



Seymour I. Hollander Apartments

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Subsidized Housing for Senior Citizens under the Section 8 Program of
the United States Department of Housing and Urban Development

READ THIS LETTER THOROUGHLY BEFORE COMPLETING APPLICATION

Dear Sir or Madam:

Thank you for requesting the attached preliminary application packet. Please proceed with completing the paperwork if:

- 1) You are at least 62 years old, AND
- 2) Your current income does not exceed \$29,700/year as a single person, or \$33,900/year combined as a couple, pursuant to current Department of Housing and Urban Development guidelines. Income includes (but is not limited to) income from: Social Security; Pension(s); Employment; Unemployment Compensation; Worker's Compensation; Babysitting income; Hobby/craft income; Alimony; IRA distributions; Other retirement account distributions; Interest on savings or checking accounts; Interest or dividends on other investment accounts; Rental income from real estate. Additionally, any accounts that have your name on them are considered yours. For example, if you have a savings account that you handle for your child, the interest counts as your income.

When returning the completed application to us, you **must** include the following 3 items:

- 1) A copy of a HUD approved document for proof of your age, such as a birth certificate; passport; baptismal certificate; military discharge papers; census document showing age; naturalization certificate; or form TPQY from Social Security which you can obtain by calling Social Security directly.
- 2) A copy of your photo ID, such as a driver's license, DMV issued ID card, or passport.
- 3) A copy of your Social Security card. If you do not have your Social Security card, you must draft and sign a letter/certification stating that the Social Security number you provide to us is accurate and that you will obtain and provide us with proper documentation (copy of Social Security card or form TPQY) within 60 days of the date of your letter. *If you do not provide these 3 identification documents (proof of age, photo ID & Social Security number), your application **can not** be accepted.*

Please mail the completed application to: Seymour I. Hollander Apartments
Attn: Erin Heneghan
4190 Park Avenue
Bridgeport, CT 06604

Once we have received the completed application and identification documents, we will run a credit and criminal background check, as required by the United States Department of Housing and Urban Development. Then, we will inform you by mail of your application status.

Please do not hesitate to contact us if you have any questions or concerns, and thank you for considering Seymour I. Hollander Apartments for residency.

Sincerely,

Erin L. Heneghan

PRELIMINARY APPLICATION FOR HOUSING



Seymour I. Hollander Apartments for the Elderly

4190 Park Avenue, Bridgeport, CT 06604

PH: (203)374-7868 | FAX: (203)374-8643 | www.HollanderHouse.org

Date: ____/____/____ How did you hear about the Hollander House? _____

GENERAL:

Applicant Name as on Social Security Card: _____
Last First Middle

Co-Applicant Name as on Social Security Card: _____
Last First Middle

Address: _____
Street / Apartment # City, State Zip

Telephone Number: (____) ____ - ____ Alternate Phone Number: (____) ____ - ____

Email Address: _____@_____

Applicant Date of Birth: ____/____/____ Co-Applicant Date of Birth: ____/____/____

Applicant Social Security #: ____/____/____ Co-Applicant Social Security #: ____/____/____

Applicant Gender (check one): Male Female Co-Applicant Gender (check one): Male Female

Applicant Marital Status (check one): Married Single Widowed Divorced

How long have you lived in the Greater Bridgeport Area? ____ Years, ____ Months

How long have you lived at your current address? ____ Years, ____ Months

Do you own any or are you part owner of any Real Estate (check one)? No Yes *

*If Yes, state current market value and your percentage of ownership: \$_____ market value ____% ownership**

**Documentation of ownership and market value of real estate are required when submitting this application for housing.

Do you currently (check one): Own Rent *Other *If other, explain: _____

Current monthly housing payment: \$_____/mo. Does anyone help you pay for housing (check one)? No Yes

Do you currently live in subsidized housing (check one)? No Yes

Name and address of current landlord: _____

Dates of Occupancy: from _____ to _____ Phone: (____) ____ - ____

Reason for Moving: _____

Please list ALL previous residences within the last five years (information will be verified):

Name of previous landlord, if applicable: _____

Address of previous landlord: _____

Dates of Occupancy: from _____ to _____ Phone: (____) ____ - ____

Reason for Moving: _____

Name of 2nd previous landlord, if applicable: _____

Address of 2nd previous landlord: _____

Dates of Occupancy: from _____ to _____ Phone: (____) ____ - ____

Reason for Moving: _____

Please indicate if you have had problems with the following (check No or Yes*):

*If Yes, please explain in the space provided.

