

INSTRUCTIONS

Petersburg Elderly Housing

This Application Packet is for Single Occupancy ONLY.

If more than one person is applying, please contact Petersburg Elderly Housing for a Double Occupancy Application Packet.

1. Checklist
 - a. Make sure all items are marked off the checklist and all necessary, supporting documentation is included with the application packet
2. Application
 - a. Page 1-2 – Provide information for Applicant/Head of Household (HOH)
3. Previous Landlords
 - a. Fill out, listing all Landlords going back 5 years
4. Income/Asset/Expense Form
 - a. Filled out, signed and dated
5. Emergency Contact Sheet
 - a. Provide information for Applicant/Head of Household
 - b. Only one Contact per form. If you would like to list more than one Contact, please make a copy and fill out 1 form per Contact.
6. 9887 Updated Release of Info
 - a. Page 3 - Provide signature for Applicant/Head of Household
 - b. Page 6 - Provide printed name, signature and date for Applicant/Head of Household
7. Statement of Acknowledgement
 - a. Provide signature for Applicant/Head of Household
8. VAWA Questionnaire
 - a. Provide information for Applicant/Head of Household (HOH)
9. Applicant Citizenship Declaration, pages 1-5
 - a. Provide information for Applicant/Head of Household
10. Race & Ethnic Data Reporting Form
 - a. Provide information for Applicant/Head of Household

Mt. View Manor – Petersburg Elderly Housing

Application Checklist

ALL ITEMS ON THIS LIST MUST BE RETURNED BEFORE YOUR APPLICATION CAN BE PROCESSED!

- _____ Application: Filled out, signed and dated
- _____ Previous Landlords: Filled out, listing all Landlords going back 5 years
- _____ Income/Asset/Expense Form: Filled out, signed and dated
- _____ Emergency Contact HUD 92006: Filled out, signed and dated
- _____ Release of Information HUD 9887 & 9887-A: Signed and dated in 2 spots
- _____ Statement of Acknowledgement: Signed and dated
- _____ VAWA Questionnaire
- _____ Applicant Citizenship Declaration: Filled out, signed and dated
- _____ Race & Ethnic Data Reporting Form: Filled out, signed and dated
- _____ Copy of Driver's License or State issued ID card
- _____ Copy of Social Security Card
- _____ Copy of Birth Certificate
- _____ Proof of Disability, if applicable
- _____ Copies of ALL statements pertaining to Income/Assets/Expenses – ie:

These documents must be dated within the past 120 days!!!

- Complete account statements for Checking, Savings, CD, IRA, etc
- Letter of benefits from Social Security/Public Assistance, etc
- Wage statements
- Retirement/Pension statements
- Real Estate
- Recurring medical expenses
- Anything else that would be applicable

Mountain View Manor-Petersburg Elderly Housing
 P.O. Box 1530, 16 N 12th Street, Petersburg, AK 99833
 Phone (907) 772-3445 Fax (907) 772-4217

Household Composition: I certify my household consists of the following persons ONLY. (Include Name, Relationship, Sex, Date of Birth, and Social Security Number. Add additional pages if needed.) I certify changes in household will immediately be reported to the management. All persons 18 or older living in the household will complete and sign a separate Income/Asset Statement.

	Applicant/Head of Household	Co-Applicant /Spouse
First Name		
Middle Name		
Last Name		
Social Security Number		
Driver's License/ID #		
----Issuing State of ID		
Date of Birth		
Sex		
Mailing Address		
Residence Address		
Home Phone Number		
Cell Phone Number		

*Disclosure of SSNs for the applicant and for all members of the applicant's household is mandatory, except:

- > those household members who do not contend eligible immigration status, or;
- > those applicants who were age 62 or older as of January 31, 2010, and do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.

