification for is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosures of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Pet Annual Registration

Tenant Name: _____

Pet Name: _____

Current Address: _____

City, State, Zip _____

Pet registration must be updated each year in conjunction with the Tenant's Annual Recertification.

Please indicate if a certificate signed by a licensed veterinarian (or a State or local authority empowered to inoculate animals) stating the pet has received all inoculations (shot records, annual check-up information) required by applicable State and local laws is attached.

Name, address and phone number of at least one responsible party who will care for the pet if the Tenant dies, is incapacitated or is otherwise unable to provide care for the pet.

Name of responsible party: _____

Address: _____

Telephone Number(s): Work: _____
Home: _____
Cell: _____

The Tenant has paid a refundable pet deposit of \$300.

Information sufficient to identify the pet and establish that it is a common household pet.

The pet weighs fifty pounds or less at adult weight.

Acknowledgement of Receipt

Tenant Name: _____

Unit: _____

Property: _____

*SUBJECT: HUD Fact Sheet – Verification of Information
 Fact Sheet – “How Your Rent is Determined”
 Resident Rights and Responsibilities Booklet
 EIV and You Brochure
 Fraud Notice
 Bedbugs Brochure
 VAWA

The brochures referenced above provide vital information to the tenant concerning verification of income, the rights and responsibility of the tenant, notification of systems use to verify the information provided, calculation of rent, and how to avoid the bedbug issues.

NOTE: If you are a victim of domestic violence, dating violence, sexual assault, or stalking, regardless of sex, gender identity, or sexual orientation, you have the right to be protected under the Violence Against Women Act (VAWA) Policy which The Arc of NC complies to following. The Arc will keep all subject information confidential as required under VAWA. Information about VAWA is available to you.

Certification:

I, _____ (Tenant), acknowledge the receipt of the brochures listed above and I confirm the manager has explained the contents of each brochure.

Signature of Tenant

Date

Signature of Legal Guardian

Date

Signature of Manager

Date

Each of these brochures is to be provided to the tenant