



# Temple Apartments

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## OWNERS NOTICE NO. 1 FOR AN APPLICANT

Dear

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

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payments Programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 101/Rent Supplement Program

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

If you are interested in an apartment at Temple Apartments, the following documents must be filled out and returned to our office with your applicant in the self-addressed stamped envelope enclosed.

1. Complete a Family Summary Sheet, using the attached blank format to list all family members residing in the assisted unit.
2. If you are a United States Citizen, answer the questions on the \*Applicant Declaration of Citizenship\* form.
3. If you have been declared eligible immigration status, please fill out the \*Applicant Verification Consent Format\* document.

This section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required please contact the Rental Office, someone will be happy to assist you.

Also, if you are unable to provide the required documentation in the required period of time, you should immediately contact this office and request an extension. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance

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

If assistance becomes available and other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Should you have any questions, please feel free to contact the Rental Office at 570-283-2275.



### The Family Summary Sheet

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

Instructions to Owners/Management Agents on the requirements of the following Declaration of Citizenship forms. Refer to HUD Occupancy Handbook Chapter 3 Section 3-12 B. Key Requirements of Restriction on Assistance to Non-citizens for further guidance.

1. Assistance in subsidized housing is restricted to the following:  
U.S. Citizens or nationals; and  
Non-citizens who have eligible immigration status.
2. All applicants for assistance must be given notice of the requirement to submit evidence of citizenship or eligible immigrations status at the time of application. The entity responsible for receiving the documentation, where possible, must arrange to provide the notice in a language that is understood by the individual if the person is not proficient in English. (See the letter to applicant and the Family Summary Sheet)
3. All family members, regardless of age, must declare their citizenship or immigration status. (See the Declaration Format)
4. **Non-citizens** (except those age 62 and older) must sign a Verification Consent Form (See Verification Consent Form) and submit documentation of their status or sign a declaration that they do not claim to have eligible status. Non-citizens age 62 and older must sign a declaration of eligible immigrations status and provide a proof of age document. U.S. Citizens must sign a declaration of citizenship. Owners may establish a policy of requiring additional proof of citizenship for those declaring to be U.S. citizens or nationals.
5. A mixed family – a family with one or more ineligble family members and one or more eligible family members – may receive prorated assistance, continued assistance, or a temporary deferral of termination of assistance. (Refer to the HUD Occupancy Handbook Chapter 3 Section 3-12 O, P, and Q for the requirement that must be met for a mixed family to be eligible for assistance.)
6. Applicants who hold a non-citizen student visa are ineligible for assistance, as are any non-citizen family members living with the student. (For non-citizen students with a citizen spouse or citizen children, see HUD Occupancy Handbook Chapter 3 Section 3-12 R. 2)

Dear Applicant:

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact (insert name and phone number). He/she will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

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

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

Thank you, Management



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

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

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

a. Verification Consent Format (form is attached).

AND

b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this line is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_

### REQUEST FOR EXTENSION

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check if adult signed for a child: \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

## Verification Consent Form

**INSTRUCTIONS:** Complete this format for each non-citizen family member who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

### CONSENT

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

### NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

## Declaration Format

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

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

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

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

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

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

### DECLARATION

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

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this line is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. Do not sign the child's name.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_

To be completed by office staff:  
 Application Number \_\_\_\_\_  
 Date Application Rec'd \_\_\_\_\_  
 Time Application Rec'd \_\_\_\_\_  
 Initials of Staff Member \_\_\_\_\_

**PROJECT BASED SECTION 8  
 APPLICATION FORM**  
 (Please Print)

**I. GENERAL INFORMATION**

Head of Household: \_\_\_\_\_  
First Name, Middle Initial, Last Name

Maiden/Other Names Used: \_\_\_\_\_  
First Name, Middle Initial, Last Name

**Present Address, Landlord Contact and Emergency Contact Information:**

Current Address: \_\_\_\_\_  
Street Apt # City/State Zip Code

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

List your last three Landlord's

Name	Address	Telephone Number

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Please check the race of the Head of Household (*for statistical purposes only*):

- White    Black/African American    American Indian/Alaska Native    Asian    Native Hawaiian/Other Pacific Islander

Please check the ethnicity of the Head of Household (*for statistical purposes only*):

- Hispanic or Latino    Not Hispanic or Latino

What language do you prefer for communication with PMC?

- English    Spanish    Russian    Other (please specify) \_\_\_\_\_

**II. HOUSEHOLD INFORMATION**

List all persons who will live with you in the unit. If there are more than eight household members, please list them on a separate sheet of paper.

Last, First, MI	Relationship To Head	Sex M/F	Date of Birth	Marital Status: Single=S Married=M Divorced=D Widowed=W	Check all that apply		Social Security No.
					Full-Time Student 18+	Disabled	
	HEAD						



Do you expect a change in your family size?  No  Yes If yes, when? \_\_\_\_\_

Briefly describe change \_\_\_\_\_

**III. HOUSEHOLD INCOME**

Please list the earned income and benefits received by **ALL** members of your household who will be living with you in the assisted unit. This includes persons not related to you.

