



**APPLICATION FOR OCCUPANCY AND CONTINUED ELIGIBILITY**

1. WHITE    2. BLACK  
 3. AMERICAN INDIAN  
 4. ASIAN    5. HISPANIC

DATE: \_\_\_\_\_ MGMT INITIALS \_\_\_\_\_  
 TIME: \_\_\_\_\_ MGMT INITIALS \_\_\_\_\_

DISABLED/ELDERLY: \_\_\_\_\_  
 FAMILY: \_\_\_\_\_

REQUIRED BD. SIZE: \_\_\_\_\_  
 HANDICAP ACCESSIBLE UNIT : \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ OTHER NAMES: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MESSAGE NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

**I. HOUSEHOLD COMPOSITION: LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME, LISTING HEAD OF HOUSEHOLD FIRST**

ADULTS (LEGAL NAME)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD/SEX	SOCIAL SECURITY NUMBER	SINGLE, MARRIED, SEPERATED, OR DIVORCED
1.				
2.				

CHILDREN'S NAME (AS IT APPEARS ON SOCIAL SECURITY CARD)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	ABSENT PARENT'S NAME AND ADDRESS
1.				

**IF SEPARATED OR DIVORCED, LIST NAME AND ADDRESS OF SPOUSE/EX-SPOUSE AS FOLLOWS:**

\_\_\_\_\_  
 NAME  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 CITY, STATE, ZIP  
 \_\_\_\_\_  
 SOCIAL SECURITY #

\_\_\_\_\_  
 NAME  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 CITY, STATE, ZIP  
 \_\_\_\_\_  
 SOCIAL SECURITY #

**II. TOTAL HOUSEHOLD INCOME: LIST ALL MONEY EARNED OR RECEIVED BY EVERYONE LIVING IN YOUR HOUSEHOLD. THIS INCLUDES MONEY FROM WAGES, SELF-EMPLOYMENT, CHILD SUPPORT, CONTRIBUTIONS, SOCIAL SECURITY, DISABILITY PAYMENTS (SSI), WORKMAN'S COMPENSATION, RETIREMENT BENEFITS, TANF, VETERAN'S BENEFITS, RENTAL PROPERTY INCOME, STOCK DIVIDENDS, INCOME FROM BANK ACCOUNTS, ALIMONY, AND ALL OTHER SOURCES.**

HOUSEHOLD MEMBER	EMPLOYER'S NAME & ADDRESS	TOTAL WEEKLY WAGES	CHILD SUPPORT	DHS BENEFITS	SOCIAL SECURITY BENEFITS	ALL OTHER EARNED INCOME
1.						

2.						
3.						

**III. ASSETS:** IF YES TO ANY, