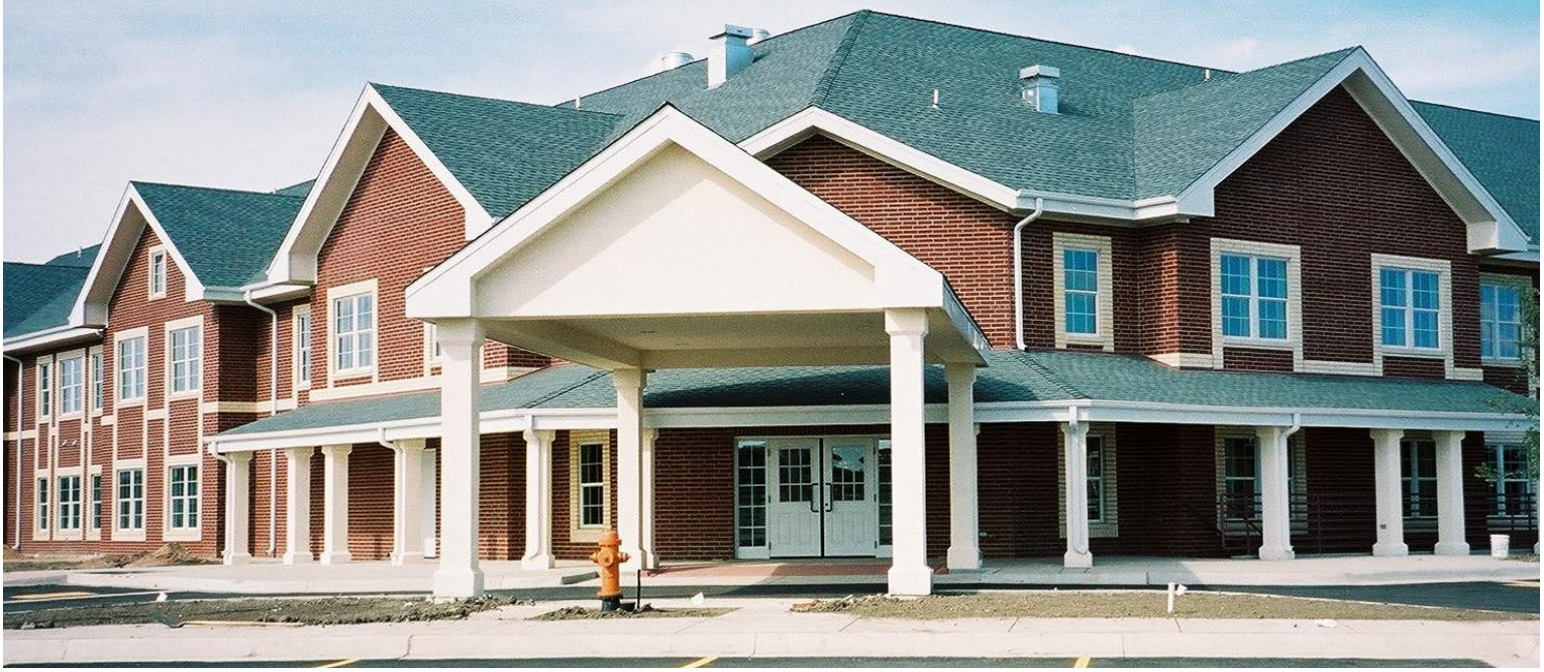
EQUAL HOUSING OPPORTUNITY

BIVINS VILLAGE



Bivins Village

- HOW TO APPLY
  Complete an application with all necessary information and signatures and return to our office .
- APPARTMENTS AND COTTAGES
  They are all 540 Square feet with 1 BR, kitchen, living area/dining, Large walk-in closet and large bathroom
- Utilities
  We pay the water and residents are responsible for the Electricity, cable and phone and internet.
- RENT
  Based on income, assets and medical expenses. Certain medical expenses that have been paid in the last 12 months could help to reduce rent

Dignity. Independence. Self-Worth. Good Health

Since 1949, the Bivins name has set the standard for excellence in the care of seniors and families. Today, Bivins Village provides programs and services that help the regions seniors continue to lead fullfilling and dignified lives. Bivins Village is an affordable housing complex for senior adults. It offers 120 spacious apartments coupled with kitchens and walk-in closets, scheduled activities, a philosophy of individualized attention.

Bivins Village is an affordable housing complex for Senior adults. Its residents take part in many activities, including birthday parties. The apartments, and grounds are beautifully maintained, and the facility stays full, a testament to the growing need for affordable senior housing.

“Our goal is to ensure high standard of customer service. We want everyone happy and independent as long as possible, “

You Must be 62 years of age or older and your annual income cannot exceed: 1 Person: $31850.00/yr $2654.00/month
2 People: $36400.00 per year/ $3033.00/month

3201 TEE ANCHOR BLVD
AMARILLO TEXAS 79104
806-342-5530 FAX: 806-342-5501
5/1/2026

BIVINS VILLAGE

EQUAL HOUSING OPPORTUNITY

3201 TEE ANCHOR BLVD
AMARILLO TX 79104
PHONE: 806-342-5530
FAX: 806-342-5501

BIVINS VILLAGE RENTAL APPLICATION

Applicant Name:
Mailing Address:
Phone Number:
Email:
Building Requested: Cottage _____ Building A _____ Building J _____
Is there another person we may contact if we are unable to reach you?
Name/relationship:
Phone/Email:

INSTRUCTIONS FOR APPLICANTS:

1. Please complete all sections by printing in ink. Please do not leave any section blank. If sections do not apply to you, you may write "NONE" or "N/A". If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
2. List the Head of Houshold and all other persons who will be living in the unit. Include the relationship of each family member to the head of household. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.
3. **DISCLOSURE OF SOCIAL SECURITY NUMBERS** is required for the applicants and for all members of the applicant's household, except those household members who do not contend eligible immigration status, or applicants age 62 or older on January 31, 2010 and were receiving HUD rental assistance on January 31, 2010.
4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes and whenever you need to add a person to your application or remove a person from your application.
5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List; but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures, which are summarized in the Resident Selection Criteria posted in the Management Office.

