Van Binsbergen
& ASSOCIATES
PROPERTY MANAGEMENT REAL ESTATE

Corporate Office
540 South First Street
Montevideo, MN 56265
Phone: 320.269.6640
Fax: 320.269.7789
office@vanbllc.com

Branch Office
5709 SW 21st Street, Ste 104
Topeka, KS 66604
Phone: 785.350.2289
Fax: 785.350.2290
ksoperations@vanbllc.com

www.vanbllc.com
Serving Minnesota, Kansas, Missouri, Nebraska, Iowa

PLEASE READ THE FOLLOWING BEFORE COMPLETING YOUR APPLICATION

- ☐ Please write phone numbers for all banks, employment, and other institutions where assets are held and income is received.
- ☐ All adult household members, 18 years of age or older, must sign and date all areas indicated.
- ☐ If you receive Social Security/SSI Benefits, please enclose a copy of your most recent awards letter. The letter must have the Date of Issuance in the top right corner.
- ☐ We also require copies of Social Security cards and birth certificates for all members living in the household.

Please keep in mind, when returning your application, the cost of postage will be higher. Contact your local Post Office for the correct postage amount.

If you have any questions regarding this application, please call 785-350-2289 to contact:

Tasha ext. 311, Amanda ext. 312, Raven ext. 313, Natali ext. 315

Thank you for your interest in the properties managed by Van Binsbergen & Associates, Inc. Please take the time to thoroughly complete this application. Incomplete applications considerably lengthen the processing time. You may contact our office for assistance and any questions. Completed Applications are processed in order of date and time received.

Return completed application and application fee to:
Van Binsbergen & Associates - Kansas Branch

5709 SW 21st Street, Suite 104
Topeka, KS 66604
Email: ksoperations@vanbllc.com
Phone: 785-350-2289
Fax: 785-350-2290

OFFICE USE ONLY	
Date Received	
Time Received	
Fee Paid	N/A
Date Paid	N/A

APPLICATION FOR OCCUPANCY AT:

Property Name		Requested Move-In Date	
City			State

What size unit are you requesting? ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom ☐ Other

How did you hear about this housing? _____

Applicant Name			
Mailing Address			
City		State	Zip
Phone		Cell Phone	
Email			

CURRENT INFORMATION:

Do you wish to claim a deduction from your household income based on "Elderly Household" status, where one household member is 62 or older, handicapped or disabled?..... ☐ Yes ☐ No

Do you wish to have priority for an accessible unit with special design features? ..... ☐ Yes ☐ No

Will you have a caregiver/attendant living with you? ..... ☐ Yes ☐ No

If yes, a criminal background check is required for each caregiver/attendant.

Do you have a Letter of Priority issued by the USDA Rural Development due to displacement from another property?..... ☐ Yes ☐ No

Do you own any pets? ☐ Yes ☐ No If yes, describe _____

Pets are not allowed except in designated projects.

Do you have a direct express/debit card for SS, SSI, child support, or employment? ..... ☐ Yes ☐ No

Have you received energy assistance in the past and/or do you anticipate receiving it within the next 12 months?..... ☐ Yes ☐ No

NOTE: Verification of disability must be obtained for individuals applying for disabled/handicap designated properties. Please provide contact information for verifying physician, clinic, hospital or other relevant third party facility.

Physician's Name			
Clinic/Hospital			
Address			
City		State	Zip
Phone			

Equal Housing Opportunity

Van Binsbergen & Associates, Inc. is an Equal Opportunity Provider, and Employer. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410
Or call (202) 720-6382 (Voice and TDD).

IN CASE OF EMERGENCY NOTIFY:

NAME			
ADDRESS			
CITY		STATE	ZIP
PHONE		CELL	
EMAIL		RELATIONSHIP	

PLEASE NOTE: If you fail to supply ALL requested information where necessary, this application may be deemed unacceptable and returned to you for completion.

BACKGROUND HISTORY

Have you or any household member ever been evicted from housing or found ineligible for rental assistance due to violence or drug related criminal activity? ☐ Yes ☐ No

Are you a current illegal user of controlled substance? ☐ Yes ☐ No

Have you ever been convicted of the illegal use of a controlled substance? ☐ Yes ☐ No

Have you ever been convicted of a drug violation: Use, attempted use, possession, manufacture, sale or distribution? ☐ Yes ☐ No

Have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

Are you or another household member subject to any state lifetime sex offender registration? ☐ Yes ☐ No

HOUSING HISTORY

Have you lived independently from your parents/guardians? ☐ Yes ☐ No
If no, skip to personal reference section.

