

**BECKLEY WEST APARTMENTS**  
**425 Mountain View Road**  
**Beckley, WV 25801**

Dear Applicant:

We take pride in our management and in our apartment community. We actively seek good residents to make their home with us, and we strive to provide the best services we possibly can while they live at Beckley West Apartments.

We screen our applicants very carefully, and we verify all information provided to us on the rental pre-application that you complete and from other sources available to us. We verify employment, criminal background and previous rental history. The screening and verification process is used for every applicant the same way- fairly, consistently and uniformly both because that is the law and because we believe as a company in fair housing and equal opportunity in fair housing for everyone. An applicant who passes the screening criteria is offered an apartment when a suitable one is available. An applicant who does not satisfy the screening criteria is not accepted as a resident. By making an application at Beckley West Apartments, you acknowledge that these checks and verifications will be done, and give your permission for us to do so.

Please completely fill in your application. If you do not provide us with complete information, we will be unable to process the application. If there is any item on the application that you do not understand, please ask for assistance from the manager or assistant manager. If there is additional information that you feel might be of assistance to us in processing your application, please let us know. In order to ensure your application is complete, please make sure the following information is provided on the application when you turn it in:

Complete physical address with zip code

Size of apartment requested

Previous Landlord information

Social Security numbers for all household members

Correct contact phone numbers

All income sources and amounts

Birthdates for all household members

By completing the application, you are certifying that all information is true, complete and accurate. Your signature on the application also certifies that you understand that if any of this information is false, misleading, or incomplete, we will deny the application. A copy of our "Resident Selection Criteria" is available for you to view upon request. The Resident Selection Criteria gives additional detail on the process that we use to determine eligibility.

We will do our best to process your application quickly and give you an answer within a reasonable time.

Thank you.



# BECKLEY WEST APARTMENTS APPLICATION FOR RENTAL

Size Unit \_\_\_\_\_  
Date \_\_\_\_\_  
Time \_\_\_\_\_

1. Head of household

\_\_\_\_\_ (First) (Middle) (Last) (Age)

2. Spouse and/or maiden name \_\_\_\_\_ (First) (Middle) (Last) (Age)

3. Current Mailing Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

\_\_\_\_\_ 4. How long at this address? \_\_\_\_\_

\_\_\_\_\_ 5. How much rent are you paying? \_\_\_\_\_

\_\_\_\_\_ 6. Total amount of utilities you are paying per month \_\_\_\_\_

7. Why are you vacating this residence? \_\_\_\_\_

Are you currently displaced due to government action or presidentially declared disaster? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or any member of the Household a US Military Veteran in need of housing? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently lacking a fixed nighttime residence? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Previous mailing address \_\_\_\_\_ 9. How long at this address? \_\_\_\_\_

10. The U.S. Department of Housing and Urban Development (HUD) requires us to maintain statistics regarding the benefits received by persons in protected classes as defined in the Federal Fair Housing Law (Title VIII of the Civil Rights Act of 1968, as amended). Your answers to the following questions are voluntary. If you do not choose to answer the questions, your application for housing will not be affected.

Please Circle all appropriate categories that describe the head of your household.

**Racial**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Other Multi-Racial

**Ethnicity**

- Hispanic or Latino
- Non-Hispanic or Latino

**Elderly (62 & Over)**

- Yes
- No
- (Do not wish to respond) \_\_\_\_\_

**Sex**

- Male
- Female

11. Household composition (Please include everyone that would be living here) Federal Regulations require us to report social security number, the sex, age and date of birth of all household members. Social Security Numbers must be provided to determine eligibility with the only exceptions being as follows:

- a- You are an individual who does not contend eligible immigration status
- b- You are an individual who is age 62 or older as of January 31, 2010, whose initial determination of eligibility in either a Multi-Family or PIH Housing program was begun prior to January 31, 2010 (a break in assistance does not void the exemption)

