Episcopal PLACE
Enriching Lives With Grace & Comfort

1112 26th Street South ☙ Birmingham, AL 35205
Phone: 205-939-0085 ☙ Fax: 12057782739

APPLICATION PROCESS

Based on my qualifications, I would like to be considered for: (check one or both)

NAME: _____ ☐ Episcopal Place I ☐ Episcopal Place II

Episcopal Place I has 95 1BR units (587 sq. feet) and 5 2BR units (675 sq. feet). Ten units are designed for persons with mobility impairments and Ten are designed for persons with hearing impairments.
Episcopal Place II has 41 1BR units (504 sq. feet). Four units are designed for person with mobility impairments and Four units are designed for person with hearing impairments.

Applicants may apply by calling or coming by Episcopal Place for an application or by viewing our website at www.episcopalplace.org.

Applicant must meet the following eligibility requirements for an apartment at Episcopal Place:

Episcopal Place I: The Head of Household must be **62 years or older OR 19 or older with a mobility or Hearing and need the features of an accessible apartment.**
Annual Gross Income cannot exceed $42,960 for a one-person household and $49,120 for a two-person household. (2021)

Episcopal Place II: All Head of Households must be **62 years or older regardless of disability.** Annual Gross Income cannot exceed $26,850 for a one-person household and $30,700 for a two-person household. (2021)

Income limits are revised by the Dept. of Housing and Urban Development (HUD) annually.

All applicants must have a Social Security card, birth certificate, and a photo ID as proof of identification. Please include copies of these items with your application.

Monthly rent includes all utilities except telephone and cable TV. Rent is calculated at 30% of your adjusted monthly income, with adjustments made for some out-of-pocket medical expenses for chronic medical conditions.

A credit report, criminal history report, and landlord reference (if applicable) are completed for each applicant listed on the application. If these reports are clear and in good standing, the applicant is notified that s/he has been placed on the waiting list. There is a separate waiting list for EP I & EP II. Additional paperwork will be completed within 120 days prior to move-in.

Episcopal Place I has 45 units with balconies. Balcony units are offered on a first-come-first-serve basis.

HUD requires that 40% of vacant units in EP I be rented annually to persons with "extremely low income" (those with annual incomes of $16,110 or less) (2021). Therefore, depending on the resident make-up, a person with "extremely low income" may be offered an apartment first.

If you are offered an apartment and you are not ready to accept the unit and move-in, you may decline. You will remain on the waiting list; however your name will be moved to the bottom of the list. **After your third decline, you will be removed from the waiting list.**

Resident Selection Criteria

This Resident Selection Criteria has been prepared for:

Episcopal Place I Apartments
1112 26th Street South
Birmingham, AL 35205
205-939-0085

This community is specifically designated for the following assistance programs:

202/Section 8 Project Based Assistance

The population served by this community is:

Head of Household must be sixty two (62) years of age or older or in need of a mobility or hearing accessible apartment. Applicants applying for accessible units must provide documentation that the household member is **mobility** or **hearing impaired** and would benefit from the features of this unit.

In order to qualify for occupancy, the household's income must be less than or equal to:

Low, Very Low, and Extremely Low income limits

See Waiting List Selection Preferences in the attached criteria for specific guidelines regarding admitting applications based on Income Targeting.

Applications are accepted for this community as follows:

Monday-Friday 8:00 a.m. – 5:00 p.m. at the community rental office located at:
1112 26th Street South, Birmingham, Alabama 35205

In the event that the applicant has a disability or has difficulty completing an application, the applicant should advise the community rental office of the applicant's needs by calling (205) 933-0085. Appropriate assistance will be provided by the community rental office in a confidential manner and setting.

This community has 100 units. The unit type breakdown is as follows:

95 one bedroom apartments and 5 two bedroom units

Occupancy Standards:

Unit Size	Minimum Occupancy	Maximum Occupancy
1 Bedroom	1 Person	2 People
2 Bedroom	2 People	4 People

As a general policy, there should be a minimum of one person per bedroom and no more than two persons per bedroom. Management shall take into consideration mitigating circumstances such as reasonable accommodations for disabilities or compliance with the City's Building and Occupancy Code regarding floor area, minimum space and occupancy standards. This may increase or decrease the maximum number of persons to be assigned to a unit.

Revised 09/2014

Resident Selection Criteria

This Resident Selection Criteria has been prepared for:

Episcopal Place II Apartments
1100 26th Street South
Birmingham, AL 35205
205-939-0085

This community is specifically designated for the following assistance programs:

202/PRAC

The population served by this community is:

Head of Household must be sixty two (62) years of age or older regardless of disability

In order to qualify for occupancy, the household's income must be less than or equal to:

Very Low, and Extremely Low Income limits

See Waiting List Selection Preferences in the attached criteria for specific guidelines regarding admitting applications based on Income Targeting.

Applications are accepted for this community as follows:

Monday-Friday 8:00 a.m. – 5:00 p.m. at the community rental office located at:
1112 26th Street South, Birmingham, Alabama 35205

In the event that the applicant has a disability or has difficulty completing an application, the applicant should advise the community rental office of the applicant's needs by calling (205) 933-0085. Appropriate assistance will be provided by the community rental office in a confidential manner and setting.

