



Southview Courts, Inc.
615 West High St., P.O. Box 333
Liberty, Indiana 47353

Application Packet

	Application instructions
	Application
	Family Summary sheet
	Questionnaire
	Citizenship Declaration
	Criminal History verification
	Rental History verification
	Disability verification

To properly assist you we must have accurate and complete information. Please answer all questions carefully. Failure to complete the application packet may result in a delay in your processing eligibility determination.

Please be sure to sign your full name and date all documents!

Please do not separate pages and return entire application packet.

Return application to:

**Southview Courts, Inc.
615 W High St., P.O. Box 333
Liberty, IN 47353**

Southview Courts is an equal opportunity housing facility designed to provide affordable housing to persons and families eligible under U.S. Department of Housing and Urban Development (HUD) Section 8 Program. Residency is open to all qualified persons without regard to race, color, religion, sex, national origin, disability, marital or familial status.

A Tenant Selection Plan is available to the public upon request.
Please contact Karen Beard or Trisha Persinger, 765-458-5500 to review.



Application Instructions

1. Personal information (head of household)

We require applicants to identify a single head of household for each application. The head of household's Social Security number will be used to identify your family.

2. Name and address (head of household)

We must have a current mailing address to contact you at all times. If we are unable to contact you by mail, you will be removed from the waiting list.

3. Sex (head of household)

Indicate the head of household's gender.

4. Ethnicity (head of household)

SVC collects data on ethnicity and race in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic.

5. Race (head of household)

For statistical purposes only. The choices listed are the same as the federal government's statistical categories.

6. Citizenship status

Indicate whether you are a eligible US citizen, eligible non-citizen, or are pending eligibility.

7. Disability (head of household)

Please tell us if you need any disability related accommodations to apply or lease a unit. It is not necessary to give us details about your disability on this form.

8. Family Composition

List all family members that will be living with you in the unit, gender, their relation to the head of household, social security number and date of birth.

9. Current Housing

Indicate whether you are homeless, rent you're a home, or own your own home.

10. Income and Assets

Please write in the approximate amount of the family's gross (not net) assets and monthly income. Include all sources for all family members. Imputed income from some assets (example--savings acct.) May be used in calculating your annual income.

1. Before you apply you may want to visit Southview Courts. We will be glad to show you around the facility and answer any questions you may have regarding the application process, eligibility, tenant selection criteria, subsidizing housing and others. Please call to make an appointment for your visit.

2. Your application will determine your eligibility for housing and determine your placement on the waiting list. HUD accords preferences to some people on the waiting list. Applicants with preferences have their applications considered before those without preferences. Every application who meets the following definition of "extremely low-income" may receive waiting list preferences.

Extremely low-income

A household that earns 30 percent of area median income or less

3. When your name comes to the top of the waiting list, you will be notified by mail or a phone call and invited to Southview Courts for an interview appointment. At the interview, a staff member will guide you through the full application process. Documentation is collected at this time to determine if you qualify for assistance.

4. If your application and documentation indicates that you qualify, you will receive conditional approval for assistance and begin waiting for an available unit. Approval is conditional until you lease a unit. If your application does not indicate that you qualify, you will receive conditional denial. In this case, you will be given an opportunity to provide additional information that shows you qualify for assistance. If your application is still denied, you will have one last chance.

5. Please read this statement very carefully. By signing, you are agreeing to its terms. You must sign the form where indicated.

6. Please remember to complete all forms included in the application packet, i.e. family summary sheet, disability verification, rental history, questionnaire, citizenship declaration and criminal history consent.

Qualifying for Assistance

Income Limits

Your income can not exceed these income limits.

Very Low Income	Single	\$34,300
	Couple	\$39,200
Extremely Low income	Single	\$20,600
	Couple	\$23,550

Income limits current March 2015

Citizenship status

You do not need to be a US citizen to apply for housing, but you do need to be a citizen or have eligible immigration status to receive housing. Your eligibility will be verified.