Last Name	First	Middle	Social Security No.	Place of Birth	Date of Birth	Age
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Are you or a member of your household a student? \_\_\_\_ Yes \_\_\_\_ No

If yes, list member names(s) & where they are going to school: \_\_\_\_\_

Does anyone plan to live with you in the future who is not listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

Have you or any member of your household ever used different names from the above names shown? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list names used and dates when such names were used: \_\_\_\_\_

Will any of the above household members live anywhere except the apartment? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please explain: \_\_\_\_\_

Are there any other persons who will live in the apartment on less than a full-time basis? \_\_\_\_ Yes \_\_\_\_ No

If either question is answered yes, please explain: \_\_\_\_\_

Are there any dependent members whose custody is jointly shared by more than one family? Yes \_\_\_ No \_\_\_. If answer is yes, is the other person who has joint custody currently living in HUD Housing? Yes \_\_\_ No \_\_\_.

Are any members of the household foster children under the age of 18 or foster adults or the child of a foster adult? Yes \_\_\_ No \_\_\_ Member(s)? \_\_\_\_\_

Are there any other persons who are NOT members of the tenant family that will be living in the unit? (ex. a family member who will in the unit to temporarily care for grandchildren while HOH has been deployed to active military duty) Yes \_\_\_ No \_\_\_  
If yes, please list name of person expected to be staying in the unit.

12. Do any members of household require housing that is adapted for a handicap or disability? Yes ( ) No ( ) If yes, please explain type of adaptation needed \_\_\_\_\_

Please indicate which of the following apply: mobility \_\_\_ Hearing \_\_\_ Visual \_\_\_

Do you have an assistive animal? \_\_\_Yes \_\_\_ No

If Yes, please explain: \_\_\_\_\_

Do you require a Live-In-Attendant? Yes \_\_\_ No \_\_\_

13. Income (Gross income before taxes) \$ \_\_\_\_\_

Family Member	Source	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank Reference Bank	Type of Account	Account Number
_____	_____	_____
_____	_____	_____

15. Rental History (3 Landlord references are needed)

Present Landlord: \_\_\_\_\_ Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Household Member Names: \_\_\_\_\_

Former Landlord: \_\_\_\_\_ Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Household Member Names: \_\_\_\_\_

Former Landlord: \_\_\_\_\_ Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Household Member Names: \_\_\_\_\_

16. Are you or any member of your household currently or have ever resided in subsidized housing? \_\_\_Yes \_\_\_No  
If yes, please list names, addresses and dates: \_\_\_\_\_

17. Have you or any member of your household ever had subsidized housing terminated? \_\_\_Yes \_\_\_No  
If yes, please list names, addresses and dates: \_\_\_\_\_

18. Have you ever been evicted? \_\_\_\_\_ Is so, why? \_\_\_\_\_

19. Have you ever been charged for damages to a unit you rented? \_\_\_\_\_

List damages you were charged for \_\_\_\_\_

20. Has any place where you or any member of your household lived been destroyed or damaged by fire? \_\_\_Yes \_\_\_No

If yes, please provide details: \_\_\_\_\_

21. Have you ever had utilities in your name? \_\_\_\_\_ Where? \_\_\_\_\_

22. Is your credit in good standing with the utility companies? \_\_\_\_\_

23. Have you ever had a collection, judgment lien, anything repossessed, or filed bankruptcy? If so, explain. \_\_\_\_\_

24. Illegal Drug use/Criminal Activity:

Do you or any member of your household currently use any illegal drug or other illegal controlled substance? \_\_\_Yes \_\_\_No

If yes, which household member(s)? \_\_\_\_\_

Is household member seeking treatment? \_\_\_Yes \_\_\_No

If yes, name of facility: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Have you or any member of your household ever been arrested for, or convicted of, any drug-related criminal activity, such as use,

