

RESIDENT APPLICATION INSTRUCTIONS

Please Use BLUE OR BLACK INK ONLY

This property utilizes HUD's web-based computer system, entitled **ENTERPRISE INCOME VERIFICATION (EIV)**. This system is used to meet HUD's requirement to independently verify employment and/or income information on individuals participating in HUD's rental assistance programs. Attached is a copy of the HUD brochure, **EIV & YOU**. It is essential that all applicants and residents truthfully disclose any and all information related to income and employment for all adult household members. **Failure to do so may result in disqualification for housing.**

PROVIDE US WITH ALL THE INFORMATION LISTED BELOW. EACH ITEM IS REQUIRED TO COMPLETE THE APPLICATION PROCESSING. IF YOU DO NOT HAVE ALL THE REQUIRED INFORMATION WHEN RETURNING THE APPLICATION TO OUR OFFICE, **WE CAN NOT ACCEPT OR PROCESS THE APPLICATION.**

YOU MUST PROVIDE

1. Social Security Cards for all non-exempt household members.
2. Birth Certificates for everyone in the household.
3. Picture ID for all adults. (Driver's license or State ID)
4. Proof of **ALL** Household Income with name, address or phone number of employer to verify; OR at least 6 consecutive pay stubs or other approved Income Verification.
5. Six consecutive Bank Statements or other approved Asset Verification for ALL assets.
6. Current and past LandLord contact information.

If you are receiving SSI or Social Security/Disability benefits, please call 1-800-772-1213 between 7am and 7pm Monday through Friday to request a new benefit verification letter or request benefit information using the SSA website. To request a Proof of Income Letter from the SSA website, go to <http://www.socialsecurity.gov>.

From the left side bar:

1. Select "What you can do online."
2. Select "If you get benefits"
3. Select "Request a Proof of Income Letter"

Select the box "All Benefit Information Available" to make sure all benefits received are provided.

THE APPLICATION CAN NOT BE ACCEPTED WITHOUT THESE VERIFICATIONS.

PLEASE ALLOW AT LEAST 30 MINUTES TO REVIEW THE APPLICATION, SIGN ADDITIONAL FORMS AND COPY THE NECESSARY DOCUMENTATION.

Each application line must be completed. Items not applicable are to be marked "N/A". Current and Past Landlord contact information must be provided. The application must be completely filled out before we log it for processing.

Waiting period for an apartment can vary due to the size of the apartment required and the length of the waiting list.

It is your responsibility to notify us of any changes to your household information.

We must be contacted every six months that you are still interested in staying on the waiting list. If we have no contact, your application will be dropped from the list. This can be as easy as a phone call, a letter or by stopping in the rental office.

APPLICATION ASSISTANCE AND INFORMATION SHEET

IF YOU ARE HANDICAPPED OR DISABLED, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL US TO SCHEDULE ASSISTANCE.

OUR PHONE NUMBER IS (606) 329-9725. OFFICE HOURS ARE 8AM TO 5PM, MONDAY THROUGH FRIDAY.

THE HEARING IMPAIRED USING A TDD DEVICE MAY REACH OUR TDD RELAY SERVICE BY DIALING 711 WITHIN THE STATE OF KENTUCKY, DURING THE SAME OFFICE HOURS.

APPROPRIATE ASSISTANCE WILL BE PROVIDED IN A CONFIDENTIAL MANNER.

This property is managed by Cardinal Management, Ltd. All Cardinal Management, Ltd. properties are fully committed to Equal Housing Opportunity. As a provider of multi-family rental housing, we will not discriminate in any activity relating to applicants or the rental of dwelling units or in the provision of services or facilities on the basis of race, color, religion, creed, national origin, sex, age, familial status, disability, sexual orientation or gender identity. In addition, we have a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability or handicap.

Compliance actions may include reasonable accommodations. A reasonable accommodation is a change in policy or procedure, to accommodate an applicant or resident with disabilities, or an alteration to the physical characteristics of a dwelling unit or common areas to allow any member of an applicant or resident family accessibility which does not constitute either undue financial or administrative burdens, or a fundamental alteration of the housing program.

The housing provider is not required to provide individually-prescribed or personal items such as hearing aids, eyeglasses, wheelchair, service animals, reading machines, telecommunications equipment in the resident's unit, or a personal reader or interpreter.