Have you owned your own home(s) for the last seven years? ☐ Yes ☐ No
If no, complete the following.

Have you been evicted/unlawful detainer from any type of housing for any reason? ☐ Yes ☐ No
If yes, provide date and explanation :
_____

List all states/years where all adult members have resided? _____

Have you had a prior rental with our management company ☐ Yes ☐ No
If yes, provide date and property : _____

Are you currently receiving property based rental assistance or Section 8 Choice Housing voucher? ☐ Yes ☐ No
If yes, provide property name **or** county agency for voucher: _____

PRESENT LANDLORD			PHONE		
LANDLORD ADDRESS					
PROPERTY ADDRESS					
DATES RENTED	START		END		

PREVIOUS LANDLORD			PHONE		
LANDLORD ADDRESS					
PROPERTY ADDRESS					
DATES RENTED	START		END		

PERSONAL REFERENCES *Do NOT include family members or landlord references in this section*

NAME		PHONE	
MAILING ADDRESS			

NAME		PHONE	
MAILING ADDRESS			

NAME		PHONE	
MAILING ADDRESS			

CITIZENSHIP DECLARATION

Is every member of the household a US citizen? ☐ Yes ☐ No

If no, please list the full name of each non-citizen and supply verification of eligible immigration status.

NAME: _____ NAME: _____

NAME: _____ NAME: _____

Acceptable documentation includes:

☐ Proof of age (only for tenants 62 years of age or older)

☐ If younger than 62, items required: Verification Consent Format **and one of the following**:

☐ Form I-551, Alien Registration Receipt Card (for permanent resident aliens) ☐ Form I-94 Arrival Departure Record

☐ Form I-688, Temporary Resident Card ☐ I-688B Employment Authorization Card

☐ Receipt issued by DHS indicating application for issuance of replacement document of above listed categories

☐ Form I-151, Alien Registration Receipt Card

RACE/ETHNICITY

"The information regarding race, ethnicity 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, familiar status, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation of your Application or to discriminate against you in any way."

Head

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander ☐ White

Co-Tenant

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander ☐ White

CERTIFICATION/AUTHORIZATION/CONSENT

I/We hereby certify the unit applied for will be the household's permanent residence. I/We further certify that I/we do/will not maintain a separate subsidized rental unit in another location.

I/We understand that I/we must pay a security deposit for this unit. I/We understand that my/our eligibility for housing will be based on government program (dependent on property, which may include HUD, RD, Tax Credit) income limits and tenant selection criteria. I/We certify all information provided on this Application is true to the best of my/our knowledge and understand false statements, misinformation, or deliberately withheld information are punishable by law and will lead to cancellation of this Application or termination of tenancy after occupation.

I/We do hereby authorize **Van Binsbergen & Associates, Inc.** and authorized representatives to contact any agencies, law enforcement office, companies, groups, or organizations to verify any information contained in this Application or to obtain and verify additional information or materials which are deemed necessary to complete my/our Application for housing in programs administered by **Van Binsbergen & Associates, Inc.** Further, I/We consent to the release of wage matching data to the RHS and the borrower.

Applicant Signature: _____ DATE: _____

Applicant Signature: _____ DATE: _____

Household Questionnaire

Certification Effective Date:	Household qualifies for the following program(s):		Date Application Rec'd: _____
☐ Move-in (MI) _____	☐ Section 8	☐ Section 236	
☐ Annual Recert (AR) _____	☐ Housing Tax Credit	☐ Section 811	Time Application Rec'd: _____
☐ Interim Recert (IR) _____	☐ HOME	☐ MARIF	
☐ Resume subsidy (IC) _____	☐ NHTF	☐ Other _____	Rent Amount: $_____
☐ Other Cert/**Add HH Member**_____			

Property Name_____ **Bldg/Unit #**_____

Household Composition

Applicants/residents, complete this questionnaire in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. **Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.** If this questionnaire is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

	Household Member's Name	Relationship	Date of Birth	Has/Will this person be a student* during this and/or the upcoming calendar year? YES/NO	Social Security Number (not required for agency deferred loans (except MARIF), HTC, HOME, or NHTF)
1					
2					
3					
4					
5					
6					
7					
8					

***** Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

Disclosure of Household Income

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. **Include <u>all</u> full time, part time or seasonal income even if completing this application in the off-season**.

DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE

(Check **YES or NO** to each item, as applicable, and include gross monthly amount. List sources on page 2.):

YES	NO		Gross Monthly Amount
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	$
		2. Does any member work for someone who pays them in cash, is self-employed or does "app" or "gig" work.	$
		3. Regular pay for a member of the armed forces	$
		4. Public Assistance (MFIP, GA, MSA) **<u>Benefits are received by (circle one)</u>** direct deposit check cash card	$
		5. Worker's compensation	$
		6. Unemployment benefits or severance pay	$
		7. Student financial assistance (public or private, not including student loans)	$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded) .	$
		9. Alimony/Spousal Maintenance	$
		10. Social Security income (including unearned income of minor children)	$
		11. Disability benefits including social security disability	$
		12. Regular payments from pensions (PERA, railroad, etc.)	$
		13. Regular payments from retirement benefits	$
		14. Death Benefits	$
		15. Regular payments from annuities or life insurance dividends	$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	$
		17. Net income from rental property	$
		18. Regular cash and non-cash contributions, assistance with paying bills (including utilities), or gifts from companies, agencies or individuals not living in the unit (not including groceries).	$
		19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	$
		20. Other (list) _____	$

Household Questionnaire

Disclosure of Household Assets			
YES	**NO**	**DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:**	**Current Balance**
		21. Checking Accounts . . . . . (6 month average balance)	$
		22. Savings Accounts	$
		23. Cash cards used to receive government benefits or other income	$
		24. Online or app accounts such as GoFundMe, Kickstarter, Fundly, local bank, Venmo, CashApp, etc. . . .	$
		25. US Savings Bonds	$
		26. Trusts*	$
		27. Securities	$
		28. Whole or Universal Life Insurance Policy (do not include term life insurance)	$
		29. 401K*	$
		30. IRA/KEOGH Accounts	$
		31. Certificates of Deposit	$
		32. Pension/Retirement/Annuity.	$
		33. Money Market or Mutual Funds	$
		34. Treasury Bills	$
		35. Stocks	$
		36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	$
		37. Are any accounts held jointly with someone not in the unit? Which account and with whom?	
		38. Other (include cash on hand)_____	$

*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

YES	**NO**		**Value**
		39. Do you now own a home or other real estate? . . . . . If yes, list address(es):	$
		40. Do you receive payments for a home you sold by contract for deed?	$
		41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items . . . . . held as an investment (wedding rings and personal jewelry do not count)?	$
		42. Are any assets held jointly with another person (e.g., real estate, coin collections, etc.)? List person, asset(s) and percentage of ownership.	

DO NOT LEAVE THIS SECTION BLANK.

From **1-42, income and assets** above, provide contact information for all "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income or asset source and educational institution for household members age 18 or older.	Contact name and phone/fax/email

Please attach documentation available to verify income (e.g., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

DAYCARE:

Do you have child care expenses for child/ren under age 13 because you work, are actively seeking employment or attending school? If yes, list name and address of provider: _____

Is any portion paid by another person or agency? If yes, list contact information of agency: _____

COMPLETE THIS SECTION **ONLY** IF HEAD OF HOUSEHOLD, CO-HEAD, OR SPOUSE ARE AT LEAST 62 YEARS OR OLDER OR HANDICAPPED OR DISABLED.

Expense	Name	Yes	No	Amount	Contact Information
MEDICARE PART A					Name: Phone Number:
MEDICARE PART B					Name: Phone Number:
MEDICARE PART C					Name: Phone Number:
HEALTH INSURANCE Provide copy of monthly premium					Name: Phone Number:
OTHER MEDICAL HEALTH INSURANCE					Name: Phone Number:
MEDICAL ASSISTANCE SPENDOWN					Name: Phone Number:
OPTOMOLOGIST (Eyes)					Name: Phone Number:
EYEGLASSES/CONTACTS					Name: Phone Number:
AUDIOLOGIST (Hearing)					Name: Phone Number:
HEARING AIDS/BATTERIES					Name: Phone Number:
DENTAL & DENTAL EXPENSES					Name: Phone Number:
PRESCRIPTION MEDICATIONS					Name: Phone Number:
NON-PRESCRIPTION MEDS -Must be verified w/physician -Resident must provide receipts					Name: Phone Number:
HOME HEALTH CARE					Name: Phone Number:
MEDICAL EQUIPMENT COSTS					Name: Phone Number:
MEDICAL RELATED TRAVEL -Number of visits must be verified w/medical provider					Name: Phone Number:
OTHER MEDICAL EXPENSES					Name: Phone Number:

PLEASE ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED.