This community has 40 units. The unit type breakdown is as follows:

40 one bedroom apartments

Occupancy Standards:

Unit Size	Minimum Occupancy	Maximum Occupancy
1 Bedroom	1 Person	2 People

As a general policy, there should be a minimum of one person per bedroom and no more than two persons per bedroom. Management shall take into consideration mitigating circumstances such as reasonable accommodations for disabilities or compliance with the City's Building and Occupancy Code regarding floor area, minimum space and occupancy standards. This may increase or decrease the maximum number of persons to be assigned to a unit.

Revised 09/2014

Checklist for Submitting Your Application

RETURN THESE ITEMS WITH YOUR APPLICATION:

+ Completed, signed and dated application.

+ Proof of age documents (Birth certificate, Baptism Certificate Military Discharge, Social Security Statement showing date of birth, Valid Passport, Naturalization Certificate or Census documents showing age)

+ Copy of Social Security Card

+ State issued photo ID (driver's license or non-driver's ID)

KEEP THESE DOCUMENTS FOR YOUR RECORDS:

+ The "Is Fraud Worth it?" brochure

+ The "EIV and You" Brochure

+ Apartment floor plans

CONTACT US IF ANY OF THESE CHANGES OCCUR:

+ Your gross income amount increase or decreases

+ Your address changes

+ Your phone number changes

1100-1112 26th Street South, Birmingham, AL 35205 205-939-0085
Episcopal Place is operated by Episcopal Housing Foundation, Inc.
Episcopal Housing of Birmingham, Inc. www.episcopalplace.org

Effective IMMEDIATELY

Episcopal
PLACE

Episcopal Place I & II

Becomes a 100% Non-Smoking Apartment Complex

Smoking will not be allowed in either building
nor anywhere on the property.
This will be strictly enforced.

Violations will result in lease termination.

1100-1112 26th Street South, Birmingham, AL 35205 205-939-0085
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EQUAL HOUSING OPPORTUNITY

APPLICATION ASSISTANCE AND INFORMATION STATEMENT

It is the policy of this community to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or handicap or any other protected class in accordance with Federal, State and local laws, including sexual orientation, gender identity, or marital status.

In the event that you have a disability or have difficulty completing this application, please advise us of your needs and we will be happy to assist you. Appropriate assistance will be provided in a confidential manner and setting.

NOTE: All answers to questions concerning handicap or disability status are optional. However, without this information we may not be able to: (1) determine your eligibility or (2) determine your need for special housing features. Family members with handicaps or disabilities may be entitled to certain deductions from income that affect rent.

We do provide "reasonable accommodations" to applicants if they or any family members have a disability or handicap.

If you or a member of your family have a disability and think you might need a reasonable accommodation, you may request it at any time in the application process or after admission in writing to the on-site office. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- *Making alterations to an apartment so it could be used by a family member with a wheelchair;*
- *Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing-impaired member;*
- *Permitting a family to have a seeing eye dog to assist a vision impaired family member in a family community where dogs are not usually permitted;*
- *Making large type documents or a reader available to a vision impaired applicant during the application process;*
- *Making a sign language interpreter available to a hearing-impaired applicant during the interview;*
- *Permitting an outside agency to assist an applicant with a disability to meet the community's resident screening criteria.*

However, we are not required to take any action that results in a fundamental alteration in the nature of this program or service. In addition, we are not required to take any action if the change would result in an undue financial and administrative burden on the community.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

SPM

EQUAL HOUSING OPPORTUNITY

SUBSIDY ACKNOWLEDGEMENT

Please check one:

1. _____ I have indicated on my application that I **am receiving subsidy** at my current residence.
2. _____ I have indicated on my application that I **am NOT receiving subsidy** at my current residence.

If number one is checked above, please complete and sign the EIV Existing Tenant Verification Search Form in addition to signing below.

I understand that I must move out of my current residence and turn in keys to the office staff prior to moving in to the apartment I am applying for.

I also understand that if I **fail** to complete the move out process at my current residence before I move into the property, that **NO rent subsidy or utility allowance** will be provided to me by HUD here until the day after the move out is completed.

I understand that I will be responsible for paying the market rent until I qualify to receive subsidy.

EP I -- effective 6/1/2021
1 BR $1117 monthly
2 BR $1173 monthly
EP II --effective 10/27/2020
1 BR $898 monthly (LMR)

Applicant _____ Date _____

Spouse _____ Date _____

Community Representative _____ Date _____

Name: _____

Phone: Home: ( ) _____

Work: ( ) _____

For Office Use Only	
Date:	Time:
Unit Size:	
Owner / Agent:	

INSTRUCTIONS TO APPLICANT

- Each household member over 18 must complete a separate application. However, married household members or members who have lived together for the past 3 years, may complete only one application.
- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Resident Selection Criteria, your application will be declined.
- We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria, posted in the Management Office.

* This Information is ***optional*** and will not be used in evaluating your application or to discriminate against you in any way.

