Dear Applicant,

Turtle Creek is Section 8 housing. The Department of Housing and Urban Development (HUD) subsidizes tenant rent. To be eligible for housing at either, you must be 62 years of age (or older) OR mobility impaired. Applicants must also meet HUD income guidelines. We are a non-smoking community and we are no longer housing applicants who are smokers.

In response to your request, enclosed you will find the rental application you requested. Please complete the application in full (please print). Any and all income listed must be in gross amounts. Please read, sign and date the enclosed HUD forms 9887 and 9887A as well as the attached citizenship forms.

Acceptance of your application constitutes your request for an apartment. It does not constitute a lease or a promise by owner or agent that an apartment will be made available to you. At some point after receipt of your application(s), we will contact you (by mail or phone) to conduct what we term a pre-qualification.

Please note, after you submit your application it is your responsibility to contact us with any change in information i.e., new address or telephone number.

Be advised, in compliance with HUD regulations, 40% of our annual vacancies are rented to eligible applications whose annual income is considered extremely low.

If you have any questions, please telephone me at (978) 922-1112.

Sincerely,

Dawn Gross
Property Manager

enc
Dear Applicant,

Turtle Woods Apartments is Section 8 housing. The Department of Housing and Urban Development (HUD) subsidizes tenant rent. To be eligible for housing at either, you must be 62 years of age (or older). Applicants must also meet HUD income guidelines. We are a non-smoking community and we are no longer housing applicants who are smokers.

In response to your request, enclosed you will find the rental application you requested. Please complete the application in full (please print). Any and all income listed must be in gross amounts. Please read, sign and date the enclosed HUD forms 9887 and 9887A as well as the attached citizenship forms.

Acceptance of your application constitutes your request for an apartment. It does not constitute a lease or a promise by owner or agent that an apartment will be made available to you. At some point after receipt of your application(s), we will contact you (by mail or phone) to conduct what we term a pre-qualification.

Please note, after you submit your application it is your responsibility to contact us with any change in information i.e., new address or telephone number.

Be advised, in compliance with HUD regulations, 40% of our annual vacancies are rented to eligible applicants whose annual income is considered extremely low.

If you have any questions, please telephone me at (978) 922-1256.

Sincerely,

Suzanne Kosch
Property Manager

enc
Turtle Creek / Turtle Woods
Admission Criteria

1. Turtle Creek - 62 years of age or older OR mobility impaired
   Turtle Woods - 62 years of age or older.

2. Income guidelines not to exceed, for an individual $47,000, two
   people $53,000.00 annually. Interest on assets will be calculated as
   income. See attached fact sheet.

3. Meets and is approved under Housing & Urban Developments tenant
   screening criteria: (HUD Occupancy Manual 4350.3)
   - Landlord Reference
   - Credit Reference / History of ability to pay rent
   - Criminal Background Check

4. Preference and priority will be given based on need and unit availability.
   a. Turtle Creek - 110 units
   b. Turtle Woods - 67 units

Note:
If preference should change while on the wait list, documentation of change
should be submitted for updating.

Turtle Creek / Turtle Woods is mandated and operates under the Federal and
State Fair Housing Guidelines.
A SENIOR RESIDENTIAL COMMUNITY IN BEVERLY

Here’s what Turtle Creek and Turtle Woods have to offer:

➤ One and two bedroom units with appliances and wall-to-wall carpeting.

➤ Rents based on 30% of income under the HUD Section 202/8 program. Heat and electricity included in the rent.

➤ Barrier free buildings with laundry facilities, game rooms, and a variety of common areas for socializing.

➤ On-site Service Coordinator and resident manager.

➤ Accessible van transportation for shopping and activities.

For a tour of our facilities or to request an application, please call (978) 922-1112 or visit the Management Office at 401 Essex Street, Beverly, MA 01915.
WELCOME TO HARBORLIGHT COMMUNITY PARTNERS

Instructions for: TURTLE CREEK AND TURTLE WOODS

Enclosed please find the Housing Application you requested. Please note the following:

A separate application must be completed for each apartment complex you are interested in. (Copies Are Acceptable)

One CORI Request Form must be completed by each household member 18 years or older. (Please copy the form as needed.)

Applications must be completed in full. Incomplete applications will be returned to the applicant.

If you should move or change your phone number, notification of such change must be in writing and mailed to:
Turtle Creek, Management Office, 401 Essex Street, Beverly, MA 01915

Notification must include the following:

A - Applicant(s) Name(s) and Social Security Number
B - Apartment Complex(s) of Application
C - Approximate Month/Year the Original Application was Submitted
D - Old Address and Phone Number
E - New Address and Phone Number

We update our waiting lists on a yearly basis. Anyone who does not return a completed update application, within the specified timeframe, will be removed from the waiting list.