The Applicant Screening Policy:

All applicants for assisted housing will be screened according to the criteria set forth below. These criteria, which are based on those set forth in the HUD Regulations, relate to the individual behavior of each applicant household:

1. Past performance in meeting financial obligations, especially rent;
2. A record of disturbance of neighbors, destruction of property, or living or housekeeping habits at prior residences which may adversely affect the health, safety or welfare of other residents, or cause damage to the unit or development;
3. Involvement in criminal activity on the part of any applicant family member which would adversely affect the health, safety or welfare of other residents;
4. A record of eviction from housing or termination from residential programs;
5. An applicant's ability and willingness to comply with the terms of the Property's lease;
6. An applicant's misrepresentation of any information related to eligibility, award of PRIORITY for admission, allowances, family composition or rent.

For a complete discussion on the methods by which every applicant's performance relating to each of these criteria and how they will be checked, please refer to the property's TENANT SELECTION PLAN. A complete copy of the TENANT SELECTION PLAN is available from the property, upon request.

General Principles of Screening:

The Property will be the final judge of what constitutes adequate and credible documentation. If staff have doubts about the honesty or reliability of information received, they may pursue alternative methods, such as home visits, etc., until they are satisfied that their documentation is the best available. This is because landlords have a relationship with applicants that is more similar to that which a management agent has with its residents than do other housing providers.

Screening staff should be prepared to explain to landlords and other housing providers what the obligations of assisted housing tenancy entail, to help these verification sources provide informed references about applicant's future ability to comply with lease requirements.

Processing the Screening Verification Forms:

Before executing screening verification forms, Property staff will check their former resident files to determine whether the applicant has previously lived at or been evicted from any Agent owned Property. They can also order a check of court records to determine whether the applicant has been evicted from other housing during the same period.

Once the appropriate verification form releases have been executed, the Property should mail out the forms. Telephone verifications may be employed to reduce processing time if the applicant provides accurate telephone information. Each applicant is required to sign *Landlord Verification Forms* to authorize release of the requested information.

1. If the landlord or housing provider verifications are not returned in a timely manner, the Property staff will attempt to contact the landlords or housing providers by telephone to encourage their cooperation.
2. When telephone verification is employed, Property staff should ask the questions from the appropriate verification form, should write the name of the individual interviewed, the date of the call, the exact responses to the questions, and should sign the form.

INSTRUCTIONS FOR COMPLETION OF APPLICATION TO RENTAL HOUSING FOR HEAD OF HOUSEHOLD

- PLEASE ANSWER ALL QUESTIONS TRUTHFULLY. WE WILL VERIFY YOUR ANSWERS. ANY MISREPRESENTATION OF INFORMATION RELATED TO ELIGIBILITY, PRIORITY FOR ADMISSION, ALLOWANCES, RENT, FAMILY COMPOSITION, OR PRIOR TENANT HISTORY IS GROUNDS FOR REJECTION.
- ANSWERING QUESTIONS PERTAINING TO HANDICAP OR DISABILITY ARE OPTIONAL. HOWEVER, WITHOUT THIS INFORMATION WE MAY NOT BE ABLE TO (1) DETERMINE YOUR ELIGIBILITY OR NEED FOR SPECIAL HOUSING FEATURES; OR (2) CALCULATE YOUR RENT CORRECTLY. FAMILIES WITH HANDICAPPED OR DISABLED MEMBERS MAY BE ENTITLED TO CERTAIN DEDUCTIONS FROM INCOME THAT EFFECT RENT.

IF YOU ANSWER THESE QUESTIONS WE WILL NEED TO VERIFY THAT YOU OR A FAMILY MEMBER IS HANDICAPPED OR DISABLED. WE DO NOT NEED TO KNOW THE NATURE, EXTENT, OR CURRENT CONDITION OF THE HANDICAP OR DISABILITY. WE WILL NEED TO KNOW THAT YOU MEET THE FEDERAL DEFINITIONS THAT APPLY TO THESE TERMS AND THAT YOU CAN ABIDE BY THE TERMS OF OUR LEASE.

- INFORMATION YOU PROVIDE ON HANDICAP OR DISABILITY STATUS WILL BE TREATED AS CONFIDENTIAL BY MANAGEMENT. IN ACCORDANCE WITH PROGRAM REGULATIONS, INFORMATION MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE OR LOCAL AGENCIES.
1. Complete all sections. Do not leave any section blank, even those which do not apply to you. For instance, if a section asks for a drivers license and you do not have a drivers license, you may enter "none" or "N/A" (not applicable).
 2. As head of household, you will complete this application form. Each additional adult who will live in the apartment must sign this application, and the consent to the release of information forms, necessary to qualify the eligibility of the household.
 3. It is important that all information on this form and all other required forms be complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected.
 4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income situation, or family size changes.
 5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be further processed and if determined eligible, later placed on a waiting list. This does not guarantee that your household will be offered an apartment. If after complete processing, it is established that your household is not actually eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures.