For use by Management only:			
Application Number		Date:	
Application Received by:		Time:	
Status	**Date**	**Signature**	**Title**
☐ Approved			
☐ Denied			
Reason for Denial:			
☐ Appeal Requested		Management to attach all written communication	
☐ Approved			
☐ Denied			

HOUSEHOLD COMPOSITION

List all persons, including you, who will reside in the unit. Note: The number to the left indicates the "Member Number."

ELDERLY HOUSEHOLD STATUS: We are required by HUD to request the following information for the purpose of determining eligibility for admission to our program and/or to give special considerations with regard to allowances in determining rent. Please check the box or boxes that apply.

#	Household Member Name (Last, First, M.I.)	Relationship	Sex (M,F, Decline)	Age	Birthdate (mm/dd/yyyy)	Elderly Household Status	Social Security Number (or Alien Registration)
1		Head				☐ Age 62/+ ☐ Handicapped ☐ Disabled ☐ Frail Elderly	
2						☐ Age 62/+ ☐ Handicapped ☐ Disabled ☐ Frail Elderly	

Y	N	1. Were you the age of 62 or older as of January 31, 2010? **IF yes,**
Y	N	a. Do you have a Social Security Number?
Y	N	b. Were you receiving HUD rental assistance at another location on January 31, 2010?
Y	N	2. Will any of the above household members live anywhere except in the apartment? **IF yes,** explain:
Y	N	3. Are there any other persons who will live in the apartment on a less than full-time basis? For example : due to employment, military service, placement in foster care, temporarily in nursing home/hospital, away at school. **IF yes,** explain:
Y	N	4. Are there any anticipated changes in family composition? IF applicable:

Baby Due Date:	Adopting Child(ren) date:	Obtaining Custody of child(ren) date:	Receiving Foster child(ren) date:	HH member move out date:

Y	N	5. Are you displaced? "Displaced" is a person, or a family in which each member, or whose sole member is a person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relief laws.
Y	N	6. Are there any special accommodations that the household will require? **IF yes,** explain: ☐ mobility impaired ☐ visually impaired ☐ hearing impaired ☐ other: ☐ live-in-aid ☐ grab bars ☐ service animal

7 List all of the states where each household member has previously resided:

HOUSING HISTORY

This must include the previous **7-year** history where you and/or any household members have lived.

NOTE: use Member Numbers from page 2.

8 Choose one of the following to define your current housing conditions:

- ☐ Standard
- ☐ Substandard
- ☐ Conventional Public Housing
- ☐ Lacking a Fixed Nighttime Residence
- ☐ Fleeing/Attempting to Flee Violence

#	Address (Current plus 7-year history)	City	State	Zip	Dates of Residency	Provide Landlord Name, Address & Tele or write "Owned"

Y	N	9. Do you or will you owe money to a current or previous landlord? **IF yes**, explain:
Y	N	10. Have you ever been evicted? **IF yes**, provide landlord & date:

INCOME INFORMATION

List current and anticipated income for the 12-month period beginning on the anticipated move-in date or effective date of recertification. Include all full time, part time or seasonal income even if completing this application in the off-season.

If answering YES to any of the following, you must also provide the name of the source(s) of income received.

Circle one		Which of the following income sources are received by household member(s):	Monthly Amount
Y	N	11. Social Security income (including minor children)	$
Y	N	12. Supplemental Security Income	$

Y	N	13. State Supplemental Security Income	$
Y	N	14. Disability benefits (including Social Security Disability, VA benefits Source(s):	$
Y	N	15. Regular payments from pensions (PERA, railroad, etc.). Source(s):	$
Y	N	16. Regular payments from retirement benefits. Source(s):	$
Y	N	17. Death benefits. Source(s):	$
Y	N	18. Regular payments from annuities or life insurance dividends Source(s):	$
Y	N	19. Wages, salaries (include overtime, tips, bonuses, commissions, etc.). Source(s):	$
Y	N	20. Does any member have a business, such as self-employment, or work for someone who pays them in cash? Source(s):	$
Y	N	21. Income from Ride hailing Services (Uber, Lyft, etc.). Source(s):	$
Y	N	22. Regular pay for a member of the armed forces.	$
Y	N	23. Public Assistance (excluding food stamps). Source(s):	$
Y	N	24. Worker's compensation. Source(s):	$
Y	N	25. Unemployment benefits or severance pay. Source(s):	$
Y	N	26. Student financial aid (not including student loans). Source(s):	$
Y	N	27. Child Support (check Yes if you have a court order, even if you are receiving less than the full amount awarded). Source(s):	$
Y	N	28. Alimony/Spousal Maintenance. Source(s):	$
Y	N	29. Severance Pay. Source(s):	$
Y	N	30. Net income from rental property. Source(s):	$
Y	N	31. Regular payments from inheritance, insurance settlement, etc Source(s):	$
Y	N	32. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries) Source(s):	$
Y	N	33. Other. Source(s):	$
Y	N	34. Other. Source(s):	$
Y	N	35. Does any member of the household have zero income? **IF yes**, name(s)	

ASSET INFORMATION

*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. Excluded assets such as Special Needs Trusts/ABLE Accounts are only verified once. If you are unsure, list the account and it will be verified.

IF answering YES to any of the following, you must also provide the name of the source(s) of the asset.