INCOME/BENEFIT	AMOUNT	FREQUENCY OF PAY Hourly, Weekly, Biweekly, Annually	NAME(S) Household member(s) who receive this income
Employment			
Social Security/SSI			
Unemployment			
TANF (Welfare)			
Food Stamps (excluded income)			
Disability			
Child Support/Alimony			
Veterans Benefits/Retirement			
Self-Employment			
Rental Property Income			
Military Pay			
Regular Contributions/Gifts			
Other (Please Specify)			

**INCOME FROM CONTRIBUTIONS**

Will anyone in the family receive monetary or non-monetary gifts or contributions on a regular basis from someone who does not live in the household?  Yes  No

If you or a family member receives monetary or non-monetary gifts or contributions on a regular basis, list the names of the family members who will receive such contributions, the type of contribution and the monthly amount of the contribution. For example if you receive \$50 worth of groceries every week from your Uncle Bill, you would enter your name, under type of contribution, you would enter groceries, and under monthly amount you would enter \$200 (\$50/week x 4 weeks):

Name	Type of Contribution	Monthly Amount

**IV. HOUSEHOLD ASSETS**

Has any member of your household disposed of assets for less than the fair market value in the past 2 years?  No  Yes

Please list the assets and unreimbursed expenses of **ALL** members of your household. This includes persons not related to you.

TYPE OF ASSET	ACCOUNT BALANCE OR VALUE AND ACCOUNT NO.	NAME OF HOUSEHOLD MEMBER(S) WHO OWNS ASSET	NAME AND ADDRESS OF VERIFYING PARTY
Checking Account(s)			
Savings Account(s)/CD's			
Stock/Bonds/Mutual Funds			
IRA/KEOUGH			
Cash Value of Insurance Policies			
Property/Real Estate			
Trust Funds			
Retirement or Pension Funds			
Other			

**V. HOUSEHOLD EXPENSES**

**Unreimbursed Child Care Expense Deduction**

Is the family paying for care of children under age 13 so an adult can work?  
 Yes  No

Is the family paying for the care of children under age 13 so an adult can attend education or job training classes?  
 Yes  No

Is the family paying for the care of children under age 13 so an adult can look for work?  
 Yes  No

**Unreimbursed Disability Expense Deduction**

Is the family paying for care or apparatus for a disabled family member so that an adult family member can work?  
 Yes  No

If yes, list name(s) of person who is receiving care or using the apparatus: \_\_\_\_\_

The cost of care or apparatus: \$ \_\_\_\_\_ per month

**Un-reimbursed Medical Expense Deduction** (Applicable only to families if the head of household, co-head and/or spouse is elderly or disabled)

Does the family expect un-reimbursed medical expenses over the next year?  
 Yes  No

If Yes: List names of family members who expect un-reimbursed medical expenses: \_\_\_\_\_



Check type of **un-reimbursed** medical expenses anticipated and enter annual expense:

Type of Expense	Check if Applicable	Annual Amount
Medical insurance premiums (including Medicare)		
Doctor visits		
Dentist visits		
Dentures, bridgework or crowns		
Eyeglasses or contact lenses		
Therapy (physical or emotional)		
Lab fees, x-rays, blood work		
Prescription medicine		
Non-prescription medicine		
Hearing aid batteries		
Medical Transportation		
Medical apparatus (owned or rented)		
Assistive animal expense		
Other (describe)		

**VI. REASONABLE ACCOMMODATIONS**

If you or anyone in your family is a person with disabilities, and requires a reasonable accommodation in order to fully utilize our programs and services, please contact the housing authority.

Do you or anyone in your family need a reasonable accommodation because of a disability?  Yes  No

Do you or anyone in your family need an accessible unit because of a disability?  Yes  No

Do you or anyone in your family need any special adaptable features in a unit because of a disability?  Yes  No

Please identify any special needs your family has: \_\_\_\_\_

**VII. BACKGROUND INFORMATION**

Are you or any member of your household subject to a lifetime state sex offender registration program in any state?  No  Yes - If yes, state the household member name and the state in which the household member is subject to a lifetime state sex offender program:

\_\_\_\_\_  
Name of Household Member State

Please provide a listing of states where you or any member of your household have resided:

\_\_\_\_\_  
\_\_\_\_\_

Have you or another member of your household ever been convicted of the manufacture or production of methamphetamine on the premises of Federally-assisted housing?

No  Yes - Name of Household Member \_\_\_\_\_

Have you or any member of your household been evicted from public housing due to violent or drug-related criminal activity?

No  Yes - Name of Household Member \_\_\_\_\_

Have you or any member of your household been evicted due to alcohol abuse which threatened the health, safety, or right to peaceful enjoyment of the premises by other residents or neighbors in the vicinity of your residence?