Application for Admission and Rental Assistance Section 8 Housing

Date: _____

Property Name:	Gla-Low of Ashland, LLC	Telephone:	606-329-9725
Address:	1200 Stella Dr.	Fax:	606-324-5989
Address 2:	Ashland, KY 41102	TTD/TTY:	711 National Voice Relay
Property Web Site	n/a	Email	glalowapts@hotmail.com

(Please return this form to the above address)

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

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

Unit Size

<input type="checkbox"/> 1 Bedroom Unit
<input type="checkbox"/> 2 Bedroom Unit
<input type="checkbox"/> 3 Bedroom Unit

Special Features

<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Special features: Please list below:

PREFERENCES: The owner/agent places household in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for any of the preferences indicated below.

Do you believe you qualify for a preference because you have been displaced by government action or presidentially declared disaster? YES _____ NO _____ If yes, explain _____

I currently live on this property and am requesting a new unit

☐ Yes ☐ No

Applicant Name			
Preferred Name			
How did you hear about us?			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Citizenship Status	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen		
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move in) <input type="checkbox"/> None of the Above <small>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</small>		
Current Address			
Address Line 2			
City, State, Zip			
Previous Address (if less than 2 years at current address)			



Application for Admission and Rental Assistance Section 8 Housing

Home Phone			
Cell Phone			
Email address			
Work Phone			
Emergency/Alternate Contact Name and Phone Number			
May we contact you at work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth			
Social Security Number			
If you have no Social Security Number, you claim you are exempt because <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10			
Are you currently receiving housing assistance from HUD or a PHA?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever <u>lived</u> at Hillcrest, Bruce, Gla Low or Unity Square Apartments?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which complex? _____; Apt. # _____; Lessee name _____			
Have you recently <u>applied</u> for an apartment at Hillcrest, Bruce, Gla Low or Unity Square Apartments?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which complex? _____			
Are you a student enrolled in an institute of higher education?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of school:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Have you ever used a different name from the name listed above?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list names used and dates when used			

Have you ever been convicted of a crime?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when		

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

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



Application for Admission and Rental Assistance Section 8 Housing

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

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

Will anyone else live in the unit with you? (If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people will live in the unit?	Adults		Minors	

ADDITIONAL HOUSEHOLD MEMBER'S FULL NAME

Name				
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above (live in aides complete a different application and must be approved before move in) <small>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</small>			
Have you ever used a different name from the name listed above?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list names used and dates when used				
SSN			Date of Birth	

Please indicate each state where this person has lived

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

ADDITIONAL HOUSEHOLD MEMBER'S FULL NAME

Name				
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above (live in aides complete a different application and must be approved before move in) <small>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</small>			
Have you ever used a different name from the name listed above?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list names used and dates when used				
SSN			Date of Birth	

Please indicate each state where this person has lived

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

ADDITIONAL HOUSEHOLD MEMBER'S FULL NAME



Application for Admission and Rental Assistance Section 8 Housing

Name	
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above <i>(live in aides complete a different application and must be approved before move in)</i> <i>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</i>
Have you ever used a different name from the name listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list names used and dates when used	
SSN	
Date of Birth	

Please indicate each state where this person has lived

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

ADDITIONAL HOUSEHOLD MEMBER'S FULL NAME

Name	
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above <i>(live in aides complete a different application and must be approved before move in)</i> <i>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</i>
Have you ever used a different name from the name listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list names used and dates when used	
SSN	
Date of Birth	

Please indicate each state where this person has lived

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

HOUSEHOLD RENTAL HISTORY:

Current Landlord Name	
Landlord Address	
Landlord Address	
City, State, Zip	
Contact Name (if known)	
Phone Number	



Application for Admission and Rental Assistance Section 8 Housing

How long have you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous Landlord #1		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address		
Reason for leaving		
Were you or any member of your household evicted from this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous Landlord #2		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address		
Reason for leaving		
Were you or any member of your household evicted from this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Application for Admission and Rental Assistance Section 8 Housing
INCOME INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information:

ARE YOU EMPLOYED?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.			
Employer #1			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you receive?	\$	How often?	

DO YOU OR ANOTHER ADULT HOUSEHOLD MEMBER HAVE ANY ADDITIONAL EMPLOYMENT?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Member Name:			
Employer #2			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you receive?	\$	How often?	

DO YOU OR ANOTHER ADULT HOUSEHOLD MEMBER HAVE ANY ADDITIONAL EMPLOYMENT?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Member Name:			
Employer #3			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you receive?	\$	How often?	

Does the household currently have more employers than listed above? ☐ Yes ☐ No
 If yes, please provide additional employment information on a separate sheet.



Application for Admission and Rental Assistance Section 8 Housing

PLEASE WRITE IN 0.00, NA OR NONE IF YOU WILL RECEIVE NO INCOME FROM THESE SOURCES.