Complying with a lease and/or house rules: ___No ___Yes, Explain: _____

Complying with Federal, State, or Local laws: ___No ___Yes, Explain: _____
(Includes controlled substance abuse)

Destruction of property: ___No ___Yes, Explain: _____

Have you been evicted in the past ten years? ___No ___Yes, Explain: _____

Have you ever been convicted of a felony? ___No ___Yes, Explain: _____

Has a pet that you owned ever caused damage to a home that you were renting? ___No ___Yes, Explain: _____

Please list AT LEAST three relatives and/or close friends/associates who can be contacted in case of an emergency. At least ONE person listed must be willing to assist you in meeting your financial and lease obligations when/if necessary, if you are accepted for housing. (These people must agree to be named and have their personal information listed on this form):

1) Name: _____ Relationship: _____
Address _____
Street City, State Zip
Home Phone: _____ Work Phone: _____
Mobile Phone: _____ Email: _____

2) Name: _____ Relationship: _____
Address _____
Street City, State Zip
Home Phone: _____ Work Phone: _____
Mobile Phone: _____ Email: _____

3) Name: _____ Relationship: _____
Address _____
Street City, State Zip
Home Phone: _____ Work Phone: _____
Mobile Phone: _____ Email: _____

4) Name: _____ Relationship: _____
Address _____
Street City, State Zip
Home Phone: _____ Work Phone: _____
Mobile Phone: _____ Email: _____

FINANCIAL:

Your most current detailed financial information is required:

In accordance with HUD financial requirements, you are required to provide a complete summary of your monthly **gross** income, assets, and income on assets (interest/dividends/rental income), so that we can determine whether or not you meet the income eligibility requirements of this facility. Income information is also required for determination of monthly rent amount if you are offered an apartment. All information provided will be verified through third parties.

Directions:

In the spaces provided below, please provide all current **gross** monthly income amounts; all current asset/bank account monthly interest/dividend amounts and values; and the name of all banks or financial institutions where the assets/accounts are held. Please provide us with copies of your federal tax returns for the past two years, if applicable.

Income Source	Gross Monthly Income	THIS BOX FOR OFFICE USE ONLY:	
Social Security *	\$ / month		
SSI	\$ / month		
Pension	\$ / month		
Employment **	\$ / month		
Annuity	\$ / month		
Other Income	\$ / month		
Asset Type	Monthly Interest/Dividends	Current Value/Balance	Bank/Financial Inst. Name
Checking Account	\$ / month	\$	
Savings Account	\$ / month	\$	
CD	\$ / month	\$	
Money market	\$ / month	\$	
Stocks	\$ / month	\$	
Bonds	\$ / month	\$	
Trust	\$ / month	\$	
Alimony	\$ / month	\$	
Life Insurance	\$ / month	\$	
Real Estate	\$ / month	\$	
Other Asset	\$ / month	\$	
Other Asset	\$ / month	\$	

* Social Security income listed must be the total amount awarded **before** your Medicare Part B premium is deducted. This total award amount can be found on the form titled *YOUR NEW BENEFIT AMOUNT* which arrives in your mailbox each December. Or, you can obtain this amount on form TPOY which you can obtain from Social Security directly.

** If you are currently employed, will you continue working if you move to the Hollander House? ___No ___Yes

Do you have any major financial obligations or commitments at this time? ___No ___Yes

If Yes, please explain: _____

Have you disposed of any assets for less than their fair market value in the last two years? ___No ___Yes

If Yes, please explain: _____

I/we certify that the above statements are true and complete to the best of my/our knowledge. I/we understand that it is my/our responsibility to report changes in income/assets to the management of Seymour I. Hollander Apartments within 30 days. I understand that all information will be verified through third parties and that submission of false statements is punishable under federal law and may result in the rejection of my application.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

SOCIAL SERVICE:

Do you understand and agree that you are applying for housing in a smoke-free facility? ___No ___Yes

Do you have any pets that you wish to bring to Seymour I. Hollander Apartments? ___No ___Yes

Please tell us if you currently have assistance with any of the following activities:

If you check yes for any activity, also check agency or family column to tell us who provides the assistance.

		<u>Agency</u>	<u>Family</u>
Managing finances and paying rent or bills:	___No ___Yes	___	___
Housekeeping/cleaning:	___No ___Yes	___	___
Cooking/eating:	___No ___Yes	___	___
Shopping:	___No ___Yes	___	___
Bathing/dressing:	___No ___Yes	___	___
Assistance with medication:	___No ___Yes	___	___
Arranging for appointments:	___No ___Yes	___	___

Will you continue to utilize the above assistants/services if you move to Hollander House? ___No ___Yes

Do you currently use any assertive or medical devices (e.g. walker, shower chair, commode)? ___No ___Yes*

*If yes, please describe: _____

Does someone have Power of Attorney or Conservatorship for either applicant? ___No ___Yes*

*If yes, copies of legal documents are required and **must** be returned with the completed application.

Note: This is a preliminary application and does NOT guarantee housing if an apartment becomes available.

