



2401 Village Lane

Ardmore, OK 73401

580-223-4174

Dear Friend,

Thank you for your inquiry about Ardmore Village. The requirements set by the U.S. Department of Housing and Urban Development (HUD) to be a resident are:

Individuals must be 62 or older and have a gross annual income of no more than \$28,150 from all sources. Couples can make no more than \$32,200 gross annual income to be eligible.

If you meet the income requirements but are under 62, you may still be eligible for residency, but only if you are qualified as disabled under the definition given by HUD and have a disability Ardmore Village can accommodate.

Ardmore Village has **two options** for housing for low-to-moderate income seniors. All housing options are non-smoking.

1. One Bedroom Cottages offer:

- | | |
|-------------------------|------------------------------------|
| *Living/dining area | *Large walk-in closet |
| *Tub/Shower Combination | *Central Heat/Air |
| *Patio | *Refrigerator, Stove, Disposal |
| *Coin operated laundry | *Mail delivery to central location |

2. One Bedroom Apartments (mobility accessible) offer:

- | | |
|--------------------------------|--------------------------------|
| *Living/dining area | *Walk-in Shower |
| *Central Heat/Air | *Refrigerator, Stove, Disposal |
| *Patio | *Coin operated laundry |
| *Mail delivery inside building | |

To be considered for residency an application must be filled out. To be placed on the waitlist all pages must be filled out and returned with the supporting documents. Incomplete applications will not be accepted. Acceptance of the application and placement on the waiting list is not a guarantee of residency.

APPLICATION PACKET

Ardmore Village

2401 Village Lane

Ardmore, OK 73401

Phone: (580)223-4174

Fax: (580)226-4113

Date Received: _____

Time Received: _____

Received By: _____

Dear Applicant,

Thank you for your interest in our community. Included in this packet you will need to sign and return the Application for Rental, Application Declaration & Authorization, Supplement to Application HUD-92006, Applicant's/Tenant's Consent to the Release of Information HUD-9887/9887A, The Student Questionnaire, and the Acknowledgement of Brochures. The Acknowledgment of Brochures will list additional documents provided to you with the application packet.

PER HUD'S REGULATIONS, ALL HOUSEHOLD MEMBERS 18 YEARS AND OVER MUST SIGN THE APPROPRIATE PAGES IN THIS PACKET AND PROVIDE A COPY OF THEIR PHOTO ID AND SOCIAL SECURITY CARD. ONCE THIS INFORMATION IS COMPLETED IN FULL, YOU WILL BE PLACED ON THE WAITING LIST.

It is the responsibility of the applicant to inform Ardmore Village of any changes in phone number or address. If the applicant fails to do so and cannot be reached, you will be removed from the waiting list.

Additionally, please include the following information with your Application Packet to expedite your future interview appointment:

_____ Birth certificates for all persons who will be living in the unit.

_____ Social Security Cards for all persons who will be living in the unit.

_____ Letter from Social Security Administration if any household member receives benefits.

_____ Valid Email Address:

PLEASE INDICATE THE TYPE OF UNIT DESIRED BY NUMBERING YOUR PREFERENCE

RANK	TYPE OF UNIT
	Apartment (All Mobility Accessible)
	Cottages

Do you **REQUIRE** an accessible unit? ☐ Yes ☐ No
If yes, circle which type:

Mobility

Hearing

Visual

Thank you,

Management

Ardmore Village does not discriminate on the basis of disability status in the admission for access to, or treatment or employment in its federally assisted programs and activity. Please see the 504 Grievance Policy posted outside the management office should you need assistance with coordinating compliance and nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988).



APPLICATION FOR RENTAL

with
Ardmore Village

Please complete this application with pertinent details. This information requested provides the basis for our selection of the best neighbors for you and all residents. If accepted as a resident, this application will become part of your resident file.

Full Name: _____ Phone: _____ Home ☐ Cell ☐ Other ☐

Alt Phone: _____ Home ☐ Cell ☐ Other ☐

Address: _____ City: _____ State: _____ Zip: _____

Email Address (required for screening purposes): _____

Marital Status (check one): ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widow/Widower

For statistical purposes only, please check all that apply:

☐ White ☐ Black ☐ Am. Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/Other ☐ Choose not to Disclose

Also please designate your ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Choose not to Disclose

HOUSEHOLD INFORMATION

Complete the following information for each household member that will occupy the unit at time of move-in.

*Those household members that were 62 or older as of January 31, 2010 and receiving HUD rental assistance at another location on January 31, 2010, please write exempt in the SSN box and provide information to validate the exemption of disclosing and providing verification of a SSN.

Name (Last, First, MI)	Relationship to the Head of Household	Birth Date (mm,dd,yyyy)	M or F (optional)	Student (Y/N)	Social Security Number
#1	Self				
#2					
#3					
#4					
#5					

Please provide a complete list of states where each household member has lived. This disclosure is mandatory under HUD rules and criminal/sex offender screening will be reviewed in each state listed. Failure to provide a complete and accurate list will result in the rejection of the application.

#1
#2
#3
#4
#5

1. Does anyone live with you who is not listed above? ☐ Yes ☐ No
2. If the Head of Household or Co-Head/Spouse is not 62 or older, do you claim eligibility because the Head of Household or Co-head/Spouse is disabled? ☐ Yes ☐ No
If "yes", does he/she require the features of an accessible unit? ☐ Yes ☐ No
3. Are you a student enrolled in an institute of higher education? ☐ Yes ☐ No
4. Are you a victim of a recent presidentially declared disaster? ☐ Yes ☐ No
5. Are you currently homeless? ☐ Yes ☐ No
6. Are you now living in a federally subsidized housing unit? ☐ Yes ☐ No
7. Have you ever been evicted? ☐ Yes ☐ No
If yes, please provide the following information: When? _____
For what reason? _____
Name of the Housing Authority/Owner: _____
8. Are you or any member of your household registered as a sex offender or lifetime sex offender in ANY state in the United States? ☐ Yes ☐ No
If Yes, list each state: _____
9. Have you, or a member of your household, ever been arrested of a felony or misdemeanor? ☐ Yes ☐ No
If Yes, what was the date of the arrest? _____
If Yes, what was the charge? _____
If arrested for a felony, did the arrest result in a conviction? ☐ Yes ☐ No
If No, is the case still pending? ☐ Yes ☐ No
If the case is not pending, were you acquitted of the charge? ☐ Yes ☐ No
If you were convicted of the felony, were you incarcerated? ☐ Yes ☐ No
If Yes, what was the date of your release? _____

FAILURE TO ANSWER QUESTIONS 8 AND 9 WILL BE REASON FOR DENIAL OF APPLICATION.

* These questions are asked only for the purposes of calculating total tenant payment and determining the family's need for an accessible unit.

10. Name and address of current landlord: _____ Phone: _____
Dates of occupancy: From _____ to _____ Amount of rent: _____

IF YOU ARE STAYING IN A SHELTER OR WITH FAMILY YOU MUST STILL ANSWER THE ABOVE QUESTION.

Please list your place of dwelling for the past years:

ADDRESS	LANDLORD NAME AND ADDRESS	LANDLORD'S PHONE	DATES TO AND FROM

PETS & ASSISTANCE/COMPANION ANIMALS

The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an animal in the unit? ☐ Yes ☐ No

Is this animal required to live in the unit to alleviate the symptoms of a disability for a household member? ☐ Yes ☐ No

If No, please move on to the next section. If yes, please provide the following information.

ANIMAL TYPE	BREED	HEIGHT	WEIGHT

FINANCIAL INFORMATION

Please answer each of the following questions. For each "yes", please provide detail in the chart below.