Circle One		Does any household member (including children) have money held in:	Current balance
Y	N	36. Checking Accounts (6 mo. Average balance). Source(s):	$
Y	N	37. Savings Accoutns Source(s):	$
Y	N	38. EBT or Direct Deposit Debit Card (ex:DirectExpress, NetSpend, Elite, etc). Source(s):	$
Y	N	39. Payment 39. Payment Service Account (ex. Venmo, PayPal, Skrill, etc). Source(s):	$

Y	N	40. Crypto Currency (ex. Bitcoin, Litecoin, Ethereum, etc) Source(s):	$
Y	N	41. Stocks. Source(s):	$
Y	N	42. Capital Investments. Source(s):	$
Y	N	43. Bonds. Cource(s):	$
Y	N	44. Trusts. *Source(s):	$
Y	N	45. Securities. Source(s):	$
Y	N	46. Whole Life Insurance Policy (do not include term life insurance). Source(s):	$
Y	N	47. 401K. * Source(s):	$
Y	N	48. IRA/KEOGH Accounts. Source (s)	$
Y	N	49. Certificate of Deposit. Source(s):	$
Y	N	50. Pension/Retirement/Annuity Accounts. Sources(s):	$
Y	N	51. Money Market Funds. Sources(s):	$
Y	N	52. Treasury Bills. Source(s):	$
Y	N	53. Keep cash on hand? (Not held in a financial institution)	$
Y	N	54. Lump Sum Payment, such as:	
Y	N	Inheritance. Source(s):	$
Y	N	Lottery Winnings. Sources(s):	$
Y	N	Insurance Settlements. Source(s):	$
Y	N	Other. Source(s):	$
Y	N	55. Other. Source(s):	$
Y	N	56. Are any accounts held jointly with someone not in the unit? **IF yes**, which accounts and with whom?	

Circle One			**Cash Value**
Y	N	57. Do you now own Real Estate? (include even if in foreclosure). **IF yes**, provide address:	$
Y	N	58. Do you hold a contract for deed?	$
Y	N	59. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (NOT including personal Jewelry such as wedding ring)?	$

60. DISPOSAL OF ASSETS:

I/we hereby certify that I/We: ☐ Have or ☐ Have not

sold or given away any assets for less than Fair Market Value during the two-year (24-month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value must be identified below, by Member #.

#	Asset Type	Date Sold/Disposed	Cash Value of Asset	Amount Received
			$	$
			$	$
			$	$
			$	$
			$	$

MEDICAL AND/OR OTHER ELIGIBLE EXPENSES

List payments made to provider of childcare or disabled adult care costs, payments on outstanding medical bills, medical insurance premiums, and/or medical and dental costs NOT covered by insurance. **IF answering YES to any of the following**, you must also provide the name of the source(s) of the expense.

Circle One		Does any household member have any of the following expense(s):	Monthly Exp./Premium
Y	N	61. Child Care Expenses in order to work? Source(s):	$
Y	N	62. Do you have Medicare Part A (Hospital)? Managed Care?	$
Y	N	63. Do you have Medicare Part B (Medical)? Managed Care?	$
Y	N	64. Do you have Medicare Part D (Rx)?	$
Y	N	65. Are you enrolled in Medicaid or other Public Assistance Programs which pay for other medical premiums? Sources(s):	$
Y	N	66. Do you have any other kind of medical insurance? IF yes, provide: Policy Number / Company Name / Agent Name	$
Y	N	67. Do you have medical expenses not paid by insurance? IF yes, estimate amount amount of each annual expense below:	
Y	N	Doctor. Source(s):	$
Y	N	Hospital. Source(s):	$
Y	N	Pharmacy. Source(s):	$
Y	N	Dentist. Source(s):	$
Y	N	Other	$
Y	N	Other	$
Y	N	68. Do you have any outstanding medical bills on which you are currently paying? Source(s):	

MISCELLANEOUS

Circle One		Are/have you or any member of your household:
Y	N	69. Currently using an illegal controlled substance?
Y	N	70. Ever been convicted of a misdemeanor involving violence? **IF yes**, explain:
Y	N	71. Ever been convicted of possession, usage, or distribution of a controlled, illegal substance? **IF yes**, explain:
Y	N	72. Ever been convicted of possession of an unregistred firearm or possession of an illegal weapon that can cause physical harm or emotional suffering by intimidation? **IF yes**, explain:
Y	N	73. Ever been convicted of or pleaded guilty to a sexual offense or are you or any member of your household subject to lifetime registration requirements under any local, any state, or fedeeral law?
Y	N	74. Ever been convicted of or pleaded guilty to a felony? **IF yes**, explain:
Y	N	75. Ever used any name(s) or Social Security number(s) other than the one you are currently using? **IF yes**, explain:

Y	N	76. Ever committed any fraud in or been evicted from a Federal assistance housing program/ development for drug-related activity? **IF yes**, explain:
Y	N	77. Do you own a pet? ☐ Cat ☐ Dog ☐ Other _____
Y	N	78. If this property has a No Pets Policy, would you be willing to give up your pet(s) in order to reside here?
Y	N	79. Are you currently living in a HUD assisted unit?
Y	N	80. Are you or any member of the household active US military or have served in the US military: **IF yes**, which member(s)?

81. How did you hear about our apartment community?

☐ Internet	☐ Newspaper	☐ ForRent.com
☐ Apartments.com	☐ Resident Referral	☐ Google
☐ Craigslist	☐ Signage	☐ Other Internet
☐ Bivins website	☐ Flyer	
☐ ApartmentFinder	☐ Other, Specify _____	

AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles, owned by or registered to household members.

