WESTMOUNT

Dear Applicant,

In order to consider your application for Forest Court a **complete** application package must be submitted. In the application, any lines that don't pertain to you, or your household, must be identified with a "$0" or by "N/A". Also, any household member's **Income** and **Asset** items you reported on your application will need to have supporting documents. Please see the list below for some example Income and Asset items that may require your documentation.

In addition, a copy of your Social Security Card, Birth Certificate (or Passport), Drivers License will all need to be included.

Please note, that you will need to complete this process in order to be placed on the wait list. If any of the supporting documents are not included, you will not be placed on the wait list. There will be no pending applications.

With the application, please include copies of the documentation to support reported income and/or assets.

Examples of Sources and Types of Income that may require supporting documents: (Copies only)

- Current monthly Social Security Benefit (not year end)
- Employment wage verification (letter from employer or months worth of pay-stubs)
- Pension/Annuity verification (Current year)
- Stock/Bond verification
- Market value of Real Estate (property appraisal)
- Bank verification (current statements from checking, savings, CD's etc.)
- Alimony award

Please return your documentation to:

Forest Court, LLC
c/o Westmount Management
36 Park Place-PO Box 719
Branford, CT 06405

EQUAL HOUSING OPPORTUNITY

EQUAL HOUSING OPPORTUNITY

Nondiscrimination Statement

Forest Court does not discriminate based upon race, creed, color, national origin, ancestry, sex, marital status, age, sexual orientation, mental retardation, physical disability, including but not limited to blindness or deafness, children in the family, source of income, or any other classification(s) protected by state or federal law.

Forest Court does not discriminate on the basis of disability status in the admission of, access to, or treatment, or employment in, its federally assisted programs and activities. Federal law allows applicants or residents with disabilities to ask us to make "reasonable" modifications-physical alterations to their units or the common area. It also says that we must make "reasonable accommodations" to our rules and policies if the accommodations are necessary for the person with disabilities to enjoy the site "equally" with people without disabilities.

WESTMOUNT

Please provide the following documents which apply to your household:

IDENTIFICATION:

- Picture I.D. i.e. driver's licenses, state I.D. or passport
- Birth Certificate (long form) and social security card for all household members
- Certificate of Marriage (if applicable)
- Non-Citizen- Eligible Immigration Documents:
- Resident Alien Card
- Alien Registration Receipt Card
- Temporary Resident Card
- Employment Authorization Card
- Receipt issued by the INS for issuance of replacement of any of the above

INCOME:

- Wages: Last four (4) current and consecutive pay stubs, and Taxes with W2's from previous year.
- Self-Employment: Copy of last year's tax return with the itemized statement for profit and loss
- No income: (Notarized no income form, and no-income questionnaire)
- Child Support/Alimony: Court Ordered- (copy of print out) Non-Court-Ordered (please fill-out notarized contribution form).
- State Assistance: Unemployment, Veteran's Benefits, Workers Compensation. and Pension
- (please bring computer print-out or benefit letter) Social Security Benefits: (Current award letter)
- Cash Contribution: (Notarized cash contribution form)

ASSETS:

***Please bring documentation of any new or closed accounts within the last twelve (12) months.**

- Savings: Updated bankbook or recent statement
- Checking: Last six (6) statements
- Stock Dividends: Monthly, or quarter stub, copy of check or 1099 from last year
- Real Estate: Verification of market value
- 401 K/annuities: Quarterly statements
- **If no savings and/or checking account, copy of debit/cash card front and back required by HUD- (Incl Venmo/Zelle or similar money exchange)**

EXPENSES:

- **Child care expense: (for children under 13 years of age)**
- Non-notarized child-care form for facilities
- **Notarized child-care for baby-sitters**

MEDICAL: (Any Out of Pocket Medical expenses)

- Insurance premiums-billing and proof of payment is required
- Prescriptions-cancelled checks, receipts, or print-outs
- Doctor bills-doctors you visit on a regular basis **(proof of payment and any amounts that were not covered by your insurance).**
- Auxiliary Apparatus-includes wheelchairs, ramps, adaptations, to vehicles special equipment to enable a blind person to read, or type etc.