Possession, distribution, trafficking or manufacturing of an illegal drug?  Yes  No  
 Has any household member been arrested or convicted of any other criminal activity?  Yes  No  
 If yes, which household member(s)? \_\_\_\_\_  
 Where/when did the incident(s) take place? \_\_\_\_\_  
 Explain the circumstances, outcome and present status: \_\_\_\_\_  
 \_\_\_\_\_

Are you or any member of your household subject to a lifetime registration requirement under a state sex offender registration Program, in accordance with Federal and State laws?  Yes  No  
 List all states that you or any household member have resided in? \_\_\_\_\_  
 \_\_\_\_\_

25. How did you hear about these apartments? \_\_\_\_\_  
 26. Do you know anyone that lives here or has ever lived here? \_\_\_\_\_ If so, who? \_\_\_\_\_  
 27. Have you ever filled out an application here before? \_\_\_\_\_ If so, when? \_\_\_\_\_  
 28. Have you ever lived here before? \_\_\_\_\_ If so, when? \_\_\_\_\_  
 29. List four (4) personal references (no relatives). If a person cannot be contacted, they are not considered a reference.

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

30. Employment:  
 Complete this section for each household member over age 18. Attach additional pages if necessary.  
 Member Name: \_\_\_\_\_  
 Check all applicable: Employed:  Full-Time  Part-Time  Self-Employed  Unemployed  Non-Employed  
 Current Employer: \_\_\_\_\_ Former Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Upon receipt of your completed pre-application package, a preliminary determination of eligibility will be made. If your household appears to be eligible, you will be contacted to come in and complete the application. This does not guarantee that your household will be offered an apartment. When processing the application, if we determine that your household is not eligible or not qualified for housing, your application will be rejected. Your application will be processed based upon federal housing program requirements/guidelines and our applicant screening policy/criteria which are summarized in the Resident Selection Plan available in the management office. As long as your application is on file with us, it is your responsibility to advise us in writing whenever any information changes.

I/We certify that all information given in this application is true, complete and accurate. It is understood and agreed that in the event an apartment at Beckley West Apartments is rented to me/us, this application becomes part of the contract to rent. I/We understand that if any of this information is false, misleading or incomplete, the Landlord (Agent for Owner) reserves the right to cancel the rental agreement and repossess the unit. I/We authorize Landlord (Agent for Owner) to make any and all inquiries to verify the information on the application either directly or through information exchanged now or later with rental and credit and criminal screening services and to contact current and previous landlords or other sources for verification confirmation and I/We understand this information may be released to appropriate Federal State or Local Agencies.

The agent has not made promises to me concerning the apartment ,dwelling that it will be or is now available for rental to me, nor has the agent made any other promises or representations of any kind to me.

I/We understand that I am to contact the Rental Office every 6 months to update the application and to remain on the waiting list. It is not the responsibility of the Rental Office to contact me/us. Failure to contact the Rental Office every 6 months will result in this application being pulled from the waiting list and placed in a non-active file.

If the Application is approved and move-in occurs, I/We certify that only those persons listed on 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. I/We understand that if this Application is placed on the Property Waiting List, we may request sample copies of the Lease Agreement and Resident Handbook (House Rules). If this Application is approved and move-in occurs, we certify that we will accept and comply with all conditions of occupancy.

_____	_____
Date	Signature of Head of Household
_____	_____
Date	Signature of Spouse or Co-Applicant
_____	_____
Date	Signature of Co-Applicant
_____	_____
Date	Project Agent's Signature

**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) require applicants and participants to submit the social security number of each household member who is 6 years old or older. 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 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 age 6 years and older, have and use. Giving the social security numbers of all household members 6 years of age and older 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.

**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 use 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 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 a 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)."

Beckley West does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



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)**

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

## 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

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

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)

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.):
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**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date



## Agencies To Provide Information

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

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

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

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

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

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

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

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

# Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information  
Supplied by Individuals Who Apply for Housing Assistance

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

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

## Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

## Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

## Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

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

**Failure to Sign the Consent Form**

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

**Conditions**

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

\_\_\_\_\_  
Name of Applicant or Tenant (Print)

\_\_\_\_\_  
Signature of Applicant or Tenant & Date

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date  
cc:Applicant/Tenant  
Owner file

**Penalties for Misusing this Consent:**

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.