PLEASE UPDATE YOUR EMERGENCY CONTACT:

NAME			
ADDRESS			
CITY		STATE:	ZIP:
PHONE		CELL	
EMAIL		RELATIONSHIP:	

Household Questionnaire

I/We hereby certify that I/We ☐ Have ☐ Have not sold or given away any assets for **less than Fair Market Value** during the two-year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset and Estimated Market Value	Date sold/disposed	Amount Received
			$
			$

ADDITIONAL INFORMATION

The following questions pertain to every member of the household. Check either **YES or NO** in response to each question. Add an explanation below for all items checked YES.

Yes	No	
☐	☐	Will any household member, including children, live in the unit on a less than full time basis?
☐	☐	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
☐	☐	Does any adult member of the household have zero income? If yes, name(s): _____
☐	☐	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
☐	☐	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?

Explanation: _____

SIGNATURES

I/we certify that the foregoing information is true and complete to the best of my/our knowledge and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____ Date _____

Applicant/Resident Signature _____ Date _____

Applicant/Resident Signature _____ Date _____

Applicant/Resident Signature _____ Date _____

Head of household email address: _____ Phone: _____

This applicant/resident required assistance in completing the Household Questionnaire due to: _____

Assistance was provided by: _____ **Date:** _____

STUDENT STATUS AFFIDAVIT

This affidavit is to be completed by the Head of Household. Check A, B, or C, as applicable. (Note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, college universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training):

☐ A. Household contains at least one occupant who is not a student, has not been a student and will not be a student for five or more months during the current and/or upcoming **CALENDAR** year (months need not be consecutive). If this item is checked, no further information is needed.

☐ B. Household contains all students, but is qualified because the following occupant(s) _____ is/are part-time student(s). Documentation of part-time student status is required for at least one member of the household. (*Complete Sample Form 19A)*

☐ C. Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed.

This section to be completed if it is determined the household is comprised of **full time students.**

☐ 1. At least one member of the household is a single parent with minor child(ren), and both the parent and children are not dependents of a 3rd party, and the children are only claimed by a parent. (*Please provide a copy of most recent tax return).*

☐ 2. At least one member of the household is married and *eligible* to file a joint income tax return. (*Please provide a copy of the marriage license OR a copy of most recent tax return).*

☐ 3. At least one member of the household receives assistance under Title IV of the Social Security Act, (or TANF). (*Please provide proof of assistance being received).*

☐ 4. At least one member of the household receives assistance from the Workforce Investment Act (formerly known as Job Training Partnership Act, (JTPA) or other similar federal, state or local program. Name of the Program: _____ (*Please provide proof this type of assistance is being received).*

☐ 5. At least one member of the household was previously part of the Foster Care Program. (*Please provide proof/documentation from the State).*

Households comprised entirely of full-time students that are income eligible and satisfy one or more of the above conditions are considered eligible. If none of the above applies, or verification does not support the exception indicated, the household is considered an ineligible student household.

I certify the statements made in this Student Affidavit are true and complete and I am aware that false statements are punishable under Federal law. I also understand that **I am to immediately report any changes in my student status** to the Management. I understand that my student status may affect my qualifications as a qualifying tenant under Section 42 of the Internal Revenue Code.

_____ _____

Applicant/Resident (Head of Household) Date

TENANT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all representatives of companies/agencies in the categories listed below to release, without liability, information regarding employment, additional forms of income, benefits, assets, and references to **Van Binsbergen & Associates, Inc.** (Owner and/or Agent), for purposes of verifying information listed on the rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding my/our household may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identifiers; employment, income and assets; medical or child care allowances. I/We understand this authorization cannot be used to obtain any information which is not pertinent to eligibility as a qualified tenant.