APPLICATION FOR HOUSING

Please Print Clearly

This is an application for housing at:	**Project: Forest Court** **Address: 1-37 Bari Lane** **Unionville, CT 06085**
Please complete this application and return to:	**Name: Forest Court - C/O: Westmount Mgmt** **Address: 36 Park Place** **PO BOX 719** **Branford, CT 06405**

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION				
Applicant Name(s):				
Current Address:				
City, State, Zip:				
Home Phone:		Cell Phone:		
Work Phone:		May we contact you at work?	☐ Yes	☐ No
Email Address:				
# of BR's in current unit:		Do you:	☐ RENT or ☐ OWN (check one)	
Amount of current monthly rental or mortgage payment:			$	
If owned, do you receive monthly rental income from the property?			☐ Yes ☐ No (check one)	
Check all utilities paid by you:	☐ Heat ☐ Electricity ☐ Gas ☐ Other: _____			
Approximate monthly cost of utilities paid by you (excluding phone and cable TV):				
Bedroom size requested:	☐ One BR ☐ Two BR ☐ Handicap One BR ☐ Handicap Two BR			

B. HOUSEHOLD COMPOSITION						
	Name	**Relationship to Head**	**Birth Date**	**Age** (optional)	**Soc Sec # ***	**Student Y/N**
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

*If you are age 62 years or older as of January 31, 2010, ***who was receiving HUD rental assistance at another location on or before January 31, 2010, and does not have a Social Security number,*** you have the right to exempt supplying your social security number.

Will all listed minors be living in the unit at least 50% of the time?	☐ Yes	☐ No
Have you or any other household member lived in any other state besides the State of Connecticut?	☐ Yes	☐ No
If yes, for any household members, please indicate each state lived and when:		
Have there been any changes in household composition in the last twelve months?	☐ Yes	☐ No
If yes, explain:		
Do you anticipate any changes in household composition in the next twelve months?	☐ Yes	☐ No
If yes, explain:		
Is there someone not listed above who would normally be living with the household?	☐ Yes	☐ No
If yes, explain:		

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	☐ Yes	☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	☐ Yes	☐ No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐ Yes	☐ No
Are any full-time student(s) a TANF or a title IV recipient?	☐ Yes	☐ No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent?	☐ Yes	☐ No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	☐ Yes	☐ No

C. INCOME List ALL sources of income as requested below. If a section doesn't apply, cross out or write N/A.		
Household Member Name	**Source of Income**	**Gross Monthly Amount**
	Social Security	$
	Social Security	$
	Social Security	$
How is the income received:	☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	
	SSI Benefits	$
	SSI Benefits	$
	SSI Benefits	$
How is the income received:	☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	
	Pension (list source):	$
	Pension (list source):	$
How is the income received:	☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	
	Veteran's Benefits (list claim #):	$
	Veteran's Benefits (list claim #):	$
How is the income received:	☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	
	Military Pay	$
	Military Pay	$
How is the income received:	☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	
	Unemployment Compensation	$
	Unemployment Compensation	$
How is the income received:	☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	
	Worker Compensation:	$
	Worker Compensation:	$
How is the income received:	☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	
	Public Assistance (Title IV/TANF, etc.)	$
	Contributions to the Household (monetary or non-monetary)	$
	Full-Time Student Income (18 & Over Only)	$
	Financial Aid (excluding loans)	$
	Annuities (list source):	$
	Long Term Medical Care Insurance Payments in excess of $180/day	$
	Scheduled Payments from Investments	$