*If you require specific accommodations to allow for a disability or handicap, please explain the type of accommodation required: _____

*Depending on eligibility in regards to household size, are you interested in a:

1 bedroom apartment Yes ___ No ___ 2 bedroom apartment Yes ___ No ___

How did you hear about Mt. View Manor-Petersburg Elderly Housing? _____



- * I agree to a screening of the rental, credit, drug and criminal history of the applicant, co-applicant and any additional occupants, including live-in aides, as is required before placement on the waiting list/admission.
- * I understand and agree that the above information will have to be verified from the source prior to move-in.
- * I understand that by completing this form, I will be placed on a list to determine if I am eligible to assume residency in Mt. View Manor, Petersburg Elderly Housing.
- * I agree that I have received a list of eligibility requirements and the procedural steps to determine eligibility.

CERTIFICATION: I certify under penalties of perjury that the above information is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years, be evicted, or lose the subsidy HUD pays and have my rent increased, if I furnish false or incomplete information.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Application received by _____ Date _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD 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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

REQUIREMENTS FOR RESIDENCY:

Petersburg Borough, HUD Assisted, Mt. View Manor, Petersburg Elderly Housing:

- Must be 62 years of age or older.
- If a couple, one must be 62 years old.
- This age requirement does not apply to persons qualifying as handicapped or disabled.
- Annual income may not exceed:
 - if single - \$ 32,200.00
 - or, if a couple, a combined income of - \$ 36,800.00



PREVIOUS LANDLORDS:

Please list your landlords for the past 5 years

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

You can mail this application to: Mt. View Manor
Petersburg Elderly Housing
PO Box 1530
Petersburg, AK 99833

Or you can bring it to: Mt. View Manor
Petersburg Elderly Housing
16 N 12th Street
Petersburg, AK 99833

Or in a sealed envelope to: Petersburg Borough
Finance Office
12 South Nordic Drive
Petersburg, AK 99833



INCOME/ASSET STATEMENT for APPLICANT

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Applicant/Head of Household (HOH) Name _____

Date _____

Household Composition: I certify changes in household will immediately be reported to the management. All persons age 18 or older living in the household will complete and sign a separate Income/Asset Statement.

Does the APPLICANT have any of the following income/assets/recurring expenses?

- * Please mark "YES" or "NO" for ALL QUESTIONS
- * Please LIST SOURCES/AMOUNTS. If more room is needed, attach a sheet to the back.
- * Please include VERIFICATION/COPIES of everything listed. It is necessary to provide Names/Contact information for verification purposes.

1. Do you receive any of the following? (list gross amount, specify mo/yr etc)	Yes	No
Wages/Salaries Source _____ Amount\$ _____	___	___
Self-Employment Income Source _____ Amount\$ _____	___	___
Social Security Amount\$ _____	___	___
SSI/SSDI Amount\$ _____	___	___
Welfare/Adult Public Assistance Amount\$ _____	___	___
Senior Benefits Amount\$ _____	___	___
Unemployment Amount\$ _____	___	___
Labor & Industry Amount\$ _____	___	___
Alimony Amount\$ _____	___	___
Child Support Amount\$ _____	___	___



INCOME/ASSET STATEMENT for APPLICANT

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2. Do you receive <u>periodic (regular) income</u> such as: <i>(list gross amount, specify mo/yr etc)</i>		Yes	No
Retirement Funds			
<i>Source</i> _____	<i>Amount</i> \$_____	___	___
Pension			
<i>Source</i> _____	<i>Amount</i> \$_____	___	___
Annuities			
<i>Source</i> _____	<i>Amount</i> \$_____	___	___
Insurance Policies			
<i>Source</i> _____	<i>Amount</i> \$_____	___	___
Disability or Death Benefits			
<i>Source</i> _____	<i>Amount</i> \$_____	___	___
Alaska Permanent Fund Dividend			
	<i>Amount</i> \$_____	___	___
Veteran's Benefits			
	<i>Amount</i> \$_____	___	___
Other Periodic Income			
<i>Source</i> _____	<i>Amount</i> \$_____	___	___