Applicants will be notified of their status once they are close to the top of the list.
TURTLE CREEK/TURTLE WOODS
PRELIMINARY RENTAL APPLICATION

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

DATE OF APPLICATION ______________________

PROPERTY NAME ________________________________________

Return Completed Application To: Turtle Creek, Management Office
401 Essex Street
Beverly, MA 01915
Phone: (978) 922-1112
Fax: (978) 927-9369

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Management Office.

Applicant: __________________ Home Tel: ______________

Present Address: _____________________________________________

Present Landlord Name: ____________________

Phone: _____________________________________________

SIZE OF APARTMENT NEEDED:  ___________  UNIT TYPE REQUESTED:
1 BR  2 BR  Handicap Unit  [ ] Yes  [ ] No

Are you a smoker? [ ] Yes [ ] No

FOR OFFICE USE OF ONLY:

[ ] Low  [ ] Handicap Low
[ ] Very Low  [ ] Handicap Very Low

Original Application Received Date:___________  Time:___________  Signature:___________
Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain.


Present Housing Cost Per Month $ __________

Including Utilities? [ ] Yes [ ] No

Do you own any pets? ________________

How long have you lived at present address? ________ Years

What are the reasons for moving? ________________

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF. (Any person not listed will not be allowed to move in.)

<table>
<thead>
<tr>
<th>FULL NAME OF EACH PERSON</th>
<th>RELATIONSHIP TO HEAD OF HOUSEHOLD</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>FULL TIME STUDENT</th>
<th>YES OR NO</th>
</tr>
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<tbody>
<tr>
<td>1) Head of Household</td>
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<td>2)</td>
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Do you expect any additions to the household within the next 12 months: ____________________________

If yes, please explain giving name and relationship: ____________________________

HOUSING REFERENCES – Please list two (2) previous landlords and their addresses. Please include both long term and temporary residences.

1st Previous Address: Lived here from ________ to ________ Reason for leaving: ____________________

Name and Address of Previous Landlord: ____________________

2nd Previous Address: Lived here from ________ to ________ Reason for leaving: ____________________

Name and Address of Previous Landlord: ____________________
Have you ever been evicted from your home for any reason? If so, please give details:

____________________________________________________________________________________

Have you ever been arrested or convicted of any crime? If so, please give details:

____________________________________________________________________________________

Do you or any member of your household use illegal drugs or abuse alcohol? Yes ______ No __
If yes, please explain: ________________________________________________________________

Are you or any member of your household listed on any state sex offender registration program? Yes ______ No __
If yes, please explain: ________________________________________________________________

Please list all states that all household members have resided in: ________________________________________________________________

____________________________________________________________________________________

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number from Page 2.

**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:**

**Member # ________**

Name of Present Employer __________________________ Telephone __________

Address ________________________________________________________________

Years Employed ______ Position ________________________ Current Wages $ _________

[ ] weekly [ ] bi-weekly [ ] monthly [ ] hourly (# of hours per week _____ # weeks per year _____)

**Member # ________**

Name of Present Employer __________________________ Telephone __________

Address ________________________________________________________________

Years Employed ______ Position ________________________ Current Wages $ _________

[ ] weekly [ ] bi-weekly [ ] monthly [ ] hourly (# of hours per week _____ # weeks per year _____)

**Member # ________**

Name of Present Employer __________________________ Telephone __________

Address ________________________________________________________________

Years Employed ______ Position ________________________ Current Wages $ _________

[ ] weekly [ ] bi-weekly [ ] monthly [ ] hourly (# of hours per week _____ # weeks per year _____)
OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or Grants.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Source of Income</th>
<th>Name and Address of Income Source</th>
<th>Gross Monthly Amount</th>
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Are there any changes expected in income within the next 12 months?: __________________________________________
If yes, please list household member and explain: _________________________________________________________

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Mutual Funds and Savings Bond.