HOW MUCH DO YOU RECEIVE MONTHLY?

Monthly Social Security?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly SSI?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Retirement Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly VA Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Unemployment Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Public Assistance?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Child Support?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Are you entitled to Alimony?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Alimony Amount				\$
Income from a pension or annuity or other asset?				\$
Regular contributions from organizations or from individuals not living in the unit?				\$
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?				\$
Contributions from family for rent, child care or other bills.				\$
Any lump sum amounts from delay of payments for SSI or VA Disability				\$
Do you receive financial aid for education assistance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual amount of education assistance.				\$
Other?				\$
Other?				\$
Other?				\$

THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.



Application for Admission and Rental Assistance Section 8 Housing

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

Do you pay for Child Care for a minor 12 years of age or younger?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount Child #1 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school	\$	_____	
Monthly Amount Child #2 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school	\$	_____	
Monthly Amount Child #3 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school	\$	_____	

Disability Assistance Expense: Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and "auxiliary apparatus" for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work by the attendant care or auxiliary apparatus.

Do you pay for care or expenses for a disabled family member that allows any adult family member to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount		\$ _____	
Name of Family Member who can work as a result of such an expense. _____			
Do you pay for equipment that allows any adult family member to work? <i>e.g. costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount		\$ _____	
Name of Family Member who can work as a result of such an expense. _____			

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

Health Insurance - 1- annual premium	\$ _____
Health Insurance - 1 - annual deductible	_____



Application for Admission and Rental Assistance Section 8 Housing

Health Insurance - 2 – annual premium	\$
Health Insurance - 2 – annual deductible	\$
Dr. visit/medical treatments - annual out-of-pocket expense	\$
Prescription Drugs - annual out-of-pocket expense	\$
Do you have an HMO , a medical plan , or health insurance policy , which pays all or part of the cost of your medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give the name of the HMO, plan, or insurance company. <hr/> <hr/> <hr/>	
If you must pay for the medicines yourself, are you later reimbursed all or part of the cost?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who reimburses you? <hr/> <hr/> <hr/>	

Over-the-counter medical expenses to treat a specific medical condition - annual out-of-pocket expense (<i>i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis</i>)	\$
Personal use items annual out-of-pocket expense (<i>i.e. glasses, incontinent supplies, hearing aids</i>)	\$
Mileage to and from medical appointments	\$
Other	\$
Other	\$
Other	\$
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?	

Other?	\$
Other?	\$
Other?	\$
Other?	\$



Application for Admission and Rental Assistance Section 8 Housing

PENALTIES FOR MISUSING THIS FORM

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

APPLICANT CERTIFICATION

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

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

☐ No ☐ Yes If yes, which option do you prefer? ☐ Paper copy ☐ Electronic copy (please provide email address)

APPLICANT NAME (please print) _____

Signature _____ Date _____

SPOUSE, CO-HEAD, OTHER ADULT APPLICANT (circle one) NAME (please print) _____

Signature _____ Date _____

SPOUSE, CO-HEAD, OTHER ADULT APPLICANT (circle one) NAME (please print) _____

Signature _____ Date _____

Gla-Low of Ashland, LLC does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Wayne Rice
P.O. Box 1699
Ashland, KY 41105-1699
606-329-0797, ext. 203



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

This Package contains the following documents:

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

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

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

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

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information
(Owner should provide the full address of the
HUD Field Office, Attention: Director, Multifamily
Division.):

U.S. DEPT. OF HOUSING & URBAN DEV.
601 WEST BROADWAY, ROOM 110
LOUISVILLE, KY 40202

O/A requesting release of
information (Owner should provide the full
name and address of the Owner.):

CARDINAL MANAGEMENT, LTD.
P. O. BOX 1699
ASHLAND, KY 41105-1699

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.):

KENTUCKY HOUSING CORPORATION
1231 LOUISVILLE RD., FRANKFORT, KY 40601-6191

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

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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 HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

BLYTHE OSBORNE

Name of Project Owner or his/her representative

MANAGER, GLA-LOW I & II APARTMENTS

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.

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:

Mailing Address:

Telephone No:

Cell Phone No:

Name of Additional Contact Person or Organization:

Address:

Telephone No:

Cell Phone No:

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact: (Check all that apply)

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

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

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

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

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

Signature of Applicant

Date

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 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 reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

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

1200 Stella Drive.
Ashland, KY 41102
Phone (606) 329-9725
Fax (606) 324-5989
TDD: 1-800-648-6056

Date: _____

Dear _____:

_____ who lives at _____ has applied for housing at Gla-Low Apartments. They have indicated on their application that they have rented property from you in the past. We would appreciate any information you can give us regarding the type of resident he/she was while renting from you. The form below is provided for your convenience. Any and all information you provide will be held in **strict confidence**. Your cooperation in completing and returning this form as soon as possible in the self-addressed stamped envelope will be greatly appreciated.