GROUPS OR INDIVIDUALS WHO MAY BE CONTACTED

The groups or individuals who may be asked to release the above information include, but are not limited to:

Past and Present Employers	Veterans Administration	Welfare Agencies
State Unemployment Agencies	Social Security Administration	Retirement Systems
Support and Alimony Providers	Banks/Other Financial Institutions	Colleges & Universities
Medical and Child Care Providers	Previous Landlords	Public Housing Agencies

SAVE VERIFICATION CONSENT FORM

For every household member (adult or child) identified as an eligible noncitizen on the application, the signatures below provide consent to the following for the individual and/or signature of parent/guardian for household members under the age of 18:

1. The use of provided evidence/documentation to verify eligible immigration status to enable household members to receive financial assistance for housing.
2. The release of such evidence to the DHS for purposes of verification of the immigration status of the individual.

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the above stated purpose(s). The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ _____

Signature Printed Name & Date

_____ _____

Signature Printed Name & Date

_____ _____

Signature Printed Name & Date

_____ _____

Signature Printed Name & Date

This institution is an Equal Opportunity Provider, and Employer. To file a complaint of discrimination, write to USDA, Director Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice), or (202) 720-6382 (TTD).

EQUAL HOUSING OPPORTUNITY

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.

2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

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

*** APPLICANT/TENANT RETAINS THIS PAGE ***

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
HUD 400 State Avenue, Room 200 Kansas City, KS 66101	Van Binsbergen & Associates, Inc. 540 S 1st St Montevideo, MN 56265	Kansas Housing Resource Corporation 200 SW 6th St, Topeka KS 66603

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 verity 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.

Copy Valid as Original

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 Barters Exchange Transactions

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

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

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

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

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

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

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

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
   a. The HUD-9887/A Fact Sheet.
   b. Form HUD-9887.
   c. Form HUD-9887-A.
   d . Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
   a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
   b. If they have a disability that prevents them from reading and/ or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

_____

Name of Applicant or Tenant (Print)

_____

Signature of Applicant or Tenant & Date

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

_____

Name of Project Owner or his/her representative

_____

Title

_____

Signature & Date

cc:Applicant/Tenant

Owner file

Penalties for Misusing this Consent:

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

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

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

Rental History REPORTS
AN MRI SOFTWARE COMPANY

(FOR OFFICE USE ONLY)
SITE NAME: _____
RHR ACCT #: _____

Personal Information:

General Consent Form

I, _____ **have made**
Last Name First Middle Maiden

application with _____ **for** _____
Company Name State Purpose

_____
Current Address City State Zip Code

_____
Previous Address City State Zip Code

____/____/____ _____ _____ _____ (_____)_____
Date of Birth Sex Social Security Number Driver's License State Home Phone

Release:

I/We authorize Rental History Reports (RHR) and/or the above named company to do a complete investigation of all information provided in my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: credit report, verification of employment and income, criminal record search, rental history references (including MPHA), unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. The source of the information may come from, but is not limited to: credit bureaus, banks and other depository institutions, current and former employers, federal or state records including state employment security agency records, county or state criminal records, county agencies as it relates to the applicant's eligibility, non-eligibility and/or benefit amounts received by the tenant, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I/We understand that I/We have a right to make a written request within 30 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit granter federal and state records of employment and income history, including state employment security agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case, the authorization continues in effect for the maximum period not to exceed one (1) year. Notice to applications applying for a community in Minneapolis and St. Paul only: If you are charged an application fee but a consumer credit report or tenant screen report is not ordered, you are entitled to a refund of the application fee. Please circle your preferred method for return of the application fee as either 1) mail, 2) destroy it, or 3) hold for retrieval upon one business-days' notice. Any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

_____ _____
Applicant Signature Date

OUT-OF-STATE CRIMINAL RECORDS SEARCH

City / County	**State**	**City / County**	**State**
City / County	**State**	**City / County**	**State**

7900 W. 78th Street, Ste. 400 ● Edina, MN 55439
PH> 952-545-3953 / 888-389-4023 ● FX> 952-545-3973 / 888-389-4024 ● www.RentalHistoryReports.com

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ 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**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

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

29565

Verification of Deposit

Housing Assistance Agencies

WELLS FARGO

For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Fax Requests To.....1-844-879-0412
Online Instructions.....www.wellsfargo.com/biz/vod
Balance Confirmation Services.....1-540-563-7323