#	Make and Model Number	Year	License Tag Number	State	Vehicle Color

STUDENT STATUS

A student enrolled in an Institute of Higher Education as defined by the Higher Education Act of 1965-Amended 1998 will be deemed eligible for assistance if the student meets all other eligibility requirements, passes screening criteria and can verify at least one of the following requirements:

Y	N	82. Are any members of the household enrolled as a student at an institution of higher education as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1001 and 1002)? IF Yes:		
		Y	N	Are you 24 years of age or older?
		Y	N	Are you a veteran of the United States armed services?
		Y	N	Are you married?
		Y	N	Do you have a dependent child?
		Y	N	Are you disabled and receiving Section 8 assistance as of November 30, 2005?
		Y	N	Will you be living with our parents/guardian?
		Y	N	Are your parents receiving or eligible to receive Section 8 Assistance?
		Y	N	Have you lived independent of our parents for at least one year and were not claimed on their most recent tax return?
		Y	N	Were you an orphan, in foster care, or ward of the court at the age of 13?
		Y	N	Are you a graduate or professional student?

Y	N	83. Are you receiving any financial assistance to pay for your education? IF yes, please list all sources of financial assistance including the school, providers or scholarships/grants, parents, associations, etc.
		No financial assistance that an individual receives under the Higher Education Act of 1965 from private sources or an institution of higher education (as defined under the Higher Education Act of 1965) shall be considered income if the student is: 1.) Living with his/her parents/guardian in a Section 8 assisted unit or 2.) 24 years of age or oldeer with dependent children.

Privacy Act Notice: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et.seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S. C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of 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. **Penalty:** You must provide all of the information requested by the owner, including all social security numbers you, and all other household members, have and use. Giving the social security numbers of all household members is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Statement by all adult household members:

1. We certify that all information given in this application and any adenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has ocurred, terminate our Rental Agreement.
2. We authorize Bivins Village to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental or credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State or local agencies.
3. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income, and household composition.
5. We have read and understand the information in this application, in particular the information contained in the instructions for Head of Household, and we agree to comply with such information.
6. We have been given a copy of the Resident Selection Criteria which summarizes the procedures for processing applications.
7. We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and Community House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, damages and Security Deposits.
8. We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S. C. Section 1681a (d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Fair Credit Report Act: This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interviews with third parties--such as family members, business associates, financial sources, friends, neighbors, or others who are acquainted with you. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, income and credit background and also police records. All information you or others give us will be held in strict confidence.

We do not discriminate on the basis of race, color, creed, religion, sex, national origin, disability, familial status, marital status, source of income, age, ancestry, medical condition, sexual orientation, gender identity or any other arbitrary basis.

SIGNATURES (ADULT MEMBERS):

I/WE HAVE READ AND UNDERSTAND THE ABOVE. BY SIGNING THIS APPLICATION, I/WE DECLARE THAT ALL OF MY/OUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE OWNER/MANAGEMENT TO VERIFY THIS INFORMATION THROUGH ANY SOURCE THAT IT DEEMS APPROPRIATE. I/WE UNDERSTAND THAT ANY FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

APPLICANT SIGNATURE _____ DATE _____

APPLICANT SIGNATURE _____ DATE _____

☐ Check here if this household required assistance in completing the Rental Application due to:

_____

WARNING: 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 UNATHORIZED DISCLOSURES OR IMPROPER USES OF INFORMATION COLLECTED BASED ON THE CONSENT FORM. USE OF THE INFORMATION COLLECTED BASED ON THE VERIFICATION FORMS ARE RESTRICTED TO THE PURPOSES CITED THEREON. 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 CIVAL ACTION FOR DANGERS, AND SEEK OTHER RELIEF, AS MAY BE APPROPRIATED, 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 **208 (a) (6), (7) and (8). ** VIOLATIONS OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 USC **408 (a), (6), (7) AND (8).**

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 agdncies.
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.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
Ft. Worth Regional Office 307 W. 7th St., Ste 1000 Ft. Worth TX 76102	Mary E. Bivins Foundation P O Box 1727 Amarillo TX 79105	

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 verity 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: GTD 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 Barters 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 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.

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.

BIVINS VILLAGE

EQUAL HOUSING OPPORTUNITY

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 noncitizens, 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 Citizenship Declaration. If there are 2 people listed on the Family Summary Sheet, you should have 2 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below by _____.

Bivins Village
3201 Tee Anchor Blvd.
Amarillo TX 79104

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 Melinda Inmon, Leasing Agent, 806-342-5530. 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 Citizenship 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 our 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.

FAMILY SUMMARY SHEET

MEMBER NO.	LAST NAME OF FAMILY MEMBER	FIRST NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	DATE OF BIRTH
HEAD					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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 I-94, Departure Record)

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

SAVE VERIFICATION NO. _____

(TO BE ENTERED BY OWNER IF AND WHEN RECEIVED)

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

DECLARATION

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

_____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: _____

_____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 Form

AND

b. One of the following documents:

(1) Form I-551, *Permanent Resident Card*

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

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

(3) If Form I-94, Arrival-Departure Record, is not annotated, it must be accompanied by one of the Following documents:

a. A final court decision granting asylum (but only if no appeal is taken);
b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
c. A court decision granting withholding or deportation; or
d. A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) 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.

(5) *Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register. *

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

_____ _____

Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

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

_____ _____

Signature Date

Check if adult signed for a child: _____

_____3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

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

_____ _____

Signature Date

Check here if adult signed for a child: _____

Verification Consent Form

INSTRUCTIONS: Complete this form for each noncitizen family member who declared eligible immigration status on the Citizenship Declaration form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(Print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and

2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:

    a. HUD, as required by HUD; and

    b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

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

_____ _____

Signature Date

Check here if adult signed for a child: _____

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)

Bivins Village — 3201 Tee Anchor Blvd, Amarillo TX 79104

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

Mary E. Bivins Foundation — Section 202

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 incompliance 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 no require any special protection.