Respectfully,

Blythe Osborne, Manager

NOTE TO APPLICANT/TENANT: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information regarding my rental history.

Applicant Signature

Date

Social Security Number

Co-Applicant Signature

Date

Social Security Number

INFORMATION BEING REQUESTED:

Are you a relative or friend of the applicant? YES NO If yes, describe relationship: _____

Dates of Residency: From: _____ To: _____

Rent Paid: ON TIME LATE VARIED Monthly Rental Amount \$ _____

Amount currently owed \$ _____ **Frequency (#) of late payments** _____

Has the applicant caused damages to the unit or common areas of the property? YES NO

If yes, please explain: _____

Amount owed for damages? \$ _____ Were utilities included in rent? YES NO

Has applicant made any type of agreement with you to pay the debt? YES NO

If yes, please describe terms _____

Have you ever begun eviction procedures for any reason? YES NO

If yes, please explain: _____

Housekeeping: EXCELLENT GOOD FAIR POOR

Was the unit left in good condition? YES NO If no, please explain _____

Did the applicant's living or housekeeping habits contribute to insect or rodent infestation? YES NO
If yes, please explain: _____

Other Behavior: EXCELLENT GOOD FAIR POOR

Was anyone other than the applicant above listed on the lease? YES NO If yes, please list: _____

Did the applicant have additional occupants not specified in the lease/rental agreement in the apartment? YES
NO If yes, please explain: _____

Has the applicant, applicant's children, or guests ever caused disturbances to other residents? YES NO
How many times? _____ Please describe: _____

Has the applicant, family members or guests ever been involved in criminal activity involving physical violence or criminal acts which would adversely affect the health or safety of other residents? YES NO
If yes, please explain: _____

Has the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff? YES NO If yes, please explain: _____

To your knowledge, is the applicant a current abuser/addict of a controlled substance? YES NO
Or ever been convicted of the manufacture or sale of illegal substance? YES NO

Would you rent to the applicant again? YES NO (If no, please explain): _____

Was proper notice given before moving? YES NO Was the deposit returned? YES NO
Comments: _____

Landlord Signature

Date

Phone Number

FAX Number

Staff Signature (Telephone Verification Only) Date

Gla-Low Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

For questions related to the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988); please contact the Section 504 Compliance Coordinator, Wayne Rice, Cardinal Management, Ltd., P. O. Box 1699, Ashland, KY 41105-1699; (606) 329-0797, ext 203; or TDD (800) 648-6056.

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



AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit VeriScreen, Inc. aka VeriRent to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 3 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.
5. Social Media postings and references on publicly available social media sites.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I am entitled to know if employment or promotion is denied because of information obtained by my prospective employer from a Consumer Reporting Agency.

I agree that a copy of this authorization has the same effect as an original and if my application is accepted I understand that VeriScreen will be allowed to perform a background check on a yearly/quarterly or during the process of determining a promotion, re-certification, continued qualification or as the result of reasonable suspicion.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I authorize VeriScreen, Inc. aka VeriRent to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment. **NOTE:** Except for those states where an annual release is required, i.e. California (CALIFORNIA – Continuing consent concept is inapplicable and a separate authorization must be requested each time a report is ordered. - CA Civ. Code 1786.22)

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

California applicants or employees only: By signing below you also acknowledge receipt of the Notice Regarding Background Investigation Pursuant to California Law. Please check this box and return this page if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California Law.

Minnesota and Oklahoma applicants or employees only: Please check this box and return this page if you would like to receive a copy of a consumer report if one is obtained by the Company.

Full Name: _____

(Please print clearly)

Signature

Date

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

International Address: If Applicable _____

DOB: _____ SS# _____ Driver's License Number: _____

Email: _____

Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes

SECTION 1

CERTIFICATION/RECERTIFICATION QUESTIONNAIRE

DOES YOUR HOUSEHOLD HAVE ANY OF THE FOLLOWING INCOME/ASSETS: **YES** **NO**

- | | | |
|--|-------|-------|
| 1. Do you own a Home, Condominium, Real Estate or Property of any kind? | _____ | _____ |
| Have Equity in Rental Property or Other Capital Investments? | _____ | _____ |
| Or Personal Property held as an Investment? | _____ | _____ |
| 2. Do you have any of the following? | | |
| Checking Accounts..... | _____ | _____ |
| Savings Accounts..... | _____ | _____ |
| Preloaded Debit Card (Direct Express, Netspend, Greendot or other <u>benefit</u> card) | _____ | _____ |
| Money Market Funds..... | _____ | _____ |
| Trusts..... | _____ | _____ |
| If yes, is the trust irrevocable? | _____ | _____ |
| IRA/Keogh Accounts or Other Capital Retirement Accounts..... | _____ | _____ |
| Stocks/Bonds..... | _____ | _____ |
| Certificates of Deposit..... | _____ | _____ |
| Other Accounts not listed above..... | _____ | _____ |
| Cash Held (Safety Deposit Boxes, etc.)..... | _____ | _____ |
| 3. Have you received any lump sum payments such as: | | |
| Inheritances..... | _____ | _____ |
| Lottery Winnings..... | _____ | _____ |
| Insurance Settlements (health, accident, Workers Compensation, etc.)..... | _____ | _____ |
| Capital Gains..... | _____ | _____ |
| Social Security Benefits, Unemployment Compensation, etc..... | _____ | _____ |
| 4. Have you disposed of any assets for less than Fair Market Value in the past two years _____ | | |
| Other..... | _____ | _____ |
| (If Yes, please complete the Divestiture of Asset form.) | | |
| 5. Are any assets held jointly with another person? | _____ | _____ |
| Describe: _____ | | |

SECTION 2**ASSET DIVESTITURE CERTIFICATION**

I, _____, certify that:

- [] During the past 2 years, I have not sold or given away any assets for less than fair market value.
- [] During the past 2 years, I have sold or given away only the assets listed below for less than fair market value.

Description	Date Disposed Of	Amount Sold For	Market Value	Cash Value*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Cash Value is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:

1. Penalties for withdrawing funds before maturity,
2. Broker/legal fees for the sale or conversion of assets,
3. Settlement costs for real estate transactions.

I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 10 year's imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction.

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.





Banking Verification



Name & Address of Bank:

Applicant Name: _____

Applicant Address: _____

Social Security No: _____

To Whom It May Concern:

The individual named directly is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

By signing below I authorize the release of this information.

Return Form To:

Gla-Low Apartments

1200 Stella Dr.

Ashland, KY 41102

Fax: 606-324-5989

Participant's Signature _____

Date _____

THIS SECTION TO BE COMPLETED BY BANK INSTITUTE

	Last 6 Months' Average Balance	Last 6 Months' Interest Income	Date Account Opened
Checking Account:			
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
Savings Account:	Current Account Balance	Current Interest Rate	Date Account Opened
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
Other Accounts (list): (Do not include loans)			
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____

I certify that this information is accurate.

Signature _____

Date _____

Financial Institution _____

Address _____

Print Name _____

Title _____

Telephone Number _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

HL-07

SECTION 1

Owners Notice No. 1 For an Applicant Family Restriction on Assistance to Noncitizens

Dear _____
(Name of Head of Household)

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP);
and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment D, Section 2) to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration (Attachment D, Sections 3 and 4). If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below by
_____.

GLA-LOW APARTMENTS
1200 STELLA DR.
ASHLAND, KY 41102

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the office of Gla-Low Apartments at (606) 329-9725 or by TDD (800) 648-6056. They will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

SECTION 2

The Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

SECTION 3**Applicant Citizenship Declaration Format**

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

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

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

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

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

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

DECLARATION

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

_____ 1. A citizen or national of the United States.

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

Signature

Date

Check here if adult signed for a child: _____

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

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Applicant Verification Consent Form (found on page 4 of this form).

AND

- b. One of the following documents:

(1) Form I-551, Permanent Resident Card

(2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

(a) "Admitted as Refugee Pursuant to section 207";

(b) "Section 208" or "Asylum";

(c) "Section 243(h)" or "Deportation stayed by Attorney General"; or

(d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

(a) A final court decision granting asylum (but only if no appeal is taken);

(b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);

(c) A court decision granting withholding or deportation; or

(d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(5) Other Acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*. Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

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

Signature Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

SECTION 4**Applicant Verification Consent Form**

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the Citizenship Declaration Format. If this format 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 the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS 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 or other information by the DHS.

Signature

Date

Check here if adult signed for a child: _____

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

GLA-LOW APARTMENTS

083-44044

1200 STELLA DR., ASHLAND, KY 41101

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

CARDINAL MANAGEMENT, LTD.

SECTION 8 MULTIFAMILY HOUSING

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

Date (mm/dd/yyyy): _____

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

*** Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

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

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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

A. General Instructions:

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

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

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

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

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

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

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

EMPLOYMENT VERIFICATION



THIS SECTION TO BE COMPLETED BY TENANT

TO: (Name and address of employer)

Date: _____

RE: _____

Applicant / Tenant Name

Social Security Number

I hereby authorize release of my employment information.