## Citizen/Non-citizen Declaration

HUD does provide a Sample Citizenship Declaration, in HUD Handbook 4350.3, Exhibit 3-5. This form was created using the sample as a model. This form was updated to comply with new requirements introduced with the release of HUD Handbook 4350.3 Revision 1, Change 4.

### 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:**

#### 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).



## Citizen/Non-citizen Declaration

### 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.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
    - (a) United States (U.S.) Passport
  - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
    - (a) U.S. Birth Certificate
    - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
    - (c) U.S. Citizen ID card issued by USCIS
    - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
    - (e) Certificate of Citizenship issued by USCIS
    - (f) American Indian card issued by USCIS for the Kickapoo tribe
    - (g) Final Adoption Decree
    - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
    - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
    - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
    - (k) Extract of U.S. hospital birth record established at the time of birth
  - (3) Proof of Identity includes
    - (a) Driver's License
    - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
    - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
    - (d) Day care or nursery record (minors only)
    - (e) School record or report card (under 16 only)
    - (f) School ID with picture
    - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child,



## Citizen/Non-citizen Declaration

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

*If you checked this block, you must submit the following documents:*

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

- c. One of the following documents:
  - 1. Form I-551, Permanent Resident Card.
  - 2. Form I-94, Arrival-Departure Record annotated with one of the following:
    - a. "Admitted as a 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 Section 212(d)(5) of the INA."
  - 3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
    - 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 (application filed was before October 1, 1990);
    - c. A court decision granting withholding of deportation; or
    - d. A letter from an 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 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 c above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child.

**EXTENSION**





## Single Residency Criteria Acknowledgement – Move In

I/We understand that my application to move to BECKLEY WEST APARTMENTS with the rest of my household members has met preliminary eligibility requirements.

I/We have indicated, on my application, that I/We:

- am currently receiving HUD assistance in another unit
- If I am living in a community and receiving HUD project-based assistance, I/We understand that, according to the current HUD Lease, I/We must provide 30 days notice to the agent currently managing the property where I/We live.
- am not currently receiving HUD assistance in another unit
- am the recipient of a housing voucher
- If I am currently using a housing choice voucher to pay a portion of my rent, I understand that HUD prohibits residents from benefiting from Housing Choice Voucher assistance in a unit assisted through project-based Section 8, Rent Supplement, RAP, Section 202 PAC or Section 202 and 811 PRAC.

If I/We fail to move out of my/our current residence before I/We move to BECKLEY WEST APARTMENTS I/We understand that no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after I move out of my current unit. I/We will be responsible for paying the market rent of \_\_\_\_\_ until I/We qualify to receive HUD assistance on this property.

“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 use 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 be subject to 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 a 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).”

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date





**BECKLEY WEST ASSOCIATES**  
425 Mountain View Road, Beckley, West Virginia 25801-2193  
Telephone: (304) 253-7020 FAX: (304) 255-0965

**Landlord Rental Verification**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Name of Resident(s): \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Current: \_\_\_\_\_ Previous: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

To Whom It May Concern:

We are screening all individuals who are applying for housing at **BECKLEY WEST APARTMENTS**.

Please furnish the information listed on this form regarding the above applicant. This information will be used only in pursuit of fair housing and sound management practices. All information will be kept confidential.