HOUSEHOLD INFORMATION

Full Name of Household Member	Relationship To Head	*Sex	SSN	Driver's License/ Picture ID #	Date of Birth	*Marital Status
	Head					

	YES	NO
• Will any of the household members live anywhere except in your apartment?	☐	☐
• Does anyone live with you now who is not listed above?	☐	☐
• Do you expect any additions to the household within the next 12 months (please include unborn children)	☐	☐
• Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using?	☐	☐
• Are any of the household members enrolled at an institution of higher education?	☐	☐
• If YES, is this member a veteran?	☐	☐
• If you do not have a social security number, were you or any other member of your household age 62 or older as of January 31, 2010 and receiving HUD rental assistance at another location?	☐	☐
• If you do not have a social security number, do you or any member of your family not contend eligible immigration status?	☐	☐

- If you answered "YES" to any question above, please explain (attach additional sheet if necessary):

HOUSEHOLD STUDENT STATUS (TAX CREDIT ONLY)

If all household members are full time students or attending an educational institution 5 months out of the year or will be in the next twelve months, your household may not qualify for residency in this community unless it meets certain exemptions within the program (IRC Section 42).

List names of all students in your household and student status below, if there are no students enter "NONE." Students include minor children enrolled in elementary or high school.

Part-Time	Full-Time	Name	Type of Educational Institution
☐	☐		
☐	☐		
☐	☐		
☐	☐		

(TAX CREDIT ONLY)

Are you or have you ever been in the military service: ☐ No ☐ Yes – If yes, must complete Military Questionnaire

MARKETING

It is important to know how our marketing efforts are working.

How did you hear about our community?

☐ Newspaper Ad ☐ Signage ☐ Drive By ☐ Magazine Publication (please specify which one:_____)

☐ On-line Advertisement (please specify which one:_____)

☐ Referral (please let us know who referred you:_____)

RESIDENCE HISTORY

You ***must*** report **ALL** places you have lived for the **past three (3) years**. Use an additional sheet if necessary.

Present Address	Street Address:				From: ___/___/___	Landlord Name:		
	City:	County:	State:	Zip Code:	To: ___/___/___	Landlord Phone:		
	Reason for Moving:					Landlord Street Address:		
	Is this Subsidized Housing? Yes ☐ No ☐				Amount of Rent: $	City:	State:	Zip Code:
Previous Address	Street Address:				From: ___/___/___	Landlord Name:		
	City:	County:	State:	Zip Code:	To: ___/___/___	Landlord Phone:		
	Reason for Moving:					Landlord Street Address:		
	Was this Subsidized Housing? Yes ☐ No ☐				Amount of Rent: $	City:	State:	Zip Code:
Previous Address	Street Address:				From: ___/___/___	Landlord Name:		
	City:	County:	State:	Zip Code:	To: ___/___/___	Landlord Phone:		
	Reason for Moving:					Landlord Street Address:		
	Was this Subsidized Housing? Yes ☐ No ☐				Amount of Rent: $	City:	State:	Zip Code:
Previous Address	Street Address:				From: ___/___/___	Landlord Name:		
	City:	County:	State:	Zip Code:	To: ___/___/___	Landlord Phone:		
	Reason for Moving:					Landlord Street Address:		
	Was this Subsidized Housing? Yes ☐ No ☐				Amount of Rent: $	City:	State:	Zip Code:
Previous Address	Street Address:				From: ___/___/___	Landlord Name:		
	City:	County:	State:	Zip Code:	To: ___/___/___	Landlord Phone:		
	Reason for Moving:					Landlord Street Address:		
	Was this Subsidized Housing? Yes ☐ No ☐				Amount of Rent: $	City:	State:	Zip Code:

Provide a list of **ALL** states any household member has resided in. _____

	Yes	No	If 'Yes', you must answer the following:
• Have you or any member of your household ever been evicted?	☐	☐	From Where?_____ When?_____ Why?_____
• Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?	☐	☐	To Whom?_____ How Much?_____

	Yes	No	If Yes, you must answer the following:
• Do any of the following apply to your current housing (check all that apply) ☐Lacking a fixed nighttime residence ☐Fleeing/attempting to flee violence ☐Substandard Housing ☐Presidentially Declared Disaster	☐	☐	Explain:_____
• Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?	☐	☐	Explain:_____

ASSET INFORMATION

Does anyone in the household have any of the following assets? Please mark yes or no for EACH source, indicate the household member name, the market value of the asset (take into consideration any penalties for withdrawal, or other fees associated with converting this asset to cash), and the annual income received from this asset.

HH Name	Type of Asset			Market Value of Asset	Annual Income from Asset
	Checking	Yes	No		
	Savings	Yes	No		
	Cash on Hand (Safety Deposit box, etc.)	Yes	No		
	IRA/Retirement/Pension Account	Yes	No		
	Real Estate	Yes	No		
	CDs/Mutual Funds	Yes	No		
	Stocks/Bonds	Yes	No		
	Mortgage	Yes	No		
	Trust Funds	Yes	No		
	Whole Life Insurance	Yes	No		
	Other:_____	Yes	No		
Has anyone in your household disposed of any assets in the past 2 years for less than fair market value?		Yes	No	If yes, please explain:	

SOURCES OF INCOME

You must report income from ALL sources. This includes but is not limited to Employment, Public Assistance, Social Security, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. If anyone outside your household gives you money or pays your bills, you must report it as a source of income. Use additional sheets if necessary.

HH Name	Type of Income			Amount Received
	Alimony/Child Support	Yes	No	
	AFDC/TANF	Yes	No	
	Employment	Yes	No	
	IRA/Retirement/Pension	Yes	No	
	Unemployment	Yes	No	
	Worker's Compensation	Yes	No	
	Recurring Gifts	Yes	No	
	SSI/SSA	Yes	No	
	Other (Income):_____	Yes	No	

AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles, owned by or registered to household members. Use additional sheets if necessary.

Make and Model:	Color:	Year:	License Plate Number:
Make and Model:	Color:	Year:	License Plate Number:

RENTERS INSURANCE

We recommend that you carry Renters Insurance. **Your personal belongings are not covered by our insurance.** If you have coverage, please provide information below.

Insurance Agent:			Phone:
Street Address:			Policy Number:
City:	State:	Zip Code:	Expiration Date:

EMERGENCY CONTACT

Provide the name of the person we should contact in case of an emergency.

Name:		Address:		
Phone No.:	Relationship to you:	City:	State:	Zip Code:

ACCESSIBLE UNIT STATUS

Do you or any household member have a need for an accessible unit?

☐ Yes ☐ No

If 'Yes', please specify accessible need:_____

CRIMINAL HISTORY

This property's eligibility criteria exclude housing to individuals and households with specific types of criminal activity in their history. You must answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete, your application may be rejected, OR, if move-in has occurred, your lease may be terminated and you and your household evicted.

	Yes	No	If 'Yes', you must answer the following:
• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	☐	☐	Who?_____ When?_____ Details:_____
• Have you or any member of your household ever engaged in abuse or a pattern of abuse of alcohol that interferes with the health, safety, and right to peaceful enjoyment by other residents?	☐	☐	Who?_____ When?_____ Details:_____
• Do you or any member of your household currently engage in illegal drug use?	☐	☐	Who?_____ When?_____ Details:_____
• Have you or any member of your household ever engaged in the illegal use or pattern of illegal use of a drug that interferes with the health, safety, and right to peaceful enjoyment by other residents?	☐	☐	Who?_____ When?_____ Details:_____
• Are you or any member of your household subject to registration under a State sex offender registration program?	☐	☐	Who?_____ When?_____
• Have you or any member of your household been convicted of any felonies or misdemeanors?	☐	☐	Who?_____ Type of crime:_____ Date convicted: _____ Date released:_____

BED BUG INFESTATION HISTORY

	Yes	No	
• Are you currently living or have you previously lived in a building or residence that has been exposed to a bed bug infestation?	☐	☐	If yes, explain:_____

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

Initial: _____ I have read and understand the information in this application, in particular the Instructions to Applicant, and agree to comply with all information and instructions.

Initial: _____ I have read and understand the Resident Selection Criteria that is posted in the Management Office and summarizes the procedures for processing applications.

Initial: _____ I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.

Initial: _____ I understand that ALL CHANGES in the income of any member of the household, as well as any changes in the household members, must be reported to Management in writing immediately.

Initial: _____ If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.

Initial: _____ If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including but not limited to, rules regarding pets, rent, damages, and security deposits.

Initial: _____ I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now and at each annual recertification with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.

Initial: _____ I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purposes of securing a lower rent in a subsidized housing development.

Initial: _____ I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a $10,000 fine upon conviction.

Initial: _____ I understand that being placed on the waiting list for this community does not guarantee that I am eligible for housing. The final determination for my eligibility is done after the move in interview and until that time, my application is subject to further review.

Initial: _____ I understand that occupancy in this apartment community is contingent on meeting guidelines and regulations of this community's housing eligibility guidelines, including cooperation with annual income certification. Should Owner discover at any time that the Resident no longer meets eligibility requirements, has misrepresented information, provided false information, or failed to provide proper documentation, or that unauthorized household members are living in the apartment unit, this would constitute a material violation of the lease and Resident's tenancy would be subject to immediate termination.

The information solicited in the question below is requested in order to assure the Dept. of Housing and Urban Development that Federal Laws prohibiting discrimination against residents or applicants on the basis of race, color national origin, religion, sex, familial status, and handicap status are complied with. This information is optional for the head of household and will not be used in evaluating your application or to discriminate against you in any way.

RACE: ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Declined to Report

ETHNICITY: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Declined to Report

Applicant Signature:_____ **Date:**____/____/____

Spouse Signature:_____ **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**

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.