OMB Control # 2502-0581
Exp. (/ 1.17.1/ 08)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ 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**

BIVINS VILLAGE

Tolerance Policy

- Bivins Village sponsored buildings and residents shall follow all laws in regard to Fair Housing.

- Title VIII of the Civil Rights Act, 42 U.S.C 3601. The Fair Housing Act is a broad statute that prohibits discrimination based upon race, color, religion, sex, national origin, disability, or familial status in most housing and housing-related transactions. (HUD Handbook 4350.3, May 2003, Glossary, p. 11).

- Should the resident choose not to follow Fair Housing Laws, he/she is doing so at his/her own risk.

- The resident will be responsible for all applicable fines if he/she is discriminatory towards any fellow resident, staff, guest, or potential applicant or resident.

- All residents who live in Bivins Village sponsored buildings shall be treated with respect and dignity by the staff. As well, the residents of Bivins Village sponsored buildings shall treat the staff with respect.

- Residents and staff shall be appreciated for the cultural differences they bring to our community. Bivins Village sponsored buildings will not tolerate discrimination by staff to a resident, a resident to a resident, or a resident towards a staff member.

- Properties under the management of Bivins Village will not discriminate and all residents and staff are expected to abide by such also. Bivins Village management will not allow activities and behaviors which discriminate against another.

- All activities which take place in Bivins Village Sponsored Properties are to be open to all residents. Private Parties or rental of common areas is governed by the Community Space Reservation Procedures.

- Gossip, slander, verbal abusiveness and other examples of

intolerance will be considered a Lease Violation. Examples of verbal abusiveness include, but are not limited to, making rude comments about staff members, other residents or outside guests, inappropriate jokes, verbally, on paper, using the internet, etc. starting or spreading rumors about staff, residents and guests, talking disrespectfully, yelling and swearing to anyone and any threatening behavior toward another.

- It is the resident's responsibility to follow these House Rules. But it is not the resident's responsibility to enforce these House Rules upon others. By attempting to enforce these House Rules, residents are violating the Tolerance Policy which is considered a Lease violation.

- If a resident has a concern, please complete a written incident report and let the staff handle the problem. If the problem is an emergency, call the office for immediate assistance.

_____ _____

Head of Household Date

_____ _____

Spouse/Co-head of Household Date

BIVINS VILLAGE

BIVINS VILLAGE
PET APPLICATION

Resident Name_____ Apt. #_____

Type of Pet_____Name of Pet_____

Description of Pet_____

1. How long have you owned this pet? _____

2. Has your pet lived in rental housing before? _____ If so, fill in the following:

Name of Apartment Complex: _____

Manager's Name: _____ Phone #_____

3. Do you have Liability Coverage:

Name of Company: _____

Contact Person: _____ Phone #_____

4. Date of Pet's last vaccinations_____

5. County License Number or Tag Number

_____

6. Has your pet been spayed or neutered? If no, please explain why._____

_____.

7. If your pet is a dog, does the pet respond to voice commands? Yes_____

No_____ Please explain:_____

8. Veterinarian (who can verify vaccinations) Name_____

Address_____ Phone #_____

9. Name of persons who will take responsibility for your pet in case of an emergency:

Name_____

Address_____

Phone #_____

Name_____

Address_____

Phone #_____

APPROVAL

Pet is approved_____ Not approved_____

_____ _____

Tenant Signature Date

_____ _____

Landlord Signature Date

SEMINOLE STREET

J Building

A Building

E

D

C

B

I

F

H

G

TEE ANCHOR BOULEVARD

BIVINS VILLAGE

BIVINS VILLAGE, INC.

PET OWNERSHIP RULES

These rules are intended to serve as pet ownership guidelines for Bivins Village, Inc. Modification of these rules is permitted.

Definition
For the purpose of these pet rules, "pet" is defined as a domesticated animal, such as a dog, cat, bird, rodent (including a rabbit), fish, or turtle, that is traditionally kept in the home for pleasure rather than for commercial purposes. Common household pets do not include reptiles (except turtles). If this definition conflicts with any applicable State or local law or regulation defining the pets that may be owned or kept in dwelling accommodations, the State or local law or regulations shall apply. This definition does not include animals that are used to assist persons with disabilities. [24 CFR 5.306]

Pet Restrictions
No more than two small fur bearing pets are permitted in an apartment; No limit is placed on the number of fish; however, the size of the fish tank may not exceed ten (10) gallons. **Guests are not permitted to bring any type of pet onto the premises** without prior permission of management.

Location of Pets in the Building
There is no restriction on the total number and location of fish, small birds, and small caged animals in the facility.

Pets shall not be brought into "Non-pet Areas" such as public lobbies, dining areas, elevators, other public gathering spaces or the other floors or wings of the building except to exit the building. When dogs or cats are moved through the building, they must be moved from the resident's apartment to the nearest outside exit, avoiding public areas as much as possible.

Size
Dogs shall weigh no more than thirty (30) pounds at time of maturity and stand no more than eighteen inches (18) at the shoulder. Pets acquired as puppies shall be understood to mature at the height and weight not exceeding these height and weight restrictions. American Kennel Club's standards shall determine the height and weight after maturity of the breed.

A non-documented animal will be assumed to mature at the height and weight not to exceed these height and weight restrictions.

License and Tags

Every dog and cat must wear the appropriate local animal license (if required), a valid rabies tag and a tag bearing the owner's name, address and phone number. All licenses and tags must be current. (For further information please see Amarillo City pet ordinances).

Admission of Pets
All pets must be approved for admittance. There is a pet application to be completed. If the pet meets the pet criteria, the application will be approved. Management reserves the right to prohibit the admission of any pet in cases where it determines the pet owner will not be able to meet the requirements of these pet rules.