SECTION 1: REQUESTER INFORMATION

VANBINSBERGEN & ASSOC. INC.
Company Name

Attention

540 S 1ST ST.
Street Address

MONTEVIDEO | MN | 56265
City | State | Zip

Requester Email (optional)

320-269-6640
Requester Phone Number

320-269-7789
Return Fax Number

SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Account Number(s) (Required)

___ - ___ - ____
Customer One Social Security Number

__ / __ / 20__
Month / Day / Year

CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder **Date** **Signature of Account Holder** **Date**

VB23

APPLICANT/TENANT RETAINS THIS PAGE

U.S. Department of Housing and Urban Development
Office of Housing • Office of Multifamily Housing Programs

RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION

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

What is EIV?

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

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

The Social Security Administration:
- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):
- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

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

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

They will also be able to determine if you:
- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

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

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

Who has access to the EIV information?

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

What are my responsibilities?

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

Penalties for providing false information

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

Protect yourself, follow HUD reporting requirements

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

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

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

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

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

What if I disagree with the EIV information?

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

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

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

What if the information in EIV is not about me?

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

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

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

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.

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

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

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

JULY 2009

ADDITIONAL ADULT MEMBERS OF THE HOUSEHOLD

IF THERE IS ONLY ONE ADULT MEMBER OF THE HOUSEHOLD, YOU DO NOT NEED TO COMPLETE THE FOLLOWING FORMS. (ADULT MEMBER IS DEFINED AS 18 YEARS OF AGE OR OLDER.)

THE FOLLOWING THREE FORMS ARE PROVIDED IF THERE ARE ADULT HOUSEHOLD MEMBERS IN ADDITION TO THE HEAD HOUSHOLD MEMBER. THESE FORMS ARE TO BE COMPLETED AND SIGNED. IF THERE ARE MORE THAN TWO ADULTS WITHIN THE HOUSEHOLD, CONTACT OUR OFFICE SO MORE FORMS CAN BE SUPPLIED.

IMPORTANT: ALL HOUSHOLD MEMBERS ARE REQUIRED TO SIGN APPLICABLE AREAS THROUGHOUT THIS APPLICATION AND LEASING PROCESS.

Rental History REPORTS
AN MRI SOFTWARE COMPANY

(FOR OFFICE USE ONLY)
SITE NAME: _____
RHR ACCT #: _____

Personal Information:

General Consent Form

I, _____ **have made**
Last Name First Middle Maiden

application with _____ **for** _____
Company Name State Purpose

_____
Current Address City State Zip Code

_____
Previous Address City State Zip Code

____/____/____ _____ _____ _____ (_____)_____
Date of Birth Sex Social Security Number Driver's License State Home Phone

Release:

I/We authorize Rental History Reports (RHR) and/or the above named company to do a complete investigation of all information provided in my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: credit report, verification of employment and income, criminal record search, rental history references (including MPHA), unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. The source of the information may come from, but is not limited to: credit bureaus, banks and other depository institutions, current and former employers, federal or state records including state employment security agency records, county or state criminal records, county agencies as it relates to the applicant's eligibility, non-eligibility and/or benefit amounts received by the tenant, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I/We understand that I/We have a right to make a written request within 30 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit granter federal and state records of employment and income history, including state employment security agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case, the authorization continues in effect for the maximum period not to exceed one (1) year. Notice to applications applying for a community in Minneapolis and St. Paul only: If you are charged an application fee but a consumer credit report or tenant screen report is not ordered, you are entitled to a refund of the application fee. Please circle your preferred method for return of the application fee as either 1) mail, 2) destroy it, or 3) hold for retrieval upon one business-days' notice. Any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

_____ _____
Applicant Signature Date

OUT-OF-STATE CRIMINAL RECORDS SEARCH

City / County	**State**	**City / County**	**State**
City / County	**State**	**City / County**	**State**

7900 W. 78th Street, Ste. 400 ● Edina, MN 55439
PH> 952-545-3953 / 888-389-4023 ● FX> 952-545-3973 / 888-389-4024 ● www.RentalHistoryReports.com

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

_____

Name of Applicant or Tenant (Print)

_____

Signature of Applicant or Tenant & Date

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

_____

Name of Project Owner or his/her representative

_____

Title

_____

Signature & Date

cc:Applicant/Tenant

Owner file

Penalties for Misusing this Consent:

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

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

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

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ 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**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

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