Reporting your assets

Southview Courts must take your assets into account when calculating your income. The actual value of assets is not included in the calculation of income, but income from assets is. For example, if you have money in a savings account, that money will not be added to your income. The interest earned from the money in your account, however, will be considered part of your annual income as imputed income.

Criminal History Checks

Southview Courts screens all applicants for criminal history. If an applicant's criminal background indicates that he/she may not be a suitable resident, his or her application may be denied. Denial is automatic if an applicant has committed certain offenses:

Automatic denial offenses

- Eviction from public housing for illegal drug activity within last 3 years
- Current use of illegal drugs
- Methamphetamine production in public housing or elsewhere
- Sex offenses requiring sex offender registration

This is not a list of every offense that may result in a denial of assistance; offenses not listed may also result in a denial.

Qualifying family

Southview Courts housing is limited to households whose sole member, head or spouse is one of the following:

1. at least 62 years of age or
2. A person with a documented disability that would require an accessible unit.

Frequently asked questions

What if I need special needs?

Please tell us if you have any special needs which must be accommodated during the application process or when we offer you a unit. Some examples of accommodations may include: large print materials, accessible units, and adaptive features for special appliances. We will make every effort to meet your needs.

Are Pets allowed?

Pets are allowed at Southview Courts. Small dogs, cats, birds, and fish are acceptable. Pets must be controlled at all times and in compliance with the house pet rules.

What information will be verified?

Southview Courts will verify the following personal information to determine your eligibility and assistance:

- All sources of income
- All assets
- Medically related expenses
- Criminal history check
- Rental history

How long will I wait for an apartment?

The wait for housing varies depending on the move-out rate and how many people are on the waiting list. Your wait could exceed one year.

Apartments

All apartments are 1 bedroom, with a kitchen, living room, and bath.

Each apartment has central air, electric heat, furnace, water heater, garbage disposal and a private patio.

Apartments are furnished with range and refrigerator, although residents are welcome to bring their own.

Utilities include: water, sewage, and trash removal. Residents are responsible for their own electric and optional utilities such as telephone and cable TV.

Facility

The facility includes a congregate dining room, two laundry facilities, a multi-purpose room and lounge area.

All outside doors are secured day and night with only key access.

Support Services that are Available

Homemaker, home attendant care, public transportation, senior center activities and Congregate Meals.



SOUTHVIEW COURTS
 615 West High St.
 Liberty, Indiana 47353
 765-458-5104
Tenant Application Form



Dial 711 or 1-800-743-3333
 Relay Indiana (TTY)

Property/Address: 615 West High St., Liberty, Indiana Date: _____

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:
 (OPTIONAL)

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

Current Address: _____

Primary Phone: () _____ **Alternate Phone:** () _____

Are you claiming a "Preference"? *Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. See Tenant Selection Plan for greater detail.*

Displaced by Government Action or Presidentially Declared Disaster.
 Victim of Domestic Violence.
 Working, Elderly, or Disabled.
 US Military Veteran
 Other or Local Preference: _____

Type:
 1st Choice: I BR

Would you or anyone in your household require the attributes of an accessible unit?
 Yes No

Will you or anyone in your household require a live-in care attendant? Yes No

Name of Live-In Care Attendant: _____
 Relationship (If any): _____

Housing References:
 List the past 3 years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
2.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
3.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____

Please list all states that you have resided in: _____

Household Information (continued)

- Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? Yes No
 If YES, explain _____
- Do you expect the number of household members to change in the future? Yes No
 If YES, explain how many members will be added or reduced, and when that change will take place.

- Have any of the household members used names or a social security number other than the names and numbers used above? Yes No
 If YES, explain _____
- Are any or ALL members of the household full-time or part-time students?
 Yes No
 If YES, explain _____
- Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? Yes No
 If YES, provide the nature of the crime(s): _____
 Date: _____ State: _____ City: _____
 County: _____
 Are any of the above convictions a felony? Yes No If YES, Please explain _____

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? Yes No If YES, Please explain _____

Are there any criminal charges pending now? Yes No If YES, please explain _____

6. Do you live in subsidized housing now or have you in the past? Yes No
If YES, where? _____ From _____ To _____
Were you evicted? _____ If YES, why? _____

7. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes No

If YES, explain _____

8. Have you ever filed or are you currently filing for bankruptcy? Yes No
If YES, give reason _____
Date of filing: _____

9. Have you ever lived at any other property managed by _____ [insert management company name]? Yes No
If YES, where? _____

10. Why do you want to move from your current residence? _____

11. How did you hear about us? _____

12. Do you know or are you related to any of our residents or staff? _____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

I. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? Yes No
(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u> (or note if self-employed)	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation?

Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?

Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)?

Yes No

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency Name of Agency: _____
- Court of Law Name of Court: _____
- Directly from Individual Name of Person: _____
- Other Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? Yes No

Explanation: _____

5. Social Security, SSI or any other payments from the Social Security Administration?

Yes No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits?

Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Regular payments from a severance package?

Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Regular payments from any type of settlement? (For example, insurance settlements) Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Disability, death benefits or life insurance dividends? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. Regular gifts or payments from anyone outside of the household? Yes No

(This includes anyone supplementing your income or paying any of your bills.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Educational grants, scholarships, or other student benefits? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

12. Regular payments from lottery winnings or inheritances? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

13. Regular payments from rental property or other types of real estate transactions? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

14. Any other income sources or types not listed above? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

15. Do you or any other household member expect any change in income in the next 12 months? Yes No

If YES, explain: _____

Zero Income Verification:

Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

Yes No If YES, who? _____

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account? Yes No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. CDs, money market accounts or treasury bills? Yes No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

3. Stocks, bonds or securities? Yes No

<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

4. Trust funds? Yes No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Are any of the above listed trusts irrevocable? Yes No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts? Yes No

<u>Household Member</u>	<u>Location of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Cash on hand? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death? Yes No

<u>Household Member</u>	<u>Life Insurance Company</u>	<u>Amount</u>
_____	_____	_____

8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property) Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.) Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. Do you have a safe deposit box containing contents with a monetary value? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? Yes No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>
_____	_____	_____
_____	_____	_____

Explanation: _____

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1.	License #:	_____	State Issued:	_____	Make/Model/Year:	_____
2.	License #:	_____	State Issued:	_____	Make/Model/Year:	_____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide

all necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the HUD Neighborhood Stabilization Program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner and SOUTHVIEW COURTS the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature _____ Date _____

Signature _____ Date _____

** The following information is requested by the Federal Housing of Urban Development (HUD) in order to monitor the Landlord's compliance with Fair Housing laws. You are not required to furnish this information, but encouraged to do so. The "Fair Housing Act" requires that the Landlord may not discriminate either on ethnicity, race or sex.**

I do not wish to furnish the following information. Yes _____ No _____

Ethnicity : Hispanic or Latino _____ Non Hispanic or Latino _____

Race : American Indian or Alaskan Native _____ Native Hawaiian _____ Asian _____ White _____

Sex: Male _____ Female _____ Do not wish to disclose this information: _____

For Office Use Only	
Check here if Pre-Application is on file. <input type="checkbox"/>	Application Date: _____ Time: _____ Desired Move-In Date: _____ Application Received By: _____ As Agent for Owner

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"/> 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	
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.

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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 goals 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.

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.

Attachment to forms HUD-9887 & 9887-A (02/2007)

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);
ATTN: Director
77 W. Jackson Blvd 23rd Floor
Chicago, IL 60604

O/A requesting release of information (Owner should provide the full name and address of the Owner);
Union County Council on Aging and Aged
615 W. High Street
Liberty, IN 47353

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 NDNI 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 those 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.

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.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 803 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).

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 HUD-9887/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.

DATE SENT



DATE RECEIVED

Citizenship Declaration

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 1-94, *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 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 or 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 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 a child: _____ 9

_____ 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

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 a 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
 - (d) A letter from DHS asylum officer granting withholding of deportation (if applicable 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 27a.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 block 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 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 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 if adult signed for a child: _____

**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)

Southview Courts, Inc 073-11355

615 W. HighSt. Liberty, IN 47353

Name of Property	Project No.	Address of Property
Union County Council on Aging and Aged		202D/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 provide 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.



Southview Courts, Inc.

615 West High St., P.O. Box 333
Liberty, Indiana 47353

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 Assistance Payments programs;
- 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 a 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 _____ with your application packet.

Southview Courts, Inc.
P.O. Box 333
Liberty, IN 47353

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: *Trisha Persinger, 765-458-5104*. 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 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 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.



DATE RECIEVED

Family Summary Sheet

Member No.	Last Name Of Family Member	First Name Of Family Member	Relation-ship to Head of Household	Sex	Date of Birth		
Head							
2							
3							

DATE SENT



DATE RECEIVED

Consent to verify limited criminal history

All applicants for assisted housing at Southview Courts must provide the Housing Owner with certain information specified by the US Department of Housing and Urban Development (HUD).

RELEASE: I consent to allow Southview Courts to contact the Indiana State Police for a limited criminal history check for the purpose of verifying my eligibility for HUD assisted housing.

Name: _____

Date: _____

Signature: _____

SSN: _____

Limited Criminal History Check will be verified by:

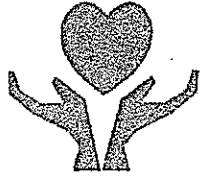
The Indiana state Police
Indiana Government Center North
100 North Senate Ave.
Indianapolis, IN 46204-2259

- Failure to comply with limited criminal history check could result in the denial of assistance eligibility.

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 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 \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as 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 and 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. (a) (6), (7) and (8).





Union County Council on Aging and Aged, Inc.

Dear Applicant:

Please sign this letter stating that you received the brochure EIV & You on the EIV (Enterprise Income Verification) system and that it has been explained to you. This letter will be placed in your file as proof that you received this information. If you have any questions please call the property manager at (765) 458-5104 or for hearing impaired call 1-800-743-3333 or dial 711.

Tri-Homecare
In-Home Services
1-765-458-5500

Union County Transit
1-765-458-7277

Southview Courts
1-765-458-5104

Union County
Senior Center
1-765-458-5500

Information and
Referral
1-765-458-9633

615 West High St.
P.O., Box 333
Liberty, IN 47353

Fax
1-765-458-7722

Sincerely,

Trisha Persinger/Jennifer Cornett
Property Manager

Applicant's Signature

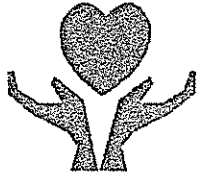
Date

Trisha Persinger/Jennifer Cornett
Property Manager

Date



We Care About You!



Union County Council on Aging and Aged, Inc.

TTY:1-800-743-3333
OR
Dial 711

Dear Applicant:

Please sign this letter stating that you received the following HUD Handouts for subsidized housing:

Tri-Homecare
In-Home Services
1-765-458-5500

Resident Rights
How Your Rent is Determined
Fraud
VAWA

Union County Transit
1-765-458-7277

This letter will be placed in your file as proof that you received the information. If you have any questions, please call the property manager at (765) 458-5104.

Southview Courts
1-765-458-5104

Union County
Senior Center
1-765-458-5500

Sincerely,

Information and
Referral
1-765-458-9633

Trisha Persinger
Property Manager

615 West High St.
P.O., Box 333
Liberty, IN 47353

Fax
1-765-458-7722

Applicant's Signature

Date _____

Trisha Persinger/Jennifer Cornett

Date _____



We Care About You!



Frequently asked Questions

What if I need special needs?

Please tell us if you have any special needs which must be accommodated during the application process or when we offer you a unit. Some examples of accommodations may include: large print materials, accessible units, and adaptive features for special appliances. We will make every effort to meet your needs.

Are Pets allowed?

Pets are allowed at Southview Courts. Small dogs, cats, birds, and fish are acceptable. Pets must be controlled at all times and in compliance with the house pet rules.

What information will be verified?

Southview Courts will verify the following personal information to determine your eligibility and assistance:

- All sources of income
- All assets
- Medically related expenses
- Criminal history check, including sex offender check
- Rental history

How long will I wait for an apartment?

The wait for housing varies depending on the move-out rate and how many people are on the waiting list. Your wait could exceed one year.

Apartments

All apartments are 1 bedroom, with a kitchen, living room, and bath.

Each apartment has central air, electric heat, furnace, water heater, garbage disposal and a private patio.

Apartments are furnished with range and refrigerator, although residents are welcome to bring their own.

Utilities include: water, sewage, and trash removal. Residents are responsible for their own electric and optional utilities such as telephone and cable TV.

Facility

The facility includes a congregate dining room, two laundry facilities, a multi-purpose room and lounge area.

All outside doors are secured day and night with only key access.

Support Services that are Available

Homemaker, home attendant care, public transportation, senior center activities and Lifestream Congregate Meals.





Information Sheet

Southview Courts, Inc.
615 West High St.
Liberty, IN 47353
765-458-5104
TTY 1-800-743-3333 or

Dial 711

- HUD Housing for Elderly and Disabled 202/Section 8
(An elderly household is one whose head of household is at least 62 years of age. Please refer to Tenant Selection Plan for definition of an eligible disabled family)
- Residents must meet income criteria to qualify for housing assistance.
- Southview Courts has 50 units
- Each unit furnished with: central air, electric heat, range, refrigerator, garbage disposal, furnace, water heater, and private patio
- Utilities included in rent: water, sewage, and trash removal
- Residents are responsible for: electricity, telephone, and cable
- Residents may bring their own appliances
- All light fixtures, shower fixtures, ceiling fans, drapery rods, screen doors...all become permanent fixtures
- Laundry facilities are located in each building and require:
there are two washers and dryers in each laundry room
- All outside doors are locked and secure during the evening and weekends
- The following services are available through Union County Council on Aging: homemaker, handyman, home health attendant care, public transportation, senior center activities, and Area 9 Congregate meals
- Residents are required by HUD to recertify each year: letters are sent to each resident explaining that it is time for them to make their appointments. Names, addresses, policy numbers, social security numbers, and signatures are required.
- Residents are encouraged to stop by the Southview Courts office and ask questions.





Ten Facts About Southview Courts

1. Southview Courts is a HUD 202/Section 8 housing facility for the elderly and persons with disabilities.
(An elderly household is one whose head of household is at least 62 years of age.)
2. Southview Courts has 50 units. Ten of these units are accessible units.
3. All residents must meet the income criteria to qualify for housing assistance.
4. Each unit is furnished with: central air, electric heat, range, refrigerator, garbage disposal, furnace, water heater, and a private patio.
5. Residents are responsible for the following utilities: electric, cable/dish TV, and telephone.
6. Utilities included with unit rent: water, sewage and trash.
7. There are two laundry facilities located at Southview Courts. They each contain two washers and two dryers.
8. All outside doors are locked and secured at all times. The Liberty police department regularly patrol the grounds during the day and at night.
9. Residents have access to the following services through Union County Council on Aging and Aged, Inc.: homemaker, home health attendant, public transportation, senior center activities and Area 9 congregate meals.
10. Residents are required to recertify each year. 120 days before your move-in anniversary residents are notified in preparation to the recertification process. Residents are encouraged to make their recertification appointment as soon as possible.

If you have any questions about Southview Courts please feel free to give us a call. We'll be glad to answer your questions.

Southview Courts, Inc.
615 West High St.
Liberty, IN 47353
765-458-5104
TTY 1-800-743-333 or
Dial 711



Southview Courts Pet Policy

Pets are welcome at Southview Courts under the following guidelines:

Pet types and limits

Residents at Southview Courts are permitted to have common household pets; common household pets are considered dogs, cats, birds, and fish. Residents are however, limited to two small pets, 30 pounds or less per unit. For example a small dog or cat, or two cats.