Registration
Every pet must be registered with the management upon admission and thereafter annually on the anniversary date of admission. Registration of dogs and cats requires proof of current dog or cat license (if required) including up-to-date proof of inoculations. Cats must have current inoculations, as appropriate to the species, including but not limited to, feline distemper shots. Dogs shall have certificates of appropriate inoculations for heartworm, parvo, and rabies. Such tests, vaccines and verification from a veterinarian that a cat or dog has been spayed or neutered is required prior to admission. Proof of liability insurance (where applicable), evidence of a flea control program, and verification of an alternate caretaker are also required as discussed below.

Altering
Female dogs and cats over six months must be spayed and males over eight months must be neutered, unless a letter is received from a licensed veterinarian giving a medical reason why such action is detrimental to the pet's health.

Liability
Residents owning pets shall be liable for the entire amount of all damages to Bivins Village, Inc., caused by their pet and all cleaning, defleaing, and deodorizing required because of such pet. Pet owners shall be strictly liable for the entire amount of any injury to the person or property of other residents, staff, or visitors of Bivins Village, Inc., caused by their pet, and shall indemnify the owner of Bivins Village, Inc., for all cost of litigation and attorney's fees resulting from such damage.

Pet Deposit
Each dog and cat owner must provide a pet security deposit in the amount of $300.00. This can be paid with $50.00 down and $10.00 monthly payments until the total $300.00 deposit has been received. This is in addition to the standard rental security deposit. This deposit shall be maintained in a separate account as provided for by state law and HUD regulations for the maintenance of security deposits. The amount of the pet deposit is established to reflect the potential cost of replacing carpeting and other furnishings as a result of pet odors, stains, and damage. Upon termination of residence by the pet owner, or removal of all pets from the owner's apartment, all or part of the pet deposit will be refunded dependent upon repairs and maintenance.

Sanitation
Dogs and cats are required to be "house-broken". Cats must be litter box trained. Cat owners must bag "kitty litter," tie securely, and drop into specified trash receptacles. Dogs must be able to be exercised outside the building. Management has designated spaces to be used exclusively for the purpose of exercising dogs. Exercising of dogs shall be limited to the neutral grounds adjacent to the city streets not in the courtyard. Pet owners shall be responsible for the immediate clean up of feces after the exercise of their dog. Resident dog owners must bag and securely tie dog feces and deposit it in designated trash receptacles.

Flea Control
Upon admission of a pet, the pet owner shall file with management proof that the pet is free of fleas (Animal Health Certification). A flea control program acceptable to management will be maintained for a fur bearing pet. Use of a product such as 'Flea Off Mist" or "Rotenone" spray according to manufactures instructions is recommended. Thereafter, the owner of a fur bearing pet shall file at six (6) month intervals, proof that the pet

continues to be free of fleas. Should any problem develop, the pet owner will at his/her expense have the apartment exterminated by a licensed exterminator.

Noise
No pet may make noise which disrupts other residents. Barking and/or whining dogs, as well as crying or "caterwauling" cats will not be considered acceptable pets.

Pet Behavior
No pet that bites, attacks or demonstrates other aggressive behavior toward humans may be kept in Bivins Village, Inc.

Leashes
Dogs and cats shall be on hand-held leashes or in hand-held carriers at all times outside the confines of the pet owner's apartment.

Alternate Caretaker
The pet owner must supply management with the names of at least two persons who will be willing to assume immediate responsibility for the pet in case of an emergency (i.e., when the pet owner is absent or unable to adequately maintain the pet). Written verification of the willingness of these persons to assume alternate caretaker responsibility is required. It is the responsibility of the pet owner to inform the management of any change in the names, addresses, or telephone numbers of persons designated as alternate caretakers. Any expenses relating to alternate caretakers are the responsibility of the pet owner. In cases of emergency, when the management is unable to reach the alternate caretaker(s) the pet owner agrees to allow management to place the pet in an appropriate boarding facility with all fees and cost borne by the pet owner. Within five days of such an emergency, the resident, his agent, family or estate must make arrangements with holder of said pet as to its disposition, and shall be responsible for all obligations, financial and otherwise, in such disposition. The resident pet owner absolves management and/or its agents of any or all liability, financial or otherwise for actions taken on behalf of the pet owner, or the well-being of the pet.

Sick or Injured Animals
No sick or injured pet will be accepted for occupancy without consultation and written acknowledgment of a veterinarian as to the condition of the pet's ability to live in an apartment situation. Acceptance, regardless of the documentation and consultation, is the prerogative of the management. Admitted pets which suffer illnesses, injury, or abuse must be immediately taken for veterinary care at the resident pet owner's expense.

Rule Enforcement
Any tenant who receives three letters of violation of these pet rules and a letter of intent describing these violations from Bivins Village Inc. management, may be required, after private conference, to remove the pet from the premises and provide management with a signed affidavit stating that the dog or cat is no longer on the premises and will not return in the future. Misrepresentation of this affidavit will be grounds for eviction of the resident. Management may exercise the right to act immediately in insisting an offending pet be removed forthwith in situations deemed to be of an emergent nature. In such instances, management will act as specified in the section on "Alternate Caretaker" in removing a sick, diseased, injured and/or aggressive animal.

Specially Trained Animals
Specially trained animals to assist the visually and/or hearing impaired and other handicapped persons will not be required to meet the limitations as to pet size or limitations on overall number of locations of pets, but will be required to meet all other aspects of these rules. Proof of Certification Training will be required on all animals requesting suspension of any portion of the pet policy.

Courtesy

Bivins Village, Inc. recognizes that pets can be therapeutic for those who enjoy, own and care for them, however, pets can be threatening to others who, for whatever reason are fearful of or allergic to animals. Please exercise common courtesy to residents and staff in dealing with your pet.

Complaint Process
Management of Bivins Village, Inc. will establish a system for handling complaints regarding pet ownership which will involve review and recommendation by the Resident Council.