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RESIDENT/APPLICANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for the purpose of verifying information on my/our apartment rental application or recertification questionnaire. I/we authorize release of information without liability to the owner/manager of the apartment community listed below, and/or the applicable state agency responsible for monitoring compliance on this property.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a qualified resident.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Support and Alimony Providers
Educational Institutions
Social Security Administration
Welfare Agencies
Retirement Systems
Previous Landlords
Veterans Administration
State Unemployment Agencies
Banks and other Financial Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant/Resident	Printed Name	Date
Co-Applicant/Resident	Printed Name	Date
Adult Member	Printed Name	Date
Adult Member	Printed Name	Date
Apartment Name	Contact	Phone

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form, "Request for a copy of a Tax Form" must be prepared and signed separately.

FAMILY SUMMARY SHEET

Please list family members who will be living at Episcopal Place.

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

SPM-7023

APPLICANT DECLARATION FORMAT

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 (* Exhibit 3-6 *).

AND

b. One of the following documents:

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

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

(a) "Admitted as Refugee Pursuant to section 207";

(b) "Section 208" or "Asylum";

(c) "Section 243(h)" or "Deportation stayed by Attorney General"; or

(d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

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

(a) A final court decision granting asylum (but only if no appeal is taken);

(b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a 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 a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."

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

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

(7) Form I-151 Alien Registration Receipt Card.

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

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

Signature _____ Date _____

☐ Check 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.

Exhibit 3-6: Verification Consent Form

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

CONSENT

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

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

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

   a. HUD, as required by HUD; and

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

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

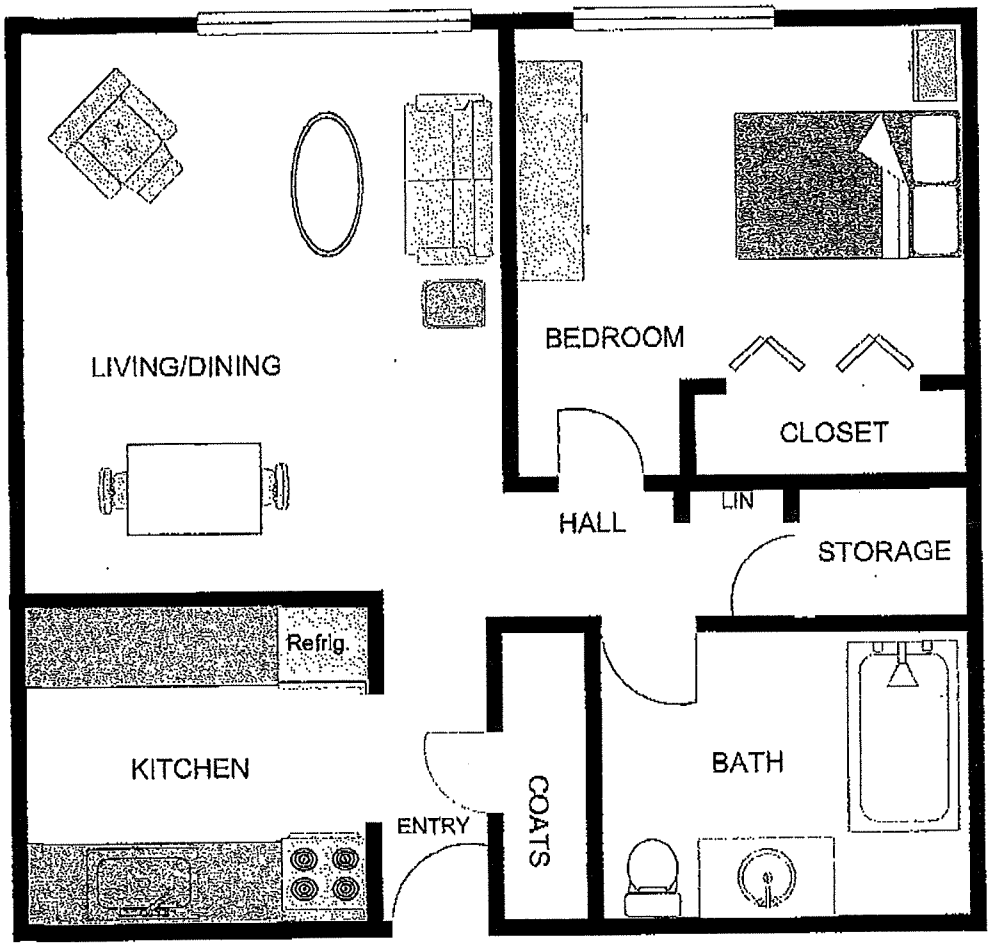
Signature _____ Date _____

☐ Check here if adult signed for a child.

EPISCOPAL PLACE | APARTMENTS

1 BR/1 BA

ONE BEDROOM, ONE BATH · APPROX. 584 SF



Floor plans are for demonstration purposes only. Actual apartment features and colors may vary.

