

Austinburg Apartments

A non-profit community sponsored by The Brighton Center a community of support.

Affordable Senior Apartments in Covington



Austinburg Apartments
411 Patton Street
Covington, KY 41014
(Conveniently located near 15th St. and Eastern Ave.)

Senior living for ages 62 and older.

Visit our one bedroom and studio apartments!

Onsite laundry facility, onsite management office,
cable, activities, outdoor patio,
safety grab bars in bathroom, secured doors,
close to bus line &
handicap accessible!

Residents pay 30% of their monthly income for rent.

Call us today to schedule a tour of this beautiful
community (859)291-9047 TTY 800-676-3777
Office Hours M-F 9am – 2pm

Hurry in, limited apartments available!



Austinburg Apartments

411 Patton Street
Covington, KY 41014
859-291-9047

Dear Interested Applicant,

Thank you for your interest in Austinburg Apartments. Austinburg Apartments contain 40 units consisting of efficiency and 1 Bedroom apartments for seniors 62 and older. These apartments are rent subsidized and the resident pays 30% of their monthly income for rent. Some utilities are included.

Austinburg Apartments is a "housing only" setting with no licensed services. It is for applicants 62 years of age and older. To be eligible annual income must be below 36,700 for one person and 41,950 for double occupancy.

All units are equipped with a refrigerator, range, and individually controlled heating and air conditioning units. Additionally each unit contains an emergency call system, located in each bathroom and bedroom as well as sprinkler and smoke detectors. An elevator and coin operated laundry room are centrally located on the first floor.

Enclosed is an application that needs to be completed and returned to the business office. Office hours are Monday-Friday 9:00am to 1:00pm. Upon receipt of your completed application you will be placed on a waiting list. The last page contains all of the information you need to bring to a precertification interview. Please feel free to contact the office with any further questions at 859-291-9047 or email austinburg@romarmanagement.com. Once again thank you for your interest in Austinburg Apartments.

Sincerely,

Property Manager

Equal Housing Opportunity

INITIAL APPLICATION DATE _____
(OFFICE USE ONLY)

TIME _____
(OFFICE USE ONLY)

APPLICATION FOR ADMISSION

AUSTINBURG APARTMENTS

APPLICANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

TELEPHONE () _____

NAMES AND TELEPHONE OF TWO PERSONS WE CAN CONTACT IF UNABLE TO REACH YOU:

1. _____
NAME RELATIONSHIP TELEPHONE

2. _____
NAME RELATIONSHIP TELEPHONE

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. LIST THE HEAD OF HOUSEHOLD AND ALL MEMBERS WHO WILL BE LIVING IN THE UNIT

NAME	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NUMBER	DISABILITY

2. RACE OF HEAD OF HOUSEHOLD: (for statistical purposes only)

___ WHITE ___ BLACK ___ AMERICAN INDIAN / ALASKAN NATIVE
___ ASIAN/PACIFIC ISLANDER

3. ETHNICITY OF HEAD OF HOUSEHOLD ___ HISPANIC ___ NON-HISPANIC

4. UNIT PREFERENCE: ___ ONE BEDROOM

IS ANY MEMBER OF THE HOUSEHOLD HANDICAPPED OR DISABLED? YES NO
 DOES ANY MEMBER OF HOUSEHOLD NEED A HANDICAP/MOBILITY IMPAIRED UNIT? YES NO
 DOES ANY MEMBER OF HOUSEHOLD NEED A SITE IMPAIRED UNIT? YES NO
 DOES ANY MEMBER OF THE FAMILY HAVE A SCOOTER OR WHEELCHAIR? YES NO
 DOES ANY MEMBER OF THE FAMILY HAVE A CANE OR WALKER? YES NO

5. DO YOU HAVE PETS? YES NO IF YES, WHAT KIND? _____

6. HOW MANY VEHICLES DOES THE FAMILY OWN? _____

MAKE	MODEL	YEAR	COLOR	LICENSE PLATE
------	-------	------	-------	---------------

7. DO YOU EXPECT A CHANGE IN YOUR HOUSEHOLD COMPOSITION? YES NO

8. PLEASE IDENTIFY ANY SPECIAL HOUSING NEEDS YOUR HOUSEHOLD HAS: _____

STATUTORY PREFERENCES - DISPLACEMENT

PREFERENCE MAY BE GIVEN TO APPLICANTS WHO HAVE BEEN DISPLACED BY GOVERNMENT ACTION OR A PRESIDENTIALLY DECLARED DISASTER.