No Visiting Animals Allowed
These rules pertain only to resident pet owners. No visiting pets are allowed without prior permission of management.

SIGNED:

Bivins Village, Inc.

_____

Landlord Representative

_____

Tenant

_____

Date

BIVINS VILLAGE

BED BUG POLICY

Bivins Village will be responsible for the expense of the first treatment in an infested apartment. You will be responsible for following the guidelines below. At times, apartments must be treated more than once. If this is the case in your apartment and we find that you did not follow through with these guidelines, the cost of any additional treatment can and may be your responsibility. If you need assistance to prepare for the treatment and the follow up action, please let us know and we will assist you in making arrangements for help in this matter.

GUIDELINES TO FOLLOW FOR BED BUG TREATMENT

_____Remove all sheets, pillows, and bedding material. Seal them in large plastic bags until they can be laundered to prevent the infestation from spreading. If you do not have bags, they will be furnished by Bivins Village. Funds for washing can be provided if needed.

_____Empty all closets, dressers and end tables. Remove curtains, towels and all remaining cloth materials. Seal all washable materials in large plastic bags until they can be laundered to prevent the infestation from spreading. Any clothes or rugs on the floors or under the bed must also be washed. Staff will inform you if you must wash all clothing items in your drawers and closet depending on the extent of the infestation.

_____Wash sheets, pillowcases, bedding, towels and clothing in soap and HOT water and dry at the HOTTEST setting. Items that cannot be washed, such as some pillows, stuffed animals/toys, should be dried at the hottest temperature setting for one hour.

_____Only high heat for an extensive amount of time will kill the bed bug eggs.

_____Upholstered furniture (couches and chairs) will need to be inspected and treated. Remove and bag throws, pillows and slip covers and dry at hottest temperature setting for one hour.

_____Eliminate all clutter. Clear all floors of loose items (toys, shoes, papers, magazines, books, CDs, DVDs, trash, etc.) including floors in closets and interior storage areas. Remove all items from on top of dressers, nightstands, bookshelves, coffee tables and entertainment centers. Throw away what you can in a sealed trash bag and take to an **OUTDOOR** trash receptacle.

_____Vacuum the entire carpet and hard floors, especially the edges (with a crevice attachment).

_____Vacuum upholstered furniture. Vacuum deep into crevices with a crevice attachment.

_____Place used vacuum bag or contents of bagless vacuums in a sealable bag and discard immediately in an **OUTDOOR** trash receptacle.

_____Mattress and box springs will be covered and sealed with a Bed Bug encasement. **This will be the *resident's responsibility* to pay for them if the Pest Control recommends it. *DO NOT* take these encasements off. They are to always stay on the mattress and box spring.**

_____People and pets must be out of the residence during the treatment and for at least 4 hours after treatment is completed. Aquariums: disconnect the air pump and cover the top with a towel.

_____It is very important that pets be cleaned thoroughly before being brought back into the facility. Bed bugs love to "travel" on pets!

_____Seven days after treatment, you should vacuum all carpet and baseboard with a crack and crevice attachment. Place used vacuum bags or contents of bagless vacuums in a sealed bag and take to the **OUTDOOR** trash receptacle.

_____Continue to vacuum at least once a week. Bedding should be washed and dried at least every two weeks for the next 2 months after treatment. Bag all clothing and bedding that is being held for laundering, no stacking in clothes baskets or hampers. Continue to keep non-used clothing in sealed plastic bags.

Bed bugs are very difficult to control because they can hide in the tiniest cracks. Following the above steps is essential to ensure the complete control of any bed bug infestation. It may take several weeks or even longer to gain effective control of bed bugs, so your patience and help are greatly appreciated.

I have read all the terms and conditions above and understand and agree to all terms and conditions.

_____ _____

Resident Signature Date

_____ _____

Staff Signature Date

EQUAL HOUSING OPPORTUNITY

BIVINS VILLAGE

Please return via fax to: 806-342-5501 or mail to 3201 Tee Anchor Blvd., Amarillo TX 79104

VERIFICATION OF RENTAL HISTORY

TO: _____ (Previous Landlord)

RE: _____ Address: _____

Last four digits of Social Security Number: _____ Date of Birth: _____

RELEASE: I hereby authorize the release of the requested information.

_____ _____

Signature to Authorize Release of Information Date

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

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the above facility. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

Move In Date: _____ Move Out Date: _____

Monthly Rental $$ Amount: _____ Lease Completed: _____ Lease Expires: _____

Was Proper Notice Given: _____ Any NSF Checks: _____ # of Late Payments: _____

Is Any Money Currently Owed: _____ If so, how much: _____ Deposit $$ Amount Returned: _____

Eviction Filed: _____ Date: _____ Condition of Unit at Move Out: _____

Lease Violations/Police called: _____

Additional Comments: _____

_____

Name and Title of Person Reporting: _____ Organization: _____

Signature: _____

Telephone Number: _____ 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 of 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).** Violations of these provisions are cited as violations of 42 USC **408 (a) (6), (7) and (8).**

EQUAL HOUSING OPPORTUNITY

We Do Business in Accordance With the Federal Fair Housing Law

Do you have a Social Security Number (SSN)?

If you do not disclose a SSN, you may not be able to receive housing assistance.

The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.

The SSNs of all members of my household have been provided. What do I do?

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.

I have not provided SSNs for all of my household members to the property owner/manager. What do I do?

Does everyone in your household have a SSN?

Yes

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.

No

1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

Note: If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.

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

APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS... IS FRAUD WORTH IT?

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

form **HUD-1141**
(12/2005)

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

FACT SHEET
For HUD ASSISTED RESIDENTS

Section 202/162 – Project Assistance Contract (PAC)
Section 202/811 – Project Rental Assistance Contract (PRAC)

"HOW YOUR RENT IS DETERMINED"

Office of Housing

****June 2007****

This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

OAs' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition and decreases or increases in income are reported by $200 more per month
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
- 10% of the family's monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.

Note: An owner may admit an applicant to the PAC program only if the Total Tenant Payment is less than the gross rent. This note does not apply to the PRAC program. In some instances under the PRAC program a

tenant's Total Tenant Payment will exceed the PRAC operating rent (gross rent).

Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA). Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of $5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount **(except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from annual Income, below)**
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay **(except for lump-sum additions to family assets, see Exclusions from Annual Income, below)**
- Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- **For Section 8 programs only, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.**

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant
  or are held in an individual's name but:
  - The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
  - that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
  - Foreclosure
  - Bankruptcy
  - Divorce or separation agreement if the applicant

or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- **Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above,**The full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed $200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of $480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of $480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State of local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first $2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first $2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund

established pursuant to the settlement in *In Re Agent*-product liability litigation
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998

Deductions:

- $480 for each dependent including full time students or persons with a disability
- $400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income the expenditure is applied only one time
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Regulations:

- General HUD Program Requirements;24 CFR Part 5 and CFR 24 Part 891.

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

- "Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at http://www.hud.gov

U.S. Department of Housing and Urban Development
Office of Housing - Office of Multifamily Housing Programs

RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION

What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".

What income information is in EIV and where does it come from?

The Social Security Administration:
- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):
- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:
- correctly reported your income

They will also be able to determine if you:
- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.

Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to $10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

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

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
  - *Child support*
  - *AFDC payments*
  - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: http://www.ssa.gov/pubs/10064.html.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.

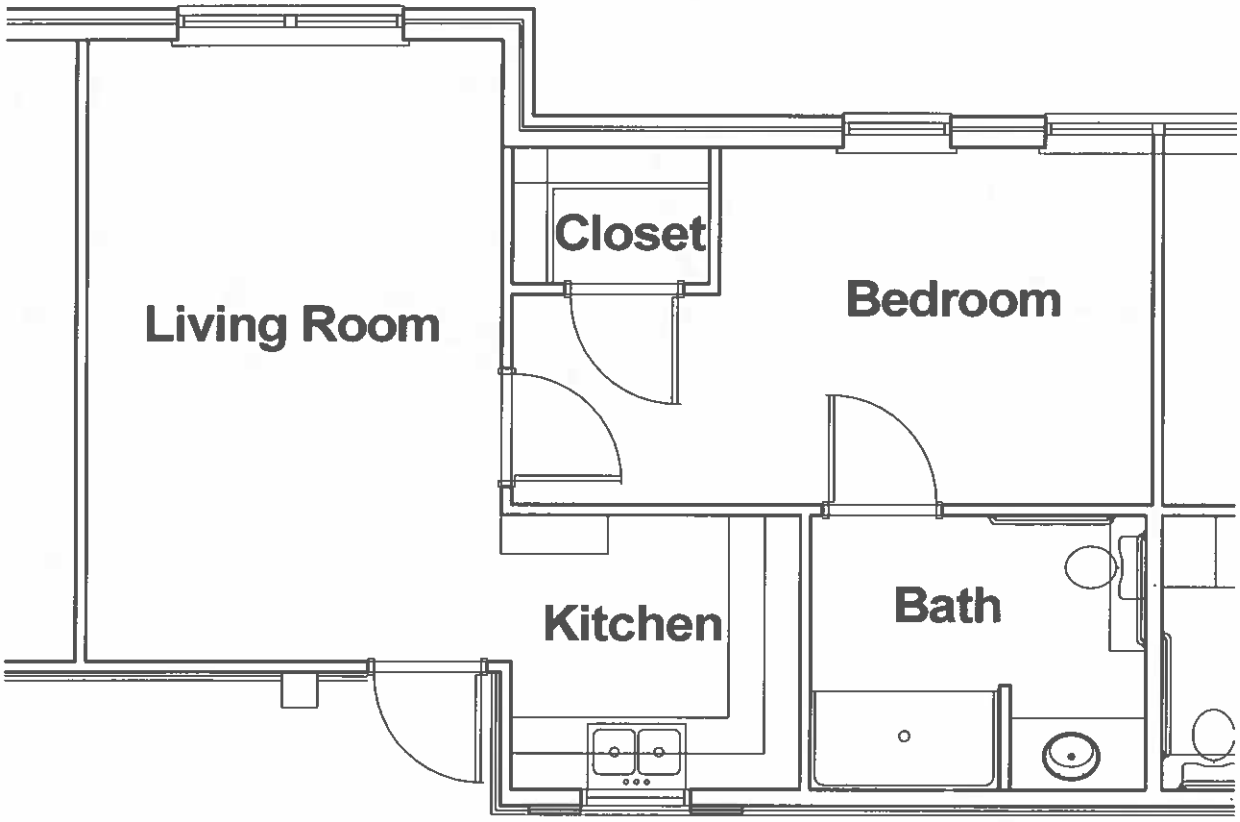
Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm.

JULY 2009

Typical Bivins Village Floor Plan



BIVINS VILLAGE

APPLICATION CHECK LIST

Application _____

Current DL/Picture ID _____

SS Card _____

Birth Certificate _____

Sign Verification of Rental History _____

Current Social Security Award Letter _____

Copies of any other income _____

Checking Account Statements (last 6 months) _____

Any other financial Statements (current) _____

Stocks, Bonds, CDs, 401K, IRA

Real Estate _____

Pet Application _____

Current Pet Vaccination/Health Records _____

Medical Receipts (last 12 months) _____

Doctor Visits (last 12 months) _____

Dental (last 12 months) _____

Eye Glasses (last 12 months) _____

Hearing Aid (last 12 months) _____

OTC Meds – must have RX from doctor _____