Episcopal PLACE

205.939.0085

1112 26th Street South
Birmingham, AL 35205

EpiscopalPlaceDir@spm.net

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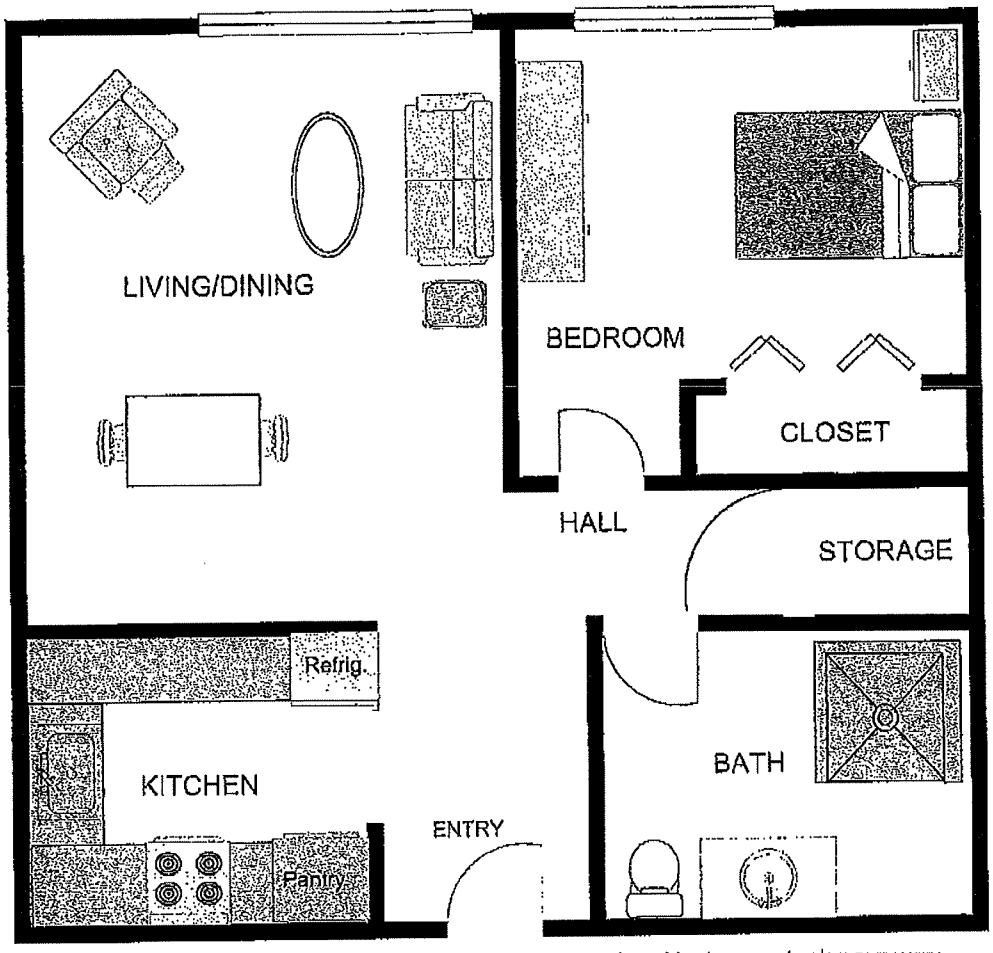
www.EpiscopalPlace.org

EPISCOPAL PLACE I APARTMENTS

1 BR/1 BA (HANDICAP ACCESSIBLE)

ONE BEDROOM, ONE BATH • APPROX. 584 SF



Floor plans are for demonstration purposes only. Actual apartment features and colors may vary.

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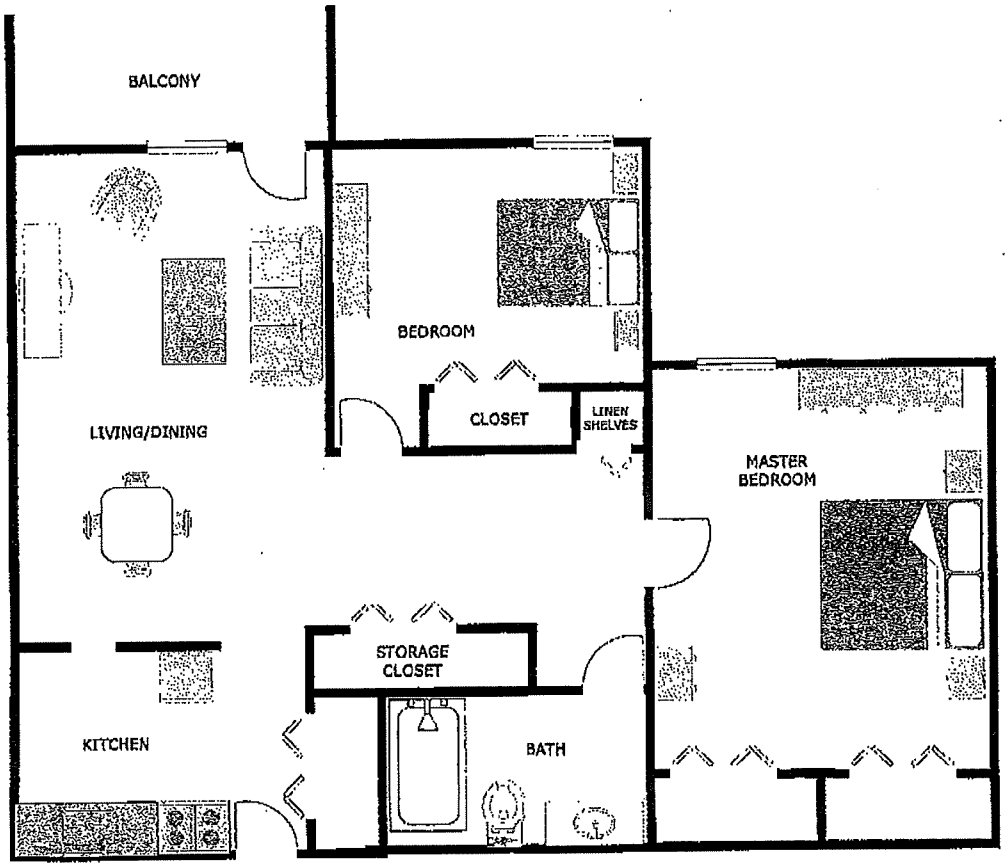
EPISCOPAL PLACE | APARTMENTS