HAVE YOU BEEN DISPLACED BY GOVERNMENT ACTION OR PRESIDENTIALLY DECLARED DISASTER? YES NO

If yes, please explain: _____

PRESENT LANDLORD

NAME _____ TELEPHONE _____

ADDRESS _____

PREVIOUS LANDLORD

NAME _____ TELEPHONE _____

ADDRESS _____

ASSET INFORMATION:

1. _____	_____	_____	_____
NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. _____	_____	_____	_____
NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

3. _____	_____	_____	_____
NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

DO YOU OWN A HOME OR REAL ESTATE? YES NO IF YES VALUE _____

HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE DURING THE PAST TWO YEARS? YES NO

IF YES, LIST AMOUNT \$ _____ DATE OF DISPOSAL _____

INCOME STATUS:

GROSS MONTHLY SOCIAL SECURITY \$ _____

SSI \$ _____

GROSS MONTHLY PENSION \$ _____

GROSS MONTHLY EMPLOYMENT \$ _____

VETERANS PENSION \$ _____

INTEREST EARNED MONTHLY ON BANK ACCOUNTS, STOCKS, IRA, ETC. \$ _____

OTHER INCOME _____ \$ _____

TOTAL PROJECTED MONTHLY INCOME \$ _____

TOTAL PROJECTED ANNUAL INCOME \$ _____

MEDICAL EXPENSES:

DO YOU HAVE MEDICAL INSURANCE? YES NO

IF YES LIST (PLEASE NOTE, LIFE INSURANCE NOT APPLICABLE)

1. _____
NAME OF INSURANCE COMPANY MONTHLY/QUARTERLY PREMIUM _____

2. _____
NAME OF INSURANCE COMPANY MONTHLY/QUARTERLY PREMIUM _____

EVICTION:

HAS ANY HOUSEHOLD MEMBER EVER BEEN EVICTED? YES NO

IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER LIVED IN SUBSIDIZED HOUSING IN THE PAST? _____ YES _____ NO

DO YOU CURRENTLY LIVE IN SUBSIDIZED HOUSING? _____ YES _____ NO

HAS ANY HOUSEHOLD MEMBER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

IS ANY HOUSEHOLD MEMBER SUBJECT TO A STATE LIFETIME SEX OFFENDER REGISTRY?
_____ YES _____ NO

LIST ALL STATES WHERE ALL MEMBERS OF THE HOUSEHOLD HAVE RESIDED. _____

LIST OTHER NAMES KNOWN BY: _____

ARE YOU A STUDENT IN A HIGHER LEARNING INSTITUTE? _____ YES _____ NO

ARE ANY ADULT MEMBERS CURRENTLY A FULL TIME OR PART TIME STUDENT?
_____ YES _____ NO

ARE ANY ADULT STUDENT HOUSEHOLD MEMBERS RECEIVING FINANCIAL AID?
_____ YES _____ NO

HOW DID YOU HEAR ABOUT US?

_____ Resident Referral _____ Local Paper _____ Other _____

WERE YOU 62 YEARS OF AGE OR OLDER AS OF 01/31/2010 AND DO NOT HAVE A SSN?
_____ YES _____ NO

WERE YOU RECEIVING HUD RENTAL ASSISTANCE AT ANOTHER LOCATION ON 01/31/2010?
_____ YES _____ NO

(THIS INFORMATION IS NEEDED IN ORDER FOR THE OWNER TO VERIFY WHETHER THE APPLICANT QUALIFIES FOR THE EXEMPTION FROM DISCLOSING AND PROVIDING VERIFICATION OF A SSN).

WAITING LIST

I/WE UNDERSTAND THE MANAGEMENT OF THIS PROPERTY CANNOT DETERMINE HOW LONG MY WAIT WILL BE ON THE WAITING LIST.

APPLICANT CERTIFICATION

I/WE CERTIFY THAT IF SELECTED TO MOVE IN THIS PROPERTY, THE UNIT I/WE OCCUPY WILL BE MY/OUR ONLY RESIDENCE. I/WE UNDERSTAND THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY FOR SECTION 8 ASSISTANCE. I/WE AUTHORIZE THE OWNERS TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION. I UNDERSTAND THAT SUCH INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, CREDIT HISTORY, CIVIL AND CRIMINAL INFORMATION, RECORDS OF ARREST, RENTAL HISTORY, EMPLOYMENT/SALARY DETAILS, VEHICLE RECORDS, LICENSING RECORDS, AND/OR ANY OTHER NECESSARY INFORMATION. I UNDERSTAND THAT SUBSEQUENT CONSUMER REPORTS MAY BE OBTAINED AND UTILIZED UNDER THIS AUTHORIZATION IN CONNECTION WITH AN UPDATE, RENEWAL, EXTENSION OR COLLECTION WITH RESPECT OR IN CONNECTION WITH THE RENTAL OR LEASE OF A RESIDENCE FOR WHICH APPLICATION WAS MADE. I/WE CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE

AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.