Signature of Applicant / Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Sincerely _____

Management Agent

Return Form To:

FAX (606) 324-5989
GLA-LOW APARTMENTS
1200 STELLA DR. ASHLAND, KY 41102

THIS SECTION TO BE COMPLETED BY EMPLOYER

**** EACH LINE MUST HAVE AN AMOUNT OR ZERO ****

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date First Employed _____ No _____ Last Day of Employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date Earnings: \$ _____ Through ____/____/____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period (s): _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer (Company) Name and Address

Phone

Fax

E-Mail

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.



PRE-APPLICATION / PERSONAL DECLARATION



PROPERTY NAME

NAME OF PERSONS TO OCCUPY THE UNIT			Soc Sec Number	Date of Birth	Age	Sex M or F	Relationship to Head of Household
Last	First	Middle					
					0		Head of Household
					0		
					0		
					0		
					0		
					0		

On RD & HUD properties, an allowance may be given if you qualify under the definition of elderly, handicapped or disabled. Do you wish to apply for this allowance: ☐ YES ☐ NO (If you check yes, your eligibility will be verified.)

NOTE: If you are handicapped or disabled, you may request a handicap accessible unit. Do you wish such unit? ☐ YES ☐ NO

Person to notify in case of emergency: Name _____ Phone _____
Address: _____ City _____ State _____ Zip _____

RESIDENCE HISTORY - PRESENT

Present Address: _____ City: _____
State: _____ Zip Code: _____ Rental Office Phone Number: _____
How Long: _____ Rent: _____

Do you meet the following HUD Definition of Displaced: ☐ YES ☐ NO

(Families or single persons who have been displaced due to a presidential declared disaster.)

Do you currently own a 504 FmHA Home? : ☐ Yes ☐ No

Have you ever lived in subsidized housing? ☐ YES ☐ NO Where? _____ When? _____

Do you pay for childcare to enable you to work? ☐ YES ☐ NO \$ _____ per _____

Do you have a pet? ☐ YES ☐ NO Type of pet _____

Please check Yes or No. Please make sure you have answered every question completely. If you check Yes, include the dollar amount and all other requested information. If the question does not apply check No. An incomplete form may delay the certification process. Whenever a Yes is checked the Site Manager will provide you with the required additional forms.

☐ Yes ☐ No 1. Are you separated, but not divorced from your spouse?

(Answer, "No" if you are married and living with spouse, single, legally divorced or widowed.)

If you answered "Yes", please complete the following:

☐ Yes ☐ No a. Are you legally separated from your spouse?

(If "Yes", please attach a copy of your current legal separation agreement. If "No", please continue with questions b)

☐ Yes ☐ No b. Are you separated from your spouse and Do Not intend to reconcile?

HL -137

If yes, who? _____

Initials: _____ Initials: _____

Initials: _____ Initials: _____

☐ Yes ☐ No 2. Are you or any members over the age of 18 in the household a full time student? **HL - 49 & HL -139**
(HUD Property Only) **HL -HUD -128**

If yes, who? _____

☐ Yes ☐ No 3. Are any members over the age of 18 in the household a part-time student? **HL - 49 & HL - 139**
(HUD Property Only) **HL -HUD -128**

If yes, who? _____

☐ Yes ☐ No 4. Are all occupants in the household Full-time students? (Tax Credit Properties Only) **HL - 49A**

PROPERTIES WITH TAX CREDITS ONLY – If all occupants are Full-Time Students and fail to qualify for an exception on form 49A, you are ineligible to participate in the Section 42 Low Income Tax Credit Program. Attach supporting documentation to Form 49A. Form 49A will be provided to you by the Site Manager.

☐ Yes ☐ No 5. Are any adult occupants age 18 or older **NOT** receiving any type of income? **HL - 55**
If you are receiving child support, SS, KTAP, unemployment, or currently employed, etc.
Tick "NO"

If you answered yes, you are certifying the household member listed below has zero
Income and is not contributing any income to the household.

If yes, who? _____

☐ Yes ☐ No 6. Are you or anyone in the household currently employed? **HL-11**

Gross Income/Year: include overtime, tips, etc.

Household Member: _____ \$ _____ (Gross)

Employer Name, Address and Phone Number: _____

Household Member: _____ \$ _____ (Gross)

Employer Name, Address and Phone Number: _____

Household Member: _____ \$ _____ (Gross)

Employer Name, Address and Phone Number: _____

☐ Yes ☐ No 7. Are you or anyone in your household self-employed or own a business? **HL-39**

Net Income/Year: \$ _____
(If "Yes", signed copies of your most recent Federal Income Tax Returns must be attached.)