Does any member of your household:

1. Work full-time, part-time or seasonally? ☐ Yes ☐ No
2. Expect to work for any period during the next year? ☐ Yes ☐ No
3. Work for someone who pays cash? ☐ Yes ☐ No
4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave? ☐ Yes ☐ No
5. Currently receive, or expect to receive, unemployment benefits? ☐ Yes ☐ No
6. Currently receive, or expect to receive, child support? ☐ Yes ☐ No
7. Have an entitlement to receive child support that he/she is not currently receiving? ☐ Yes ☐ No
8. Currently receive, or expect to receive, alimony? ☐ Yes ☐ No
9. Have an entitlement to receive alimony that is not currently being received? ☐ Yes ☐ No
10. Currently receive, or expect to receive, public assistance (welfare)? ☐ Yes ☐ No
11. Currently receive, or expect to receive, Social Security benefits? ☐ Yes ☐ No
12. Currently receive, or expect to receive, income from a pension or annuity? ☐ Yes ☐ No
13. Currently receive, or expect to receive, Veteran's Administration benefits or benefits from the GI Bill? ☐ Yes ☐ No
14. Currently receive, or expect to receive, regular contributions from organizations or individual not living in the unit? ☐ Yes ☐ No
15. Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property? ☐ Yes ☐ No
16. Own real estate or any assets for which you DO NOT receive income (checking account, cash)? ☐ Yes ☐ No
17. Have you sold, given away or otherwise transferred an asset(s) for less than fair market value in the past two years? ☐ Yes ☐ No

If yes, please explain: _____

Member #	Source of Income/Type of Income	Annual Income

DEDUCTIONS

Household income can be reduced based on the amount of the qualified monthly expenses. Please let us know if you have out-of-pocket expenses medical costs or the following:

1. Do you have expenses for child care of a child aged 12 or younger? ☐ Yes ☐ No
If yes, provide the name, address, and telephone number of the care provider:

What is the weekly cost to you of the child care? _____

2. Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work? ☐ Yes ☐ No
If you pay a care attendant, provide the name address and telephone number:

What is the weekly cost to you for the care attendant and/or the equipment? _____

How did you hear about applying to this property? _____

Please note the following items relative to the processing of this application:

1. After formal processing of this application has begun, the information and verification must be updated every six (6) months prior to move-in.
2. A credit report may be obtained prior to initial occupancy.

I (meaning all adults listed on this application) hereby consent to the release of all criminal conviction records to Gorman Management Company (GMC) as agent for the Owner of the Property I am applying for occupancy. Any law enforcement agency, court or any other organization that houses said records may release criminal conviction records concerning my household to GMC. Furthermore, I consent to the release of all rental history, credit history and driving records to GMC for use in determining my eligibility for occupancy. GMC will maintain complete confidentiality of any information attained from this release.

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

I hereby affirm that the foregoing information is true and correct to the best of my knowledge.

Signature of Head of Household

Date

Signature of Other Adult Member

Date

Signature of Other Adult Member

Date

Signature of Other Adult Member

Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this verification form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 308 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

Ardmore Village does not discriminate on the basis of disability status in the admission for access to, or treatment or employment in its federally assisted programs and activity. Please see the 504 Grievance Policy posted outside the management office should you need assistance with coordinating compliance and nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988).



Application Declarations and Authorization

(To accompany the rental application)

Accurate Information: You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any question or give false information, we may reject the application, retain all application fees as liquidated damages for our time and expense. Giving false information is a serious criminal offense.

Authorization: You authorize us to verify all information relating to this application through any means, including but not limited to One Site Screening and any other consumer reporting agencies, public record resources, and other rental housing owners. You further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.

(Each applicant must be named, sign and date/time this "Declarations and Authorization".)

Applicant Name

Applicant Signature

Date/Time

Applicant Name

Applicant Signature

Date/Time

Applicant Name

Applicant Signature

Date/Time

Applicant Name

Applicant Signature

Date/Time

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1003 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

Ardmore Village does not discriminate on the basis of disability status in the admission for access to, or treatment or employment in its federally assisted programs and activity. Please see the 504 Grievance Policy posted outside the management office should you need assistance with coordinating compliance and nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988).



STUDENT QUESTIONNAIRE FOR ALL APPLICANTS

All students of an institution of higher education must meet special HUD rules. Please answer the following questions so we can determine if you meet these rules. After you've completed this questionnaire, we will verify the information you have provided.