2 BR/1 BA

Two Bedroom, One Bath With Balcony · Approx. 675 SF



Floor plans are for demonstration purposes only. Actual apartment features and colors may vary.

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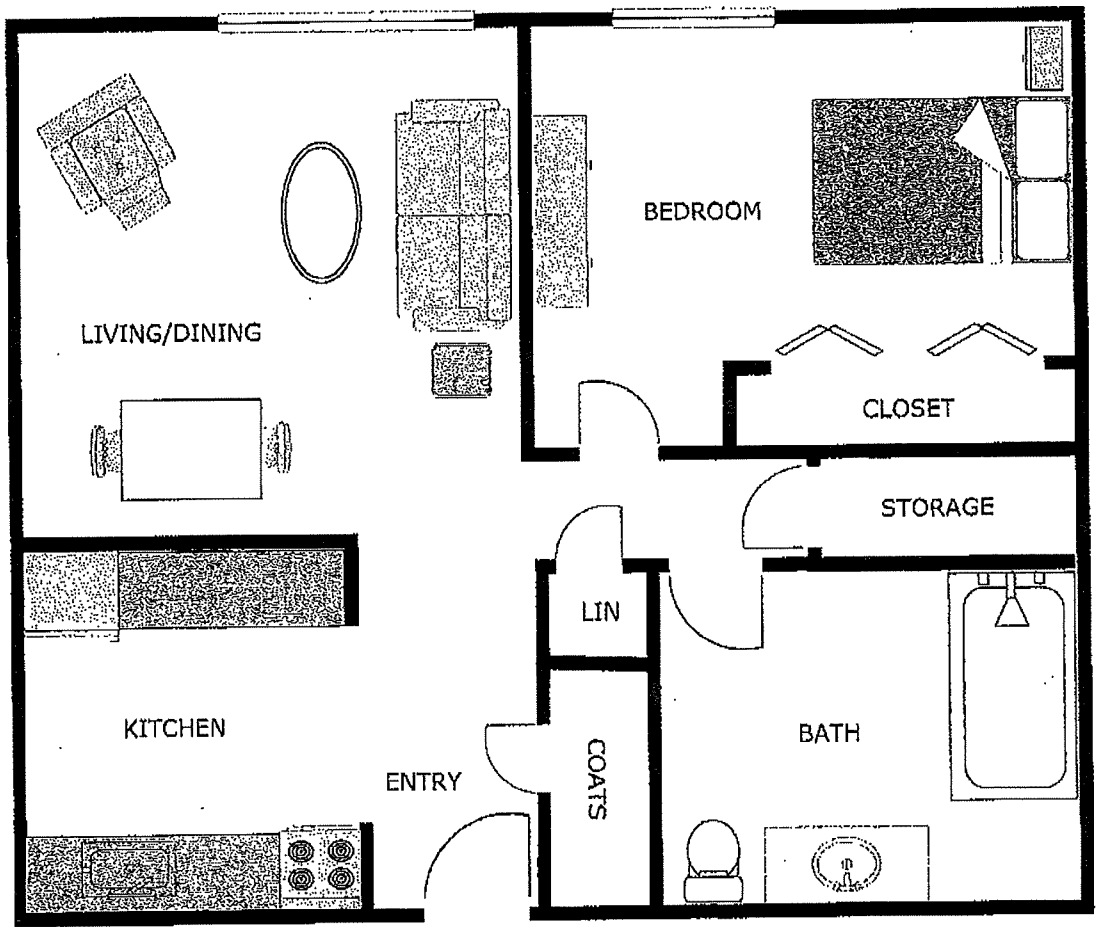
EPISCOPAL PLACE II APARTMENTS

1 BR/1 BA

ONE BEDROOM, ONE BATH · APPROX. 504 SF



Floor plans are for demonstration purposes only. Actual apartment features and colors may vary.