If yes, who? _____

Initials: _____ Initials: _____

Initials: _____ Initials: _____

Do you or anyone in your household now receive or intend to receive Periodic Payments from the following:

☐ Yes ☐ No 8. Social Security or S.S.I. (Include Medicare Premium) \$ _____ HL - 08

If yes, who? _____

☐ Yes ☐ No 9. K Tap or other Public Assistance \$ _____ HL - 51

If yes, who? _____

Agency: _____
Contact Person: _____
Phone Number: (____) _____

☐ Yes ☐ No 10. Veteran's Benefits: \$ _____ HL - 77

If yes, who? _____

☐ Yes ☐ No 11. Pensions and Annuities: HL - 15

If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____

☐ Yes ☐ No 12. Are you or anyone else in the household entitled to receive child support? HL - 57

If yes, who? _____ amount per _____ Week _____ Month \$ _____
If yes, who? _____ amount per _____ Week _____ Month \$ _____
If yes, who? _____ amount per _____ Week _____ Month \$ _____

☐ Yes ☐ No 13. Do you or anyone in your household have dependents under the age of 18 in your household?

If yes, who? _____ HL - 57

☐ Yes ☐ No 14. Do you or anyone in your household receive alimony? (Please provide a copy of the Court Order)

If yes, who? _____

☐ Yes ☐ No 15. Military Pay (including housing allowance) (must provide documentation) HL - 15

If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____

Initials: _____ Initials: _____

Initials: _____ Initials: _____

☐ Yes ☐ No 22. Do you or anyone in your household own any real estate including a primary residence, farm Vacation home, vacant land, rental property or other investments?

Current status / intention ___ Keeping ___ Selling ___ Renting ___ Being Foreclosed ___ Giving away
Certain documents such as an Offer to Purchase or documents from the area PVA Office showing Fair Market Value may be requested.

If Yes, you must provide documentation

If yes, who? _____

☐ Yes ☐ No 23. Have you or anyone in your household received any Lump Sum payments in the Last 24 months? (I.e. insurance settlement, inheritance, lottery winnings, etc.)

Do not include a lump sum received from Social Security or income tax refunds.

If Yes, you must provide documentation

If yes, who? _____ \$ _____ Fair Market Value \$ _____
Explain: _____ Where is the money now? _____

If yes, who? _____ \$ _____ Fair Market Value \$ _____
Explain: _____ Where is the money now? _____

If yes, who? _____ \$ _____ Fair Market Value \$ _____
Explain: _____ Where is the money now? _____

☐ Yes ☐ No 24. In the past two years, have you or anyone in your household disposed of any assets or Property for less than Fair Market Value?

If Yes, you must provide documentation

If yes, who? _____ \$ _____ Fair Market Value \$ _____
Explain: _____ Where is the money now? _____

If yes, who? _____ \$ _____ Fair Market Value \$ _____
Explain: _____ Where is the money now? _____

If yes, who? _____ \$ _____ Fair Market Value \$ _____
Explain: _____ Where is the money now? _____

☐ Yes ☐ No 25. Do you have any income or assets that has not been addressed in this application. If yes, Please list source and amount below. If no, you are certifying that you have no Additional income or assets not addressed in the application.

If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____

What is your Gross Estimated Annual Income from questions 5 through 25?

Total Estimated Income From All Sources = \$ _____

Initials: _____ Initials: _____

Initials: _____ Initials: _____

I UNDERSTAND: That the statements made on this application are considered a part of my lease (if accepted) and approval or disapproval will be based upon information furnished herein. If at any time it is determined that any information I have given is false, it will be a breach of the lease contract and appropriate action will be taken. I certify that the housing unit I will occupy will be my permanent residence. I further certify that I will not maintain a separate subsidized rental unit in a different location. I further certify that I do not own a 502 FmHA home. I attest that all applicants over the age of 18 have signed this application and that all income information is true and absolute. Failure to properly report income could result in prosecution.

Each Applicant 18 years of age or older must sign and date below.

1. APPLICANTS SIGNATURE: _____ DATE _____

2. APPLICANTS SIGNATURE: _____ DATE _____

3. APPLICANTS SIGNATURE: _____ DATE _____

4. APPLICANTS SIGNATURE: _____ DATE _____

TIME APPLICATION WAS COMPLETED: _____ RACE: _____ ETHNICITY: _____

Race codes: (1) American Indian or Alaskan Native (2) Asian (3) Black or African American (4) Native Hawaiian or Pacific Islander (5) White Ethnicity codes: (a) Hispanic / Latino (b) Non-Hispanic Latino

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap 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/national origin and sex of individual applicants on the basis of visual observation or surname.

Site Manager's Signature _____ Date: _____ Time: _____