3. Do you have any of the following?		Yes	No
Checking Accounts			
<i>Bank/Source</i> _____	<i>Account #</i> _____	___	___
Savings Accounts			
<i>Bank/Source</i> _____	<i>Account #</i> _____	___	___
Money Market Funds			
<i>Bank/Source</i> _____	<i>Account #</i> _____	___	___
Trusts			
<i>Bank/Source</i> _____	<i>Account #</i> _____	___	___
	*If yes, is the trust irrevocable	___	___
IRA/Keogh Accounts or Other Company Retirement Accounts			
<i>Bank/Source</i> _____	<i>Account #</i> _____	___	___
Stocks/Bonds			
<i>Bank/Source</i> _____	<i>Account #</i> _____	___	___
Certificate of Deposits			
<i>Bank/Source</i> _____	<i>Account #</i> _____	___	___
Equity in Rental Property or Other Capital Investments			
<i>Source</i> _____		___	___
Real Estate/Burial Plot /Personal Property held as an Investment			
<i>Itemize</i> _____		___	___
Other accounts (such as Life Ins/Health Ins/Pre-paid Burial, etc)			
<i>Itemize</i> _____		___	___
Cash held (Safety Deposit Boxes, Piggy Banks, ect.)			
	<i>Amount</i> \$_____	___	___



INCOME/ASSET STATEMENT for APPLICANT

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4. Have you received any lump sum payments in the last year such as: Yes No

Inheritances/Gifts	<i>Amount</i> \$ _____	___	___
Lottery Winnings	<i>Amount</i> \$ _____	___	___
Insurance Settlements (Health, Accident, Worker's Comp.)	<i>Amount</i> \$ _____	___	___
Capital Gains	<i>Amount</i> \$ _____	___	___
Social Security Benefits, Unemployment Compensation, ect.	<i>Amount</i> \$ _____	___	___
Other	<i>Amount</i> \$ _____	___	___
<i>Source</i> _____	<i>Amount</i> \$ _____	___	___

5. In the past 2 years, have you disposed of any assets for less than fair market value: (ie: gave away, sold for less than it's value, etc.) Yes No

Date/Description/Value _____

6. Are any assets held jointly with another person? Yes No

Itemize _____

7. Do you regularly receive monetary gifts or non-cash contributions from persons outside the household? Yes No

Rent			
<i>Source</i> _____	<i>Amount</i> \$ _____	___	___
Utilities			
<i>Source</i> _____	<i>Amount</i> \$ _____	___	___
Groceries			
<i>Source</i> _____	<i>Amount</i> \$ _____	___	___
Clothing			
<i>Source</i> _____	<i>Amount</i> \$ _____	___	___
Miscellaneous Household Supplies			
<i>Source</i> _____	<i>Amount</i> \$ _____	___	___
Other			
<i>Source</i> _____	<i>Amount</i> \$ _____	___	___



INCOME/ASSET STATEMENT for APPLICANT

8. ALLOWANCE FOR CHILD CARE EXPENSE:

- Applies ONLY to amount paid for care of children (including foster children) UNDER AGE 13.
- Child care expenses may be deducted if: 1) such care will enable a family member to work, attend vocational or academic courses; 2) no adult household member capable of providing child care is available during hours the care is needed; 3) amount deducted is reasonable for the hours and type of care required; 4) individual outside the household provides the care; 5) the expense allowed to enable a family worker to work does not exceed the employment income derived because the care is available.

I certify my anticipated child care expenses for the next 12 months are as follows: (Indicate who childcare is paid to, number of hours per week, vacations and amount)

9. ALLOWANCE FOR HANDICAPPED/DISABLED ASSISTANCE EXPENSES:

- Applies ONLY IF a family member is handicapped/disabled (h/d).
- The allowance is the amount by which total expense exceed 3 percent of annual income.
- Handicapped/Disabled assistance expenses include attendant care and auxiliary apparatus expenses that are: 1) necessary to enable a family member (including h/d member) to be employed; 2) anticipated expenses to be paid in the next 12 months; 3) NOT paid to a family member. For additional information, request information sheet from manager.

I certify my anticipated handicapped/disabled assistance expenses are as follows: (be specific)

10. ALLOWANCE FOR MEDICAL EXPENSES:

- Applies ONLY for households whose HEAD or SPOUSE is age 62 or older, handicapped or disabled.
- The allowance is the amount by which total medical expenses exceed 3 percent of annual income.
- Total medical expenses includes all medical expenses that are anticipated to be paid by the household in the 12 months following the effective date of the Certification/Recertification AND NOT paid by an outside sources. After Move-In, it can include one-time allowable medical expenses.
- Medical expenses include: services of physicians; medical insurance premiums; prescription medicines; dental expenses, eye glasses; hearing aids and batteries; attendant care or periodic medical care; payments on accumulated medical bills; medical related travel. For additional information, request Information Sheet from manager.

I certify my anticipated medical expenses for the next 12 month are as follows: (be specific)

11. Are you on the Medicaid Waiver Program? Yes_____ No_____

Name of Care Coordinator_____

Phone Number_____



INCOME/ASSET STATEMENT for APPLICANT

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12. Are you currently receiving housing subsidy? Yes____ No____
13. Have you ever been evicted? Yes____ No____
14. Are you currently homeless? Yes____ No____
15. Are you Active Military Personnel or a Veteran? Yes____ No____
16. Are you a victim of a Presidentially Declared Disaster? Yes____ No____
17. Are there any full-time students 18 years of age/older in your household? Yes____ No____
18. Are any household members temporarily absent? Yes____ No____
19. Are any household members permanently absent? Yes____ No____
20. Are there any members of the household who are subject to a lifetime sex offender registration requirement in any state? Yes____ No____
21. Please provide a complete list of states/countries in which the applicant has resided since birth:

22. Please provide a complete list of all names/aliases (maiden name) that the applicant has been known as: _____

- * I agree to a screening of the rental, credit, drug and criminal history of the applicant, co-applicant and any additional occupants, including live-in aides, as is required before placement on the waiting list/admission.
- * I understand and agree that the above information will have to be verified from the source prior to move-in.
- * I understand that by completing this form, I will be placed on a list to determine if I am eligible to assume residency in Mt. View Manor, Petersburg Elderly Housing.
- * I agree that I have received a list of eligibility requirements and the procedural steps to determine eligibility.

CERTIFICATION: I certify under penalties of perjury that the above information is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years, be evicted, or lose the subsidy HUD pays and have my rent increased, if I furnish false or incomplete information.

Signature of Applicant/HOH _____ Date _____

PENALTIES FOR MISUSING THIS CONSENT:

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Mountain View Manor-Petersburg Elderly Housing

P.O. Box 1530 Petersburg, AK 99833

Phone (907) 772-3445 Fax (907) 772-4217

www.ci.petersburg.ak.us



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.	

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

--	--

Signature of Applicant

Date

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

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

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.
Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.
Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):
Department of Housing & Urban Development
1 Sansome St, Suite 1200
San Francisco, CA 94104

O/A requesting release of information (Owner should provide the full name and address of the Owner.):
Petersburg Borough-Elderly Housing
Michelle Lopez-Property Manager
PO Box 1530
Petersburg AK 99833

~~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.)~~

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

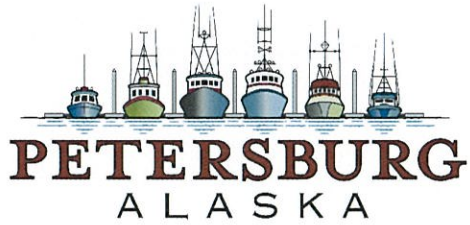
Signature & Date
cc:Applicant/Tenant
Owner file

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.



STATEMENT OF ACKNOWLEDGMENT

This will serve to notify Petersburg Borough, Mountain View Manor-Petersburg Elderly Housing that I have received my personal copy of the:

- Fact Sheet for HUD Assisted Residents
- HUD 9887 & 9887-A Fact sheet/Release of Information
- EIV information paperwork

Head-of-Household (please print)

Head-of-Household Signature

Date

Co-Tenant (please print)

Co-Tenant Signature

Date

THIS SHEET MUST BE SIGNED AND RETURNED TO THE MANAGER

Mountain View Manor-Petersburg Elderly Housing

P.O. Box 1530 Petersburg, AK 99833
Phone (907) 772-3445 Fax (907) 772-4217
www.ci.petersburg.ak.us





VAWA* QUESTIONNAIRE

***The Violence Against Women Act Reauthorization of 2013**

Are you an applicant fleeing or attempting to flee violence?