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_

1. Rent Payment

- a) **Amount of monthly rent:** \$ \_\_\_\_\_
- b) **Does (did) applicant pay rent on time?** Yes \_\_\_\_\_ No \_\_\_\_\_
- c) **Has (had) he/she ever paid late?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, how often?** \_\_\_\_\_
- d) **Have (had) you ever begun/completed eviction proceeding for non-payment?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Explain:** \_\_\_\_\_
- e) Do you provide any of the utilities for the unit? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Caring for the Unit

- a) Does (did) the applicant keep the unit clean? Yes \_\_\_\_\_ No \_\_\_\_\_
- b) **Has (had) the applicant damaged the unit?** Yes \_\_\_\_\_ No \_\_\_\_\_  
Describe: \_\_\_\_\_  
Charges for those damages: \$ \_\_\_\_\_
- c) Has (had) the applicant paid for the damage? Yes \_\_\_\_\_ No \_\_\_\_\_
- d) Did the applicant have problems with insect/rodent infestation? Yes \_\_\_\_\_ No \_\_\_\_\_
- e) Did the applicant's housekeeping contribute to infestation? Yes \_\_\_\_\_ No \_\_\_\_\_

3. General

- a) Is (was) the applicant listed on the lease for the unit? Yes \_\_\_\_\_ No \_\_\_\_\_
- b) Does (did) the applicant permit persons Yes \_\_\_\_\_ No \_\_\_\_\_

- other than those on the lease to live in the unit?
- c) Has (had) the applicant, family members or guests damaged or vandalized the unit or property? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
- d) Does (did) the applicant, family members or guests create any physical hazards to the project or other residents? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
- e) Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants? Yes \_\_\_\_\_ No \_\_\_\_\_
- f) Have the applicant, family members or guests engaged in any criminal activity, including drug related criminal activity, in the unit or anywhere on the property? Yes \_\_\_\_\_ No \_\_\_\_\_
- g) Has (had) the applicant given you any false information? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
- h) **Would you readmit this applicant?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, why? \_\_\_\_\_
- i) **Did the tenant vacate owing a balance?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, how much?** \$ \_\_\_\_\_

4. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Sincerely,



\_\_\_\_\_  
Rental Office

I have authorized Beckley West Apartments to request the information regarding my housing records.

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

\*\*\*\*\*

Signature of Landlord: \_\_\_\_\_ 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 use 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 that \$5,000. Any applicant or participant affected by negligent disclosure of information may being 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 a 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)."

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

**Signature of Applicant**

**Date**

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

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

## **Beckley West Notice to Applicants**

Beckley West is a federally subsidized community for single and family individuals. Because rents are subsidized, the federal government requires verification of income, assets and medical expenses, childcare etc.

A personal interview is required to assist us in completing the application. The information requested below is necessary to process your application and to determine your rental amount.

**We will contact you to set up your interview, at that time please have the following information ready for our review**

### **ITEMS TO BRING TO THE INTERVIEW**

#### **INCOME**

If you or any member of your family receive any of the following types of income, bring proof of all amounts received and name, address and telephone number of the source of income: Receipts or stub for employment, unemployment, self-employment, social security, supplemental security income, public assistance, pension funds, alimony/child support payments, etc. If you receive Social Security or SSI, please bring an award/benefits letter from the Social Security Administration.

#### **ASSETS**

Information regarding savings and checking accounts, money market funds, trusts, certificates or deposit, stocks/bonds, IRA/Keogh or other Retirement/Investment Accounts, etc. Tax assessment or real estate appraisal for property owned.

#### **EXPENSES**

Bills for medical insurance payments, health care professionals and facilities, eye doctors, dentists, hearing aids, prescription drugs, medical assistance, monthly payments on accumulated medical bills, if elderly or disabled. Child care expenses if you work are looking for work, or a student.

#### **DOCUMENTS**

Social Security Card for each member of the household  
Birth Certificate for each member of the household  
Driver's License or Photo ID for each adult member of the household

#### **ADDITIONAL INFORMATION REQUIRED**

Complete name, address and telephone number of current and previous landlords  
Complete name and address of banking institution(s)  
Verification of full or part time student status if applicable

***NOTE: This application cannot be processed without the necessary information and documentation. Your cooperation will assure that your application is processed in a timely manner.***