Household Member Name	Source of Income			Gross Monthly Amount	
	Employment amount:			**$**	
	Employer:				
	Position Held:		How long employed		
	How often are you paid:	☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly			
	How are you paid:	☐ cash ☐ check ☐ Direct Deposit ☐ Pre-paid Debit Card			
	Employment amount:			**$**	
	Employer:				
	Position Held:		Position Held:		
	How often are you paid:	☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly			
	How are you paid:	☐ cash ☐ check ☐ Direct Deposit ☐ Pre-paid Debit Card			
	Employment amount:			**$**	
	Employer:				
	Position Held:		Position Held:		
	How often are you paid:	☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly			
	How are you paid:	☐ cash ☐ check ☐ Direct Deposit ☐ Pre-paid Debit Card			
	Alimony				
	Are you ***legally entitled*** to receive alimony?			☐ Yes	☐ No
	If yes, list the amount you are ***entitled*** to receive:			$	
	Do you receive alimony?			☐ Yes	☐ No
	If yes, list amount you receive.			$	
	Child Support				
	Are you legally entitled to receive child support?			☐ Yes	☐ No
	If yes, list the amount you are entitled to receive.			$	
	Do you receive child support?			☐ Yes	☐ No
	If yes, list the amount you receive.			$	
	Other Income:			$	
	Other Income:			$	
	Other Income:			$	
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)				$	
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR				$	
Do you anticipate any changes in this income in the next 12 months?				☐ Yes	☐ No
Is any member of the household legally entitled to receive income assistance?				☐ Yes	☐ No
Is any member of the household likely to receive income or assistance **(monetary or not)** from someone who is not a member of the household as listed on Page 2, etc.)?				☐ Yes	☐ No
If yes to any of the above, explain:					
Is the income received?				☐ Yes	☐ No

D. ASSETS If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write N/A.			
Checking Accounts	#	Bank:	Balance: $
	#	Bank:	Balance: $
	#	Bank:	Balance: $
Savings Accounts	#	Bank:	Balance: $
	#	Bank:	Balance: $
	#	Bank:	Balance: $
Trust Accounts	#	Bank:	Balance: $
Direct Deposit Cards For SS, SSI, TANF, Child Support, Work,	#	Bank:	Balance: $
	#	Bank:	Balance: $
	#	Bank:	Balance: $
Certificate of Deposit	#	Bank:	Balance: $
	#	Bank:	Balance: $
Money Market Account	#	Bank:	Balance: $
	#	Bank:	Balance: $
401K or other employment savings acct	#	Company:	Balance: $
	#	Company:	Balance: $
IRA or other retirement account	#	Bank:	Balance: $
Savings Bonds	#	Maturity Date:	Value: $
	#	Maturity Date:	Value: $
Life Insurance Policy	#	Company:	Cash Value: $
	#	Company:	Cash Value: $

Mutual Funds	Name:	# Shares:	Interest/Dividend: $	Value: $
	Name:	# Shares:	Interest/Dividend: $	Value: $
	Name:	# Shares:	Interest/Dividend: $	Value: $
Stocks	Name:	# Shares:	Interest/Dividend: $	Value: $
	Name:	# Shares:	Interest/Dividend: $	Value: $
	Name:	# Shares:	Interest/Dividend: $	Value: $
Bonds	Name:	# Shares:	Interest/Dividend: $	Value: $
	Name:	# Shares:	Interest/Dividend: $	Value: $
	Name:	# Shares:	Interest/Dividend: $	Value: $

Investment Property	Address:	Appraised Value: $

Real Estate Property: Do you own any property?	☐ Yes	☐ No
If yes, Type of Property:		
Location of property:		

Appraised Market Value:	$	Mortgage or outstanding loan balance:	$
Amount of annual insurance premium:	$	Amount of most recent tax bill:	$

Does any member of the household have an asset(s) own jointly with a person who is NOT a member of the household as listed on Page 2?	☐ Yes	☐ No
If yes, describe:		
Do they have access to the asset(s)?	☐ Yes	☐ No

Have you sold/disposed of any property in the last 2 years?		☐ Yes	☐ No
If yes, Type of property:			
Market value when sold/disposed		$	
Amount sold/disposed for:		Date of transaction:	

Have you disposed of any other assets in the last 2 years? (Example: Given away money to relatives, set up Irrevocable Trust Accounts)		☐ Yes	☐ No
If yes, describe the asset:			
Date of disposition:		Amount Disposed:	$