No  Yes - Name of Household Member \_\_\_\_\_

Have you or a member of your household ever used a Social Security Number other than the ones listed on this application?

No  Yes - Name of Household Member \_\_\_\_\_

Have you or a member of your household ever been convicted of a felony?

No  Yes - Name of Household Member and offense \_\_\_\_\_

**VIII. PARTICIPANT CERTIFICATION**

I hereby certify that I am the head of the household, and that all of the information on this application is true and accurate to the best of my knowledge and that the income for all household members has been reported. I hereby authorize PMC to contact any agency, office, group, or organization to obtain any information or materials that are deemed necessary to verify my eligibility for assistance. I understand that giving false statements or information can be grounds for punishment under federal state laws. I also understand that giving false statements or information can be grounds for termination of my housing assistance.

If there are any changes in income, expenses, and/or household composition prior to my lease effective date and which are different than what I reported on this Application, I understand that I am required to notify PMC prior to the effective date of my Lease. I understand that these changes will affect my rent determination.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head of Household

\_\_\_\_\_  
Date

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

**FOR AGENCY USE ONLY**

**I have reviewed this information with the tenant.**

\_\_\_\_\_  
Printed Name & Signature of Interviewer/Agency Representative

\_\_\_\_\_  
Date

PMC should retain the original and provide a copy to the applicant, upon request

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

**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 solving 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.

# TEMPLE APARTMENTS

HOUSING FOR THE ELDERLY, INC.  

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5 Heisz Street • Edwardsville, Pennsylvania 18704  
(570) 283-2275 • FAX (570) 283-1460

Date: \_\_\_\_\_

I \_\_\_\_\_ understand that a credit check is part of the criteria for residency at Temple Apartments.

I hereby give my permission for a credit check, which is part of the application process.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

### Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

### Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

### Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

Sign and  
Date

X

## Temple Apartments

Dear Residents:

Please be so kind as to read the following Privacy act Notice statement and sign and date as indicated HUD requests that each and every resident acknowledge this notice. Please return this form to the rental office at your earliest convenience. Thank you, Judy Boyanowski, Manager.

**PRIVACY ACT NOTICE STATEMENT** - The information on this form is being collected by the Department of Housing and Urban Development (HUD) to determine an applicants eligibility the recommended unit size and the amount the tenant(s) must pay toward rent and utilities. It will be used to manage the programs covered by this form to protect the Government's financial interest and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State and local agencies when relevant to civil, criminal or regulatory investigators and prosecutors. It is mandatory to provide Social Security numbers. Failure to provide any information may result in delay or rejection of your eligibility approval. The department is authorized to ask for this information by US Housing act of 1937, as amended (42 USC 1437 e seq.); the housing and Urban Rural Recovery act of 1983 (P.L. 98-191); and the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479).

**TENANTS CERTIFICATION** - I/we certify that the information in parts II, III And IV of this form are true and complete to the best of my knowledge and belief. I/we understand that I/we can be fined up to \$10,000 or imprisoned for up to five years or lose the subsidy HUD pays and have my/our rent increased if I/we furnish false or incomplete information.

**OWNER'S CERTIFICATION** - I certify that this tenants eligibility, rent and assistance payment has been computed in accordance with HUD'S regulations and administrative procedures and that all required verifications were obtained.

**WARNING TO OWNERS AND TENANTS** - By signing in part VIII of this form you are indicating that you have read the above Privacy act Notice and are agreeing with the applicable certification.

**PUBLIC REPORTING BURDEN** - The reporting burden for this collection of information is estimated to average 1 hour per response including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information send comments regarding this burden estimate or any other aspect of this collection of this information including suggestions for reducing this burden to the reports Management Officer, Office of Information Policies and Systems, Us Department of Housing and Urban Development, Washington DC 20410-3600, and to the office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington DC 20503.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

## Request for Reasonable Accommodation

All requests for accommodations are treated as a high priority.

Check one: [ ] Completed by Resident [ ] Completed by Management

Name \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

The following member of my household has a disability:

\_\_\_\_\_  
\_\_\_\_\_

I/we request the following reasonable accommodation(s) so we are/I am able to live here as successfully as the other residents.

A change in my apartment or common area:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A change in a policy/practice/rule or service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I need this reasonable accommodation because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Resident's signature)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Owner/Agent's signature)

\_\_\_\_\_  
(Print name)

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**FOR OFFICE USE ONLY**

Request received by \_\_\_\_\_ Date \_\_\_\_\_

Management's actions, including dates

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Follow-up if necessary, including dates:

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Date \_\_\_\_\_ Approval Form provided to Applicant/Resident \_\_\_\_\_ *(initials)*

Date \_\_\_\_\_ Denial Form provided to Applicant/Resident \_\_\_\_\_ *(initials)*

\_\_\_\_\_  
(Owner/Agent's signature) (Date)

\_\_\_\_\_  
(If necessary: Supervisor's signature) (Date)