Member # ____________________
Name of Financial Institution: ________________________________________________________________
Address ______________________________________________________________________________________
Account # ________________ Type of Account: ______________ Current Balance $ ______________
Interest Rate: ___________ If Stock, Number of Shares: __________ Dividends per Share: ___________

Member # ____________________
Name of Financial Institution: ________________________________________________________________
Address ______________________________________________________________________________________
Account # ________________ Type of Account: ______________ Current Balance $ ______________
Interest Rate: ___________ If Stock, Number of Shares: __________ Dividends per Share: ___________

Member # ____________________
Name of Financial Institution: ________________________________________________________________
Address ______________________________________________________________________________________
Account # ________________ Type of Account: ______________ Current Balance $ ______________
Interest Rate: ___________ If Stock, Number of Shares: __________ Dividends per Share: ___________
Member # __________________

Name of Financial Institution: _____________________________________________

Address ________________________________________________________________

Account # __________________ Type of Account: __________________ Current Balance $ __________

Interest Rate: __________ If Stock, Number of Shares: __________ Dividends per Share: __________

Member # __________________

Name of Financial Institution: _____________________________________________

Address ________________________________________________________________

Account # __________________ Type of Account: __________________ Current Balance $ __________

Interest Rate: __________ If Stock, Number of Shares: __________ Dividends per Share: __________

OTHER ASSETS (Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.)

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Asset Type/Account #</th>
<th>Name and Address of Asset</th>
<th>Market Value</th>
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In the past two years, have you sold or given away any assets (house, business property, personal property, investments, cash) which were worth more than $1,000.00? If so, please describe:

_____________________________________________________________________

ADJUSTMENTS FOR INCOME:
Some applicants may qualify for a medical adjustment or other income adjustment. Do you qualify for any of the following:

Are you disabled or over the age of 62 years? Yes [ ] No [ ]

If yes, do you have medical expenses that are not covered by insurance? Yes [ ] No [ ]

Do you pay childcare expenses that allow you to work or attend school? Yes [ ] No [ ]

Do you pay expenses for care of an individual with disabilities that allow you to work? Yes [ ] No [ ]
PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS:

1. Have you been displaced from your home? If so, please explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Has your present home been condemned by the Board of Health due to Sanitary Code violations? If so, please describe:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? [ ] Yes [ ] No If so, please describe:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

In Case of Emergency, whom should we contact?
Name: ________________________________ Relationship: ________________ Phone #: ___________
Address: ___________________________________________

Name: ________________________________ Relationship: ________________ Phone #: ___________
Address: ___________________________________________

Name: ________________________________ Relationship: ________________ Phone #: ___________
Address: ___________________________________________
I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. I/We certify that I/We understand that false statements of information are punishable under applicable State or Federal Law. I/We hereby certify that I/We have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

I/We understand that this is a rental application only and in no way ensures occupancy. I/We certify that the information contained herein is true and correct. I/We understand that the information I/we have provided will be verified through sources I have listed, as well as through a consumer credit report, landlord references and a Criminal Offenders Record Information (CORI) report may also be requested. I/We certify that I/we will occupy this apartment as my/our primary residence and will not and do not maintain a separate subsidized rental unit in a different location.

Signed under the pains and penalties of perjury.

Head of Household/Applicant ____________________________ Date ____________________________

Co-Applicant ____________________________ Date ____________________________

In accordance with federal law and the U.S. Department of Housing and Urban Development policy, Turtle Creek and Turtle Woods is prohibited from discrimination on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services. To file a discrimination complaint, please write Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh St. SW, Washington, DC 20410-2000

The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal government that the Federal law prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

Gender: Male: __ Female: __

Ethnicity: Hispanic or Latino: __ Not Hispanic or Latino: __

Race(s) (mark one or more):
[ ] American Indian/Alaska Native [ ] Asian [ ] Black or African American
[ ] Native Hawaiian or Other Pacific Islander [ ] White
APPLICATION VERIFICATION CONSENT FORM

INSTRUCTIONS:
Complete this form for each non-citizen member of the household who declared eligible immigration status on the Declaration Sheet. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT:

I. ______________________________________________________ hereby consent to the following:
   (print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and

2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
   (a) HUD, as required by HUD; and
   (b) The INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO APPLICANTS:

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance, and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence of other information by the INS.

______________________________ ______________________
Signature Date

Check here if an adult signed for a child. [ ]
GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: ____________________________

ADDRESS: __________________________

I, the above-named individual, have authorized Turtle Creek/Turtle Woods to verify the accuracy of the information which I have provided to them, from the following sources (specify):

- Child Care Expenses
- Criminal Activity (CORI)
- Courts
- Family Composition
- Law Enforcement Agency
- Credit Bureau
- Employment
- Self Employment
- Unemployment Compensation
- Pensions
- Annuities
- Social Security
- Supplemental Security Income
- State Welfare Agencies
- State Employment Security Agency
- Workman's Compensation
- Health & Accident Insurance
- Veteran's Benefits
- Federal, State, or Local Benefits
- Banks, Credit Unions
- IRA's, CDs, 401k, 403b
- Interest, Dividends
- Financial Institutions, Brokerages
- Mutual Funds
- Alimony, Child Support
- Other Income - Regular Gifts or Allowances from Another Person
- Commissions, Tips, Bonus
- Landlords, Rental History
- Identity & Marital Status
- Handicapped Assistance Expenses
- Medical Insurance Premiums
- Un-reimbursed Medical Expenses
- School & College Tuition Fees

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO: Turtle Creek/Turtle Woods subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to Turtle Creek/Turtle Woods within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation.