Do you have any other assets not listed above (excluding personal property)?	☐ Yes	☐ No
If yes, please list:		

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	☐ Yes	☐ No
Have you or any member of your family ever been convicted of a felony or misdemeanor?	☐ Yes	☐ No
If yes, describe:		
Are you or any member of your household required to register with any state lifetime sex offender or other sex offender registry?	☐ Yes	☐ No
Have you or any member of your family ever been evicted from any housing?	☐ Yes	☐ No
If yes, describe:		
Have you ever filed for bankruptcy?	☐ Yes	☐ No
Will you take an apartment when one is available	☐ Yes	☐ No
Briefly describe your reasons for applying:		

F. REFERENCE INFORMATION

Rental History: List your current and previous landlord(s) for the past FIVE years for all household members aged 18 and over. If additional space is needed, please provide the information on a separate piece of paper.

Current Landlord			
Address:			
Contact Name (if known):		Phone Number	
How long have you lived at this address?		Monthly Rent	
Reason for leaving:			

Does everyone, listed in the Household Composition, reside at this address?		☐ Yes	☐ No
If no, list who does not:			
Do you currently have any outstanding overdue balances owed to this landlord?		☐ Yes	☐ No
Is this landlord attempting to evict you or another person living at this address?		☐ Yes	☐ No
Previous Address #1:			
Previous Landlord #1			
Address:			
Contact Name (if known):		Phone Number	
How long have you lived at this address?		Monthly Rent	
Reason for leaving:			
Did everyone, listed in the Household Composition, reside at this address?		☐ Yes	☐ No
If no, list who does not:			
Did you leave owing money or have an outstanding balance owed to this landlord?		☐ Yes	☐ No
Were you or any household member served a Notice to Quit or has been asked to leave this property?		☐ Yes	☐ No
Previous Address #2:			
Previous Landlord #2			
Address:			
Contact Name (if known):		Phone Number	
How long have you lived at this address?		Monthly Rent	
Reason for leaving:			
Did everyone, listed in the Household Composition, reside at this address?		☐ Yes	☐ No
If no, list who does not:			
Did you leave owing money or have an outstanding balance owed to this landlord?		☐ Yes	☐ No
Were you or any household member served a Notice to Quit or has been asked to leave this property?		☐ Yes	☐ No
Credit Reference: A person or business that has a financial relationship with a member listed in the Household Composition. It can be a utility company, credit card or loan provider, etc.			
Credit Reference #1:			
Address:			
Account #:		Phone Number:	
Credit Reference #2:			
Address:			
Account #:		Phone Number:	
Credit Reference #3:			
Address:			
Account #:		Phone Number:	
Personal Reference: Please provide three (3) personal references. It can be a family member, friend, coworker, etc.			
Personal Reference #1:			
Address:			
Relationship:		Phone Number:	
Personal Reference #2:			

Address:			
Relationship:		Phone Number:	
Personal Reference #3:			
Address:			
Relationship:		Phone Number:	

In case of emergency notify:			
Name:			
Address:			
Relationship:		Phone Number:	

G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks or other vehicles owned. Only one parking permit will be issued per household.

Type of Vehicle:		Year/Make:			
Model:		Color:			
License Plate #:		State:			
Is this vehicle registered and insured to a member listed in the Household Composition?				☐ Yes	☐ No
Type of Vehicle:		Year/Make:			
Model:		Color:			
License Plate #:		State:			
Is this vehicle registered and insured to a member listed in the Household Composition?				☐ Yes	☐ No
Do you own any pets?				☐ Yes	☐ No
If yes, describe:					
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?				☐ Yes	☐ No

CERTIFICATION

By signing this document, I/We certify do/will not maintain a separate subsidized rental unit in another location. I/We further certify that is selected, the unit I/We occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We authorize the owner/agent to verify all the information provided in this application and to contact previous and/or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/We certify that the statements made in the application are true and complete. I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination after occupancy. All adult applicants, 18 or older, must sign the application.