Student-Applicant's Name _____
Address _____
Telephone # _____ Date _____

	YES	NO
1. Are you a student of an institution of higher education?	_____	_____

IF YOU ANSWERED "NO" THEN YOU MAY SKIP QUESTIONS 2-5. IF YOU ANSWERED "YES" THEN PLEASE COMPLETE THE FOLLOWING QUESTIONS.
--

	YES	NO
2. Have you maintained a separate household from your parents and/or guardians for at least a year before applying to our site?	_____	_____
3. Are any of the following statements true?		
*I am an orphan or a ward of the court and 18 years old or younger.....	_____	_____
*I am a veteran of the U.S. Armed Forces.....	_____	_____
*I have legal dependents other than a spouse (e.g., a child or elderly parent)	_____	_____
If yes, provide names and ages:		
*I am a graduate or professional student.....	_____	_____
If yes, provide name and address of school:		
*I am married.....	_____	_____
*I am at least 24 years old, or will turn 24 years old this year.....	_____	_____
If yes, provide your birth date: _____ (month/day/year)		
*I am a person with disabilities, as such term is defined in 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was not receiving Section 8 assistance as of November 30, 2005 (See Definition E in Figure 3-6 page 3-35 of HUD 4350.3 as revised)	_____	_____
4. Did your parents or legal guardians claim you as a dependent on their most recent tax returns?	_____	_____
5. Provide the following information for your parents, legal guardians, or others who provide you financial support. (We need this contact information even if your parents and guardians don't provide support.):		

Name _____ Telephone # _____
Address _____

Name _____ Telephone # _____
Address _____

Name _____ Telephone # _____
Address _____

Signature _____ Date _____

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

Armore Village does not discriminate on the basis of disability status in the admission for access to, or treatment or employment in its federally assisted programs and activity. Please see the 504 Grievance Policy posted outside the management office should you need assistance with coordinating compliance and nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8, dated June 2, 1988).



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.
Attachment to forms HUD-9887 & 0887-A(02/2007)

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office. Attention: Director, Multifamily Division.):
U.S. Dept of HUD
307 West 7th Street, Suite 1000
Fort Worth, TX 76102

O/A requesting release of information (Owner should provide the full name and address of the Owner.):
Ardmore Village
1550 Knox Rd
Ardmore, OK 73401

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.)
OHFA
100 NW 53rd St., Suite 200
PO Box 26720
Oklahoma City, OK 73116

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

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units.

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

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 Barter Exchange Transactions

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

1055-K1 Partners Share of Income, Credits, Deductions, etc.

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

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

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

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

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)

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

Authority for 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.

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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.

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Name of Project Owner or his/her representative

Title

Signature & Date
cc: Applicant/Tenant
Owner file

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)

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3526). 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. 13664) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide an individual or family applying for occupancy in HUD-financed 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 and delivery of services of special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. The supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD-Assisted Housing program and its viability. It supports statutory requirements and program and management activities that prevent and cause and management. 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 it displays a currently valid OMB control number. Privacy Statement: Public Law 102-550, approved October 28, 1992, requires the Department of Housing and Urban Development (HUD) to collect all the information except the Social Security Number. Form HUD-92006

ACKNOWLEDGMENT OF BROCHURES

I, _____, am Head of Household applying for residency, or current occupant of unit # _____, certify that I have received the following pamphlets and brochures from the management of «sitename».

Please initial that you have received a copy of each document below.

_____ Residents Rights and Responsibilities

_____ HUD Fact Sheet

_____ Is Fraud Worth It?

_____ EIV & You Brochure

_____ HUD Form 5380 – VAWA Notice of Occupancy Rights (*Not required at Annual Recertification*)

_____ HUD Form 5382 – VAWA Certification of Domestic Violence (*Not required at Annual Recertification*)

I understand it is my responsibility to read all of this material.

Resident Signature

Date

Ardmore Village does not discriminate on the basis of disability status in the admission for access to, or treatment or employment in its federally assisted programs and activity. Please see the 504 Grievance Policy posted outside the management office should you need assistance with coordinating compliance and nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988).