AUSTINBURG APARTMENTS, NEWPORT COMMONS AND TWO RIVERS APARTMENTS ARE AN EQUAL OPPURTUNITY HOUSING PROVIDER, AND DOES NOT DISCRIMNATE ON THE BASIS OF RACE, COLOR, GENDER, DISABILITY, NATIONAL ORGIN, RELIGON OR FAMILIAL STATUS.

SIGNATURE OF HOUSEHOLD

DATE

SIGNATURE OF HOUSEHOLD

DATE

SIGNATURE OF MANAGER

DATE



PLEASE RETURN APPLICATION TO:
LISA BURKE COMMUNITY MANAGER
TWO RIVERS APARTMENTS
411 ELM STREET NEWPORT, KENTUCKY 41071
Phone: 859-431-2166
Fax --859-431-4823
EMAIL-- tworivers@romarmanagement.com

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)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> 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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

Signature of Applicant	Date
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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.

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Mt. Auburn Apartments will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

- 1. Have you been evicted from a federally assisted site for drug-related criminal activity?
2. Do you currently use illegal drugs or abuse alcohol?
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?
4. Have you been convicted of any drug-related crime?
5. Have you been convicted of any felony?
6. Have you been convicted of any crime involving fraud or dishonesty?
7. Have you been convicted of any crime involving violence?
8. Are you currently charged with any of the above criminal activities?
9. Please list all states in which you have lived or have held licenses to drive (include driver's license #'s)
10. Have you ever used or been known by any other name? If yes, please list names used

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Mt. Auburn Apartments to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Mt. Auburn Apartments, to a public housing authority, or to an agency contracted by Mt. Auburn Apartments to conduct criminal background checks.

Applicant's Signature _____ Date _____

TWO RIVERS APARTMENTS, NEWPORT COMMONS APARTMENTS
AND AUSTINBURG APARTMENTS

POLICY CHANGE NOTICE POSTED 3-1-19

SMOKE FREE POLICY

EFFECTIVE DATE 9-1-19

EFFECTIVE 9-1-19 TWO RIVERS APARTMENTS, NEWPORT COMMONS APARTMENTS AND AUSTINBURG APARTMENTS ARE SMOKE FREE BUILDINGS. RESIDENTS, VISITORS, VENDORS, AND EMPLOYEES WILL NOT BE PERMITTED TO SMOKE IN THE BUILDINGS WHICH INCLUDES INSIDE OF THE APARTMENTS. SMOKING IS ALSO PROHIBITED ON THE PORCH AND PATIO AREAS OUTSIDE THE BUILDING, AREAS IMMEDIATELY ADJACENT TO THE BUILDING ENTRANCES AND EXITS INCLUDING WINDOWS. THIS SMOKE FREE POLICY ALSO BANS E-CIGARETTES. THE DESIGNATED SMOKING HUT IS LOCATED IN THE BACK OF THE BUILDING.

THIS SMOKE FREE POLICY WILL APPLY TO CURRENT RESIDENTS AS NOTICE GIVEN ON 3-1-19 AND EFFECTIVE IN 6 MONTHS ON 9-1-19. NEW RESIDENTS MOVING IN AFTER 3-1-19 WILL FOLLOW SMOKE FREE BUILDINGS POLICY EFFECTIVE 3-1-19.

TWO RIVERS, NEWPORT COMMONS AND AUSTINBURG APARTMENTS ARE DEDICATED TO PROVIDING A QUALITY ENVIRONMENT WHICH INCLUDES THE HEALTH, SAFETY AND COMFORT OF ITS RESIDENTS, VISITORS AND STAFF.

Resident Signature

Date



Criminal and Credit Report Authorization

I, _____, hereby authorize _____ to obtain a Police / Consumer Report, and any other information deemed necessary in determining my eligibility for housing. In signing this consent form, I am authorizing the owner of the housing project to which I am applying for assistance, to request information from a third party about myself. HUD requires the housing owner to verify all information provided that would affect your eligibility or assistance level on the housing program. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, and any other necessary information. I hereby expressly release _____, and any other procurer or furnisher of such information, from any liability whatsoever in the use, procurement or furnishing of such information and understand that my application information may be provided to various local, state, and/or federal government agencies, including without limitation various law enforcement agencies.