_____ YES _____ NO

_____ I DO NOT WISH TO ANSWER THIS

Applicant/HOH (please print)

Applicant/HOH

Date

THIS SHEET MUST BE SIGNED AND RETURNED TO THE MANAGER

Mountain View Manor-Petersburg Elderly Housing
P.O. Box 1530 Petersburg, AK 99833
Phone (907) 772-3445 Fax (907) 772-4217
www.ci.petersburg.ak.us



APPLICANT CITIZENSHIP DECLARATION

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

Name: _____
(Last) (First) (Middle)

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 INS 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 designated below and complete either block number 1, 2 or 3.

DECLARATION:

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

1. a citizen or national of the United States.

If you checked this block, no further information is required. **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 will reside in the assisted unit and who is responsible for the child should **sign and date** below:

(Signature)

(Date)

Check here if adult signed for child



π 2. a noncitizen with eligible immigration status:.

If this block is checked, check the appropriate category on the Attachment to Declaration. **Sign and date** below and forward this form to the management of the project. Be sure include the required documentation. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should **sign and date** the below.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

(Signature) (Date)

π Check here if adult signed for 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)

π Check here if adult signed for child

π 3. 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 understands they are 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 resides in the assisted unit and who is responsible for the child should sign and date below:

(Signature) (Date)

π Check here if adult signed for child



ATTACHMENT TO DECLARATION

Eligible Noncitizen Categories (check appropriate box)

- 1. A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(2) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a)(15) of the INA (7 U.S.C. 1001(a)(2) and 1101(a)(15), respectively). [immigrants] (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful resident status).

- 2. A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).

- 3. A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.

- 4. A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182d)(5)) [parole status].

- 5. A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253(h)) [threat to live or freedom].

- 6. A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].



Required Documentation

1. Fully executed Verification Consent Form

AND

2. One of the following documents:

Form I-551, Alien Registration Receipt Card (for permanent resident aliens).

Form I-94, Arrival-Departure Record, with one of the following annotations:

- "Admitted as Refugee Pursuant to section 207";
-
- "Section 208" or "Asylum";
-
- "Section 243(h)" or "Deportation stayed by Attorney General"; or
-
- "Paroled Pursuant to Sec. 212(d)(5) of the INA".

If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:

- A final court decision granting asylum (but only if no appeal is taken);
-
- A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
-
- A court decision granting withholding or deportation; or
-
- A letter from an INS asylum officer granting withholding or deportation (if application filed on or after October 1, 1990).

Form I-688, Temporary Resident Card, which must be annotated "section 245A: or "section 210".

Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12".

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

Form I-152, Alien Registration Receipt Card



**Applicant
Verification Consent Format**

Project Name Petersburg Elderly Housing **Project Address** 16 N 12th St. Petersburg, AK

Telephone (907)772-3445 Fax (907)772-4217 TTD/TTY _____

Instructions: Complete this format for each noncitizen member of the household 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:
 - (i) HUD, as required by HUD; and
 - (ii) The INS for purposes of verification of the immigration status of the individual.

TO THE HOUSEHOLD MEMBER:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF THE PROJECT IS LEFT BLANK.

RELEASE: 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 which 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.

Signed _____ Date _____

Notification to Applicants:

Evidence of eligible immigration status shall be released only to the INS 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 INS.

This project does not discriminate against any person on the basis of race, color, religion, sex, handicap, familial status, national origin or marital status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

PENALTIES FOR MISUSING THIS FORM

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



Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Petersburg Elderly Housing **AK02-R000-004** 16 N 12th Street, Petersburg, AK

Name of Property	Project No.	Address of Property
Petersburg Borough		515/8 Section 8
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.