Pet deposit

A \$100 pet deposit will be required for each pet living at Southview Courts. This deposit may be paid by an initial deposit of \$50.00 and \$10.00 per month for the following 5 months. An initial payment of \$50.00 per pet is required at the time the pet(s) is brought into the unit and 5 payments are due at the beginning for the next five following months.

Pet registration

Pet owners must register their pets with the property manager before the pet is brought on the premises and must update the registration annually during recertification. Annual registration will include the following:

- A) certification of inoculation and clean bill of health;
- B) Description of pet and name;
- C) Name, address, and phone number of at least one responsible party who will care for the pet if owner dies or is unable to provide care.

Pet Care Standards

Pet owners are responsible for seeing that their pets are groomed, fed, and exercised on a regular basis to ensure their own proper health and well being. Pets must also be free of offensive odor while in the common areas.

Pet owners must also ensure that their pets receive proper veterinary care. Pets must be free of, or being treated for under the care of a veterinarian, for fleas and other serious health conditions while living at Southview Courts. No pet with fleas or open wounds will be permitted at any time in the common areas.

Pet owners are required to clean up after their pets on the lawn area closest to the building and patio entrances. Please make sure that your pet is not trespassing on other resident's patios.

Pet owners are also responsible for cleaning up after their pets in their apartments as well as any accidents that may occur in the common areas. Residents of pets using litter boxes are required to dispose of litter and waste at least twice a week. Litter and waste must be disposed of in trash bags and placed in the outside dumpster. Please do not leave pet litter and waste sitting in the hallways with your weekly trash.

Pet owners must control excessive barking and any other activity that may disturb other residents.

Pet restraint

Pet owners are responsible for effectively and appropriately restraining (with a leash) and controlling pets while in the common areas (including hallways) of the property. Please respect those neighbors who may not appreciate your pet.

Pets in the kitchen areas are prohibited.

Pets may not at any time lay or sit on the lobby furniture.

Pet Rules

Pet rules help maintain a decent, safe, and sanitary living environment for all residents living at Southview Courts. These pet rules will ensure that pet owners and their neighbors will know and understand their rights and responsibilities.

Pet Rule violations

A pet owner violates pet rules when he/she fails to act according to the pet rules. When a pet's conduct or condition causes a threat or nuisance to the health or safety of residents, its owner violates the pet rules. State and local law determines the criteria for the conduct and conditions that are a threat or nuisance to residents.

A pet owner must agree to comply with all pet rules and understand that any violation of these rules may be grounds for removal of the pet and termination of the pet owner's tenancy (or both).

Violation Procedures

If a property owner determines on the basis of clear evidence, supported by written statements, that a pet owner has violated a pet rule, the property owner may serve a written notice of the violation to the pet owner.

The pet owner will have 10 days from the effective date of service of the notice to correct the alleged violation, or to make a written request for a meeting to discuss it.

The pet owner may be accompanied by another person of his/her choice to the meeting.

The pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet and/or owner's tenancy.

Notice of pet removal

A property owner may issue a notice for the removal of the pet if:

- a. The pet owner and property owner are unable to resolve the pet rule violation at the meeting; or
- b. It is determined that the pet owner has failed to correct the pet rule violation.

Initiation of procedures to terminate a pet owner's tenancy

- a. The owner must not initiate procedures to terminate a pet owner's tenancy based on a pet rule violation, unless:
 1. The pet owner has failed to remove the pet or correct a pet rule violation within the applicable time period: and
 2. The pet rule violation is sufficient to begin procedures to terminate the pet owner's tenancy under the terms of the lease and applicable regulations.
- b. The property owner may initiate procedures at any time in accordance with the provision of applicable state or local laws. If the state or local provisions conflict with the 10 days that the pet owner is given to correct the violation, then the time frame that is most beneficial to the pet owner must be followed.

Assistance animals

Residents who require assistance animals are required to follow all state and local health and safety laws that apply and are responsible for the care and maintenance of their animals including the proper disposal of the assistance animal's waste.

Visiting animals

Residents who may be pet sitting for family, or have guests or family visiting with a pet are subject to the above rules while the pet is on the premises. Visiting pets may not stay at Southview Courts for any longer than 14 days.