SIGNATURE(S):

Signature of Tenant _____ Date _____

Signature of Tenant _____ Date _____

Signature of Tenant _____ Date _____

Signature of Tenant _____ Date _____

OMB Control # 2502-0581
Exp. (02/28/2019)

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**

AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: _____ Unit # _____

Property Name: Forest Court

Address: _____

_____

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

_____ _____

Authorized Signature | Title

_____ _____

Print Name | Date

Release by Applicant/Tenant

I hereby authorize you to furnish all requested information.

_____ _____

Signature | Date

Verification form is attached.

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.

2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

   Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

   Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

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

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	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.):
HUD-Hartford Field Office One Corporate Center-20 Church ST-10th FL Hartford, CT 06103-3220	Forest Court, LLC c/o: Westmount Mgmt PO Box 719 Branford, CT 06405	xxxxxxxx

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: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section

221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household	Date	Other Family Members 18 and Over	Date
Spouse	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and 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

Management Agent

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.

WESTMOUNT

Credit/Background Check Release

I, _____, consent and allow Westmount Management Inc. to request and obtain my credit and background information from Experian or any other reporting agency for the purpose of verifying my eligibility for tenancy at the property indicated below.

One sheet needs to be filled out by *each* of the household members.

Forest Court, LLC

Full (Legal) Name : _____

Current Address: _____

_____

_____

Social Security # _____-_____-_____

Date of Birth: _____/_____/_____

Drivers License #:_____ **State:** _____ **Expiration:** _____

Signature: _____ **Date:** _____

Print: _____

Westmount Management, Inc.
REAL ESTATE SERVICES
36 Park Place · Box 719 · Branford, CT 06405 · TEL: 203.483.4375 · FAX: 203.483.4376 · www.westmountmgmt.com

Family Summary Sheet

Date: _____

Property Name:		Telephone:	
Address:		Fax:	
Address 2:		TTD/TTY:	711 National Voice Relay
Property Web Site		Email	

(To be filled out below by applicant/resident)

Member No.	Last Name of Family Member	First Name	Declaration	Date of Birth
1			☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen	
2			☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen	
3			☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen	
4			☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen	
5			☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen	
6			☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen	
7			☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen	

PENALTIES FOR MISUSING THIS VERIFICATION FORM

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

By my signature I certify that the information I have provided above is true and complete.

_____ _____

Signature of Applicant/Resident Date

Exhibit 3-5: Sample 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 perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

_____ _____
Signature Date

Check here if adult signed for a child: _____

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

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

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

a. Verification Consent Format (see Sample Verification Consent Form in

Exhibit 3-6).

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).

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

(7) *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 format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

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

_____ _____
Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

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

_____ _____
Signature Date

Check if adult signed for a child: _____

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

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

_____ _____
Signature Date

Check here if adult signed for a child: _____

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)

Forest Court — 1-37 Bari Ln- Unionville, CT

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

Forest Court, LLC — PBS8/LIHTC

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.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Dual Subsidy Notice

Applicant Name		
Head-of-Household Name (if different)		
Current Address		
Address Line 2		
City, State, Zip		
Home Phone		
Cell Phone		
Email address		
Work Phone		
May we contact you at work?	☐ Yes	☐ No

This form must be completed by each adult applicant. Choose one of the options below, sign the document and return it with the application package.

I understand that my application to move to **Forest Court** with the rest of my household members has met preliminary eligibility requirements.

I have indicated, on the application, that:

1. ☐ I am not currently receiving HUD assistance in another unit

2. ☐ I am currently receiving HUD assistance in another unit.

According to the current HUD lease, if I am living in a community and receiving HUD project-based assistance, I must provide a 30-day notice to the agent managing the property where assistance is currently provided.

*If the owner/agent discovers that any household member failed to move out of a HUD assisted residence before moving to **Forest Court,** no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after the move out is complete. Household members who signed the lease will be responsible for paying the market rent until qualified to receive HUD assistance on this property. Any assistance paid in error must be returned to HUD.*

3. ☐ I am the recipient of a housing voucher.