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Birmingham, AL 35205

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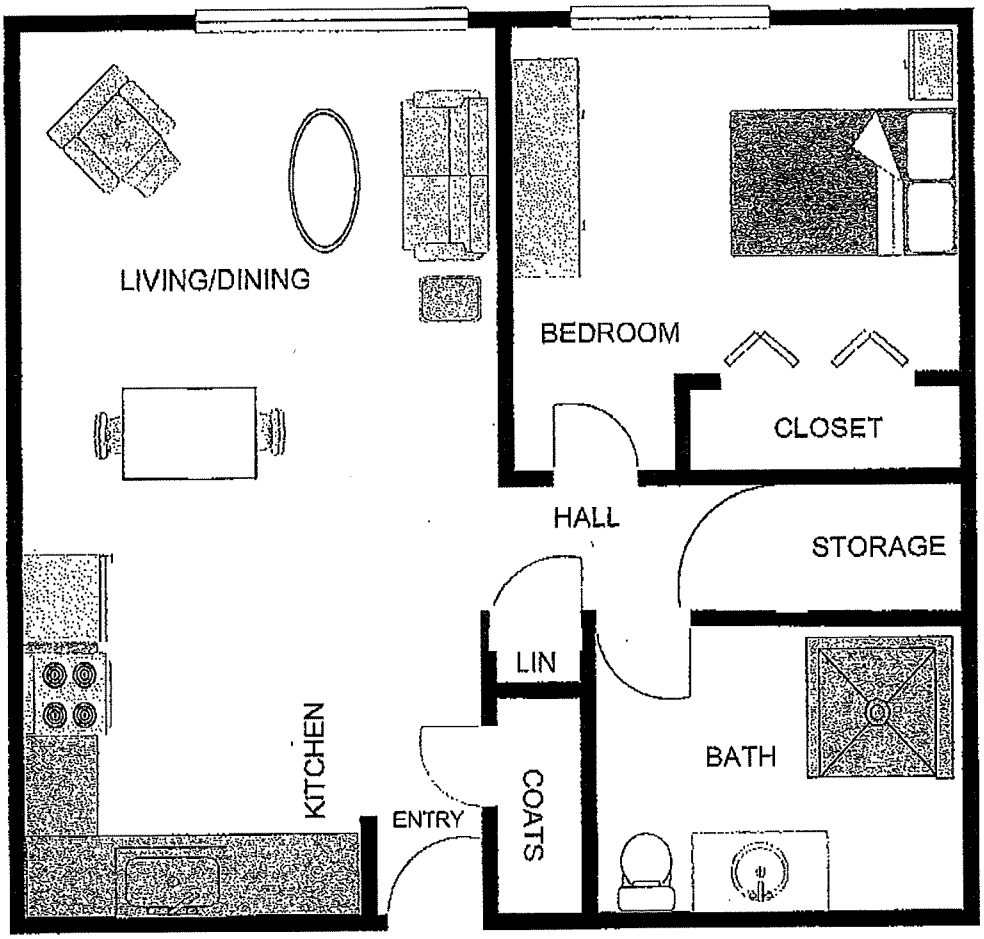
EPISCOPAL PLACE II APARTMENTS

1 BR/1 BA (HANDICAP ACCESSIBLE)

ONE BEDROOM, ONE BATH · APPROX. 508 SF



Floor plans are for demonstration purposes only. Actual apartment features and colors may vary.

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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

US Dept. of HUD
Birmingham Regional Office
950 22nd Street North Suite 900
Birmingham, AL 35203

Episcopal Place
1112 26th Street South
Birmingham, AL 35205

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.):
Navigate Affordable Housing Partners
1827 1st Ave N, Suite 100
Birmingham, AL 35203

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 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.

Episcopal Place I & II
Name of Project Owner or his/her representative

Occupancy Coordinator
Title

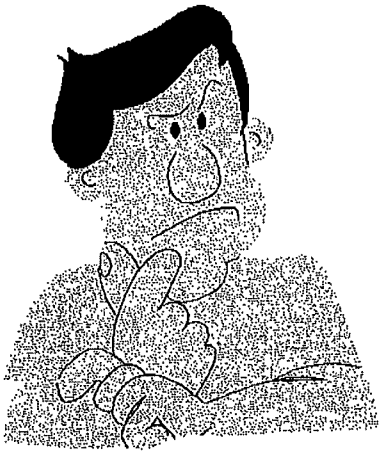
Johnny Reece
Signature & Date
cc:Applicant/Tenant
Owner file

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.



APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS... IS FRAUD WORTH IT?

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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

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

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

RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

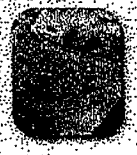
EIV & You

ENTERPRISE INCOME VERIFICATION

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

What is EIV?

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



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

The Social Security Administration:

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

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

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

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

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

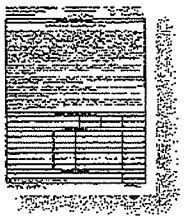
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or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

Who has access to the EIV information?

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

What are my responsibilities?

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



Penalties for providing false information

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

Protect yourself, follow HUD reporting requirements

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

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

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

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

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

What if I disagree with the EIV information?

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

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

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

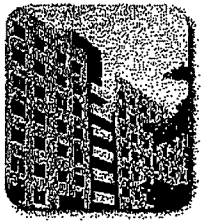
What if the information in EIV is not about me?

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

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

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

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



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

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

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

JULY 2009