Requested Information of Authorizing Person:

First: _____ Middle: _____ Last: _____

Social Security Number: _____ Date of Birth: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

County: _____ Driver's License or State ID #: _____

Email: _____
(providing your email address is only necessary if you would like a copy of your background report)

 Signature of Authorizing Person

 Date

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

ENTERPRISE INCOME VERIFICATION REQUEST
(VERIFICATION OF INCOME)

DATE: _____

PROPERTY: AUSTINBURG

REQUESTED BY: LISA BURKE

RESIDENT: _____

UNIT # _____

SOCIAL SECURITY NUMBER _____

DOB: _____

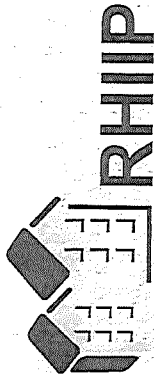
ANNUAL RECERT ()

PRE-CERT/TRIAL ()

RESIDENT/APPLICANT

SIGNATURE _____

MANAGER SIGNATURE _____



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 Entitlementment 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?

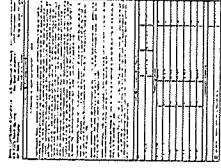
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or 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

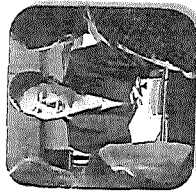
When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- 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?

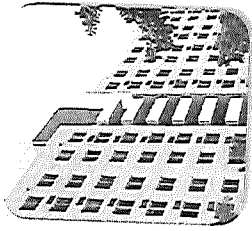
EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social 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/rhip/eiv/eivhome.cfm.



JULY 2009



Verification from Previous Landlord

(of Rental History, Housekeeping Habits, Drug Usage, or Criminal Behavior)

To: _____

From: _____

Phone _____ Fax _____

Phone _____ Fax _____

Subject: Verification of rental history, etc., for the following applicant/participant of HUD-assisted housing:

Name _____

SS# _____

Address _____

The above person has applied for housing assistance under a program of HUD. HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the HUD-assisted property listed at the top of the page. Your prompt response will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information below.

Rental History

Dates applicant rented: From _____ to _____. Did applicant satisfy lease agreement? _____ Yes _____ No

Did the above person pay rent to you _____ on time _____ late _____ varied

Is/was rent subsidized? _____ Yes _____ No

Does Applicant owe a balance? _____ Yes _____ No

Housekeeping Habits

While living in your unit, was the above person's unit? _____ excellent _____ good _____ poor

Drug Usage/Criminal Behavior

While living in your unit, was there ever any evidence of drug usage or violent behavior by the above person? _____ yes _____ no

Complaints/Violations of House Rules

While living in this unit, was there any complaints or House Rule violations? _____ yes _____ no

If yes, please explain: _____

Rent Again: Would you rent to this person again? _____ yes _____ no

Name of Person Supplying the Information _____ () telephone _____ Address of Rental Property _____

Signature _____

Date _____

Applicant/Resident Consent for Release of Information: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.



Signature _____

Date _____

Note to Applicant/Resident: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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

Applicant Name: _____

At the time an apartment becomes available you will need to obtain copies of the following documents/information.

Please note all documents and letters of proof must be dated within 120 days of your move date.

Your Identification Card, Driver's License, Social Security Card and Birth Certificate must be collected at the time of application.

I understand that the management of this property cannot determine how long my name will be on the waiting list.

Depending on what property you are applying for management may wait until you are closer to the top of the waiting list to collect these documents.

- Current Social Security Award Letter dated within 120 days of meeting with the property manager
- Pension Letter dated within 120 days of meeting with the property manager
- 6 Months of Bank Statements this includes all pages of your statement. For example, if your bank statements say 1 of 3, they must include all 3 pages.
- Proof of CD'S, Stocks, Savings, Money Market Accounts and IRA
- If you own a home, you need the Home Appraisal, Foreclosure paperwork or bill of sale
- If you pay out of pocket for any health insurance premiums bring the statement and proof.
- Print out of 1 year prescription expenses
- Medical Expenses (Doctors Co Pays & Hospital Visits)
- If you pay out of pocket for incontinence products. Please bring a letter from your doctor and proof such as receipts of products purchased.

Date: _____

Applicant Signature: _____