Signed under the pains and penalties of perjury.
APPLICANT DECLARATION SHEET

INSTRUCTIONS: Complete this form, including each member of the household.

HEAD OF HOUSEHOLD ONLY

Full Name: ___________________________ 

Sex: ___________________________ Date of Birth: ___________________________

Social Security No.: ___________________________ Alien Registration No.: ___________________________

Admission No.: ___________________________ if applicable, (11-digit # found on INS Form I-94 Departure Record)

Nationality: ___________________________ (Enter the foreign nation or country to which you owe allegiance. This is normally, but not always the country of birth.)

Save Verification No.: ___________________________ (to be entered by owner if and when received)

ENTIRE HOUSEHOLD

Are you or any member of your household:

a) A citizen or national of the United States? [ ] Yes [ ] No
b) A non-citizen with eligible immigration status? * [ ] Yes [ ] No
c) A non-citizen not claiming eligible immigration status? ** [ ] Yes [ ] No

* Please be advised that if you answered yes to item b), you will be required to send verification of your eligible immigration status for each member of your household.

** Please be advised that if you answered yes to item c), for any member of your household, you may not be eligible for residency in federally subsidized housing, or you may be eligible for prorated assistance only.

Signature of Head of Household ___________________________ Date ___________________________
Harborlight Community Partners is registered under the provisions of M.G.L. c.6, §172 to receive CORI for the purposes of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgement Form is true and accurate.

Applicant Signature __________________________ Date __________________________

SUBJECT INFORMATION: (An asterisk denotes (*) a required field)

*LAST NAME __________________________ *FIRST NAME __________________________ MIDDLE NAME __________________________ SUFFIX __________________________

MAIDEN NAME (or other name(s) by which you have been known)

*DATE OF BIRTH __________________________ PLACE OF BIRTH __________________________ *SOCIAL SECURITY NUMBER __________________________

SEX: ___________________ HEIGHT: ___ ft. ___ in. EYE COLOR: ___ RACE: ___

MOTHER’S FULL MAIDEN NAME __________________________ FATHER’S FULL NAME __________________________

CURRENT AND FORMER ADDRESSES

DRIVERS LICENSE OR STATE ID: __________________________ STATE OF ISSUE: __________________________

THE INFORMATION ABOVE WAS VERIFIED USING THE FOLLOWING GOVERNMENT ISSUED IDENTIFICATION: __________________________

VERIFIED BY: __________________________

NAME OF VERIFYING EMPLOYEE (PRINT NAME) __________________________

SIGNATURE OF VERIFYING EMPLOYEE __________________________
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.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
</tr>
<tr>
<td>Telephone No:</td>
</tr>
<tr>
<td>Name of Additional Contact Person or Organization:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone No:</td>
</tr>
<tr>
<td>E-Mail Address (If applicable):</td>
</tr>
</tbody>
</table>

Relationship to Applicant:

Reason for Contact: (Check all that apply)

- Emergency
- Unable to contact you
- Termination of rental assistance
- Eviction from unit
- Late payment of rent
- Change in lease terms
- Change in house rules
- Other: ________________

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

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the 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 term of each tenant. This supplemental application information is to be submitted 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 prevent disbursement data from fraudulent actions.

Form HUD-90006 (05/09)
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.
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 form HUD-9887. Only HUD, O/A, and PHAs can receive information authorized by this form.

1. HUD, O/A, 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/A, 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 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/A s 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 benefit.

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)
- 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/A s must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.
Notice and Consent for the Release of Information

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

<table>
<thead>
<tr>
<th>HUD Office requesting release of Information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division):</th>
<th>O/A requesting release of Information (Owner should provide the full name and address of the Owner):</th>
<th>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):</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Dept. of Housing and Urban Development 10 Causeway Street Boston, MA 02222</td>
<td>Turtle Creek Housing LLC 401 Essex Street Beverly, MA 01915</td>
<td></td>
</tr>
</tbody>
</table>

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.693(k). 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 803 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). This law is found at 42 U.S.C. 5544. This law authorizes HUD, the O/A, and the 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:

- 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

Additional Signatures, if needed:

- Other Family Members 18 and Over
- Date
- Other Family Members 18 and Over
- Date
- Other Family Members 18 and Over
- Date

Original is retained on file at the project site

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

form HUD-9887 (02/2007)
Agencies To Provide Information

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

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

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

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

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

1099-S Statement for Recipients of Proceeds from Real Estate Transactions
1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barters Exchange Transactions
1099-A Information Return for Acquisition or Abandonment of Secured Property
1099-G Statement for Recipients of Certain Government Payments
1099-DIV Statement for Recipients of Dividends and Distributions
1099 INT Statement for Recipients of Interest Income
1099-MISC Statement for Recipients of Miscellaneous Income
1099-OID Statement for Recipients of Original Issue Discount
1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives
1099-R Statement for Recipients of Retirement Plans W-2-G

Statement of Gambling Winnings

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 income you 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).

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.
Applicant's/Tenant's Consent to the Release of Information
Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

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

Original is retained on file at the project site
ref. Handbooks 4350.3 Rev.1, 4571.1, 4571.2 & 4571.3
and HOPE II Notice of Program Guidelines
form HUD-9887-A (02/2007)
Failure to Sign the Consent Form

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

Conditions

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

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed.

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Turtle Creek Housing LLC

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.
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, or the PHA, may inform you of these findings.

Programs Covered by this Fact Sheet

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

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

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

HUD Office requesting release of information
(Organization should provide the full name of the HUD Field Office, Attention: Director, Multifamily Division.)
US Dept. of Housing and Urban Development
10 Causeway Street
Boston, MA 02222

O/A requesting release of information
(Organization should provide the full name and address of the O/A):
Turtle Woods
399 Essex Street
Beverly, MA 01915

PHA requesting release of information
(Organization should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box):

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub. L. 108-199). This law is found at 42 U.S.C. 6631(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 803 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 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 238
- 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:

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

Additional Signatures, if needed:

Original is retained on file at the project site

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

form HUD-8887 (02/2007)
Agencies To Provide Information

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

U.S. Social Security Administration (HUD only). This consent is limited to the 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 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 W-2-G

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.

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.

This consent form expires 15 months after signed.
Applicant's/Tenant's Consent to the Release of Information
Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

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. 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 must provide you with information obtained under this consent in accordance with State privacy laws.

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

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

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

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

________________________
Name of Applicant or Tenant (Print)

________________________
Signature of Applicant or Tenant & Date

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

________________________
Turtle Woods Apartments

Signature & Date

Name of Project Owner or his/her representative

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.

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev. 1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887-A (02/2007)
FACT SHEET
For HUD ASSISTED RESIDENTS

Project-Based Section 8

"HOW YOUR RENT IS DETERMINED"

Office of Housing
September 2010

This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

OAs’ Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by $200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents’ Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family’s anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family’s rent.

**What is Annual Income?**

Gross Income – Income Exclusions = Annual Income

**What is Adjusted Income?**

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent
Project-Based Section 8 Rent Formula:
The rent a family will pay is the highest of the following amounts:

- 30% of the family's monthly adjusted income
- 10% of the family’s monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.
- OR
- $25.00 Minimum Rent

Income and Assets

HUD assisted residents are required to report all income from all sources to the Owner or Agent (OA). Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of $5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)
- Payments in lieu of earnings, such as unemployment and disability compensation, worker’s compensation and severance pay (except for lump-sum additions to

family assets, see Exclusions from Annual Income, below) Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, “financial assistance” does not include loan proceeds for the purpose of determining income.

Assets Include:

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

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant
or are held in an individual’s name but:

- The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
- that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
  - Foreclosure
  - Bankruptcy
  - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker’s compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed $200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of $480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of $480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State of local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes
Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program

Payments received under programs funded in whole or in part under the Job Training Partnership Act

Income derived from the disposition of funds to the Grand River Band of Ottawa Indians

The first $2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first $2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands

Payments received from programs funded under Title V of the Older Americans Act of 1985

Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in In Re Agent-product liability litigation

Payments received under the Maine Indian Claims Settlement Act of 1980

The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990

Earned income tax credit (EITC) refund payments on or after January 1, 1991

Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation

Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990

Any allowance paid under the provisions of 38 U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran

Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act

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

Deductions:

- $480 for each dependent including full time students or persons with a disability
- $400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family’s 3% of income expenditure is applied only one time.
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Legislation:

Regulations:
- General HUD Program Requirements; 24 CFR Part 5

Handbook:
- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:
- “Federally Mandated Exclusions” Notice 66 FR 4669, April 20, 2001

For More Information:
Find out more about HUD’s programs on HUD’s Internet homepage at http://www.hud.gov