I understand that HUD prohibits tenants from benefiting from Housing Voucher assistance in a unit assisted through HUD's Section 8 program. When the application is submitted the household will be added to the waiting list. A unit will be offered in accordance with the resident selection plan. If the family later moves out of the project, the project subsidy will not move with the family as it does with a voucher. If you wish to participate in the voucher program after move-out, you will need to reapply to the PHA to receive another voucher.

*All household members must be removed from or forfeit the voucher before receiving HUD assistance for a unit on this property. If the owner/agent discovers that any household member failed to give up current HUD assistance before moving to **Forest Court,** no rent subsidy or utility allowance will be provided by the*

Dual Subsidy Notice

Department of Housing and Urban Development until the day after the subsidy is terminated. Household members who signed the lease will be responsible for paying the market rent until qualified to receive HUD assistance on this property. Any assistance paid in error must be returned to HUD.

This information will be verified using the Existing Tenant Report in EIV. If EIV indicates a conflict and verification information indicates that the information provided is not true, and the information provided by EIV is then verified, the owner/agent will reject the application based on misrepresentation of information.

PENALTIES FOR MISUSING THIS FORM

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

By signing this notice, I certify that the information provided is accurate. I understand the penalties for attempting to receive assistance in multiple residences, and I have been given an opportunity to ask questions.

_____ _____

Signature of Applicant Date

cc: Applicant/Resident File

Forest Court/Westmount Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name:	Rick Ross
Address:	36 Park Place • P.O. Box 719
City/State/Zip:	Branford, CT 06405
Telephone – Voice:	(203) 483-4375
Telephone – TTY:	711

STUDENT STATUS AFFIDAVIT
Each Household member who is 18 or older must sign this form

Applicant/Resident Name _____ Date _____

Are you a student who enrolled as either a part time or full time student at an institute of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential?
_____ Yes _____ No

If you answered no, please skip the following questions and sign below.

If you answered yes, please complete the following questions:

	YES	NO
1. Are you a graduate or professional student?	____	____
2. Are you disabled?	____	____
If yes, were you receiving Section 8 assistance as of November 30, 2005	____	____
3. Are you at least 24 years of age?	____	____
4. Are you a veteran of the United States military?	____	____
5. Are you married?	____	____
6. Do you have a dependent child?	____	____
7. Will you be living with your parents?	____	____
If no: Are your parents receiving or eligible to receive Section 8 assistance?	____	____
Are you claimed as a dependent on your parent's tax return?	____	____
8. Are you classified as a Vulnerable Youth?	____	____

A student meets HUD's Definition of vulnerable youth when:
a) The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
b) The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;
c) The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) or as unaccompanied, at risk of homelessness.

10. Are you receiving any financial assistance to pay for your education?	____	____

If yes, please list the sources of financial assistance:
_____
_____

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

Signature of Applicant/Resident: _____ Date: _____

STUDENT STATUS AFFIDAVIT - TC 100 A

Applicant/Tenant Name: _____
Address: _____
_____
_____

Completed For: (check one)

[ ] Move-in; effective date: _____
[ ] Annual recertification; effective date: _____

Will all of the persons in your household be (or have been) full-time students during five calendar months of the certification year? [ ] Yes [ ] No

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If YES, then is anyone in your household:

- A student and receiving AFDC/TANF? [ ] Yes [ ] No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? [ ] Yes [ ] No
- A student enrolled in a job training program funded under the Workforce Investment Act or similar federal, state, or local program? [ ] Yes [ ] No
- A single parent living with his/her children and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent? [ ] Yes [ ] No
- Married and file a joint return [ ] Yes [ ] No
- Has the person attended school full-time during any part of 5 months of this calendar year?
  Months/year attended full time __/__/____ to __/__/____ [ ] Yes [ ] No

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

_____ _____
Signature of Tenant Date

_____ _____
Signature of Co-Tenant Date

_____ _____
Signature of Co-Tenant Date

_____ _____
Signature of Co-Tenant Date

_____ _____
Signature of Manager Date