Note: If you are accepted for housing, know that periodic interviews are conducted to ensure that occupancy requirements are being met.

Applicant Name (print): _____

Co-Applicant Name (print): _____

I/We certify that all information I/we have provided throughout this application is true and correct to the best of my/our knowledge and that I/we have provided an accurate statement of my/our total income and assets. I/We further understand that any deviation can affect my/our final admission for housing.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

Name of person assisting applicant(s) in completing application*: _____

(* if applicable)

May we contact the assisting party directly? (check one) ___ No ___ Yes*

***Assistant's telephone # :** (_____) _____ - _____ **Email :** _____ @ _____

Assistant's Signature: _____ **Date:** _____

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Complaints of discrimination may be forwarded to the Fair Housing Administrator, US Department of Housing and Urban Development, Washington, D.C. 20410, phone 1-800-669-9777." Connecticut law also prohibits discrimination in all of the above categorized plus these additional categories: lawful source of income, marital status, sexual orientation, use of a guide dog, and age (except when program regulations restrict the housing to an age specific category). Complaints of discrimination may be forwarded to the Commission on Human Rights & Opportunities at 1-860-541-3400.

Revised 7.11.2007

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- () I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- () I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - [] Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 - [] Permanent residence under 249 of INA 4/; or
 - [] Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 - [] Parole status under 212(d)(5) of the INA /6; or
 - [] Threat to life or freedom under 243(h) of the INA /7; or
 - [] Amnesty under 245A of the INA 8/.

Signature

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

**INSTRUCTIONS FOR 214 FORMS
(IMMIGRATION/CITIZENSHIP STATUS)
PLEASE READ CAREFULLY**

SELECT THE CATEGORY WHICH APPLIES FOR EACH FAMILY MEMBER AND FOLLOW THOSE INSTRUCTIONS FOR THAT MEMBER. **IF ALL FAMILY MEMBERS WERE BORN IN THE UNITED STATES, GO DIRECTLY TO “SECTION A”.**

A. YOU ARE A U.S. CITIZEN BY BIRTH OR NATURALIZATION:

1. Check the first box on the following page entitled “Declaration of Section 214 Status” and then sign and date the form. Disregard all remaining forms applying to immigration. **Provide copies of birth certificates for all family members who were born in the United States.**

B. YOU ARE NOT A CITIZEN BUT ARE REGISTERED WITH THE IMMIGRATION AND NATURALIZATION SERVICE (INS):

1. Check the appropriate box(es) on the Declaration of section 214 status, then sign and date the form. **Do this for each member of your family who has immigration status.**
2. Sign and provide the Alien Registration Number on the Verification Consent Form **for each family member who has a registration number.**
3. Provide a copy of your INS document (green card, etc.) verifying eligible immigration status.

C. YOU ARE IN THE UNITED STATES WITHOUT U.S. CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS (ARE NOT REGISTERED WITH INS):

1. The head of household must complete the Listing of Ineligible Family members form for members of the family who do not have eligible immigration status. **DO NOT** complete any other forms for these family members.

PLEASE NOTE:

DECLARATION FORMS ARE PROVIDED FOR TWO FAMILY MEMBERS. PLEASE MAKE COPIES OF THE 214 FORM FOR ADDITIONAL FAMILY MEMBERS.

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 5/31/2011)

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

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.



Seymour I. Hollander Apartments

Howard E. Splaver, President
Donald G. Pollack, Vice-President
Frances C. Bongarten, Treasurer
Ellin Yassky, Secretary

4190 Park Avenue
Bridgeport, CT 06604
TEL. (203) 374-7868
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www.hollanderhouse.org

Marjorie Worman Rosten, Esq., Executive Director
Adrian Gonzalez, Director of Maintenance

Erin Heneghan, Marketing & Finance
Dina Lyon, Resident Services Coordinator

Applicant Background Screening Authorization Form

I, _____, hereby grant the office of Seymour I. Hollander Apartments permission to perform a background screening on me through its service provider, Strategic Information Resources, Inc., as required by the United States Department of Housing and Urban Development. I understand that the background screening includes but is not limited to: a credit check, criminal and civil background check, sex offender check, address verification, name verification, Social Security verification, and prior landlord(s) reference check.

Signature _____ Date _____

Signature _____ Date _____

This form is attached to and made part of the application for housing.

"The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Complaints of discrimination may be forwarded to the Fair Housing Administrator, U.S. Department of Housing and Urban Development, Washington, D.C. 20410, phone 1-800-669-9777." Connecticut law also prohibits discrimination in all of the above categories plus these additional categories: lawful source of income, marital status, sexual orientation, use of a guide dog, and age (except when program regulations restrict the housing to an age specific category). Complaints of discrimination may be forwarded to the Commission on Human Rights & Opportunities at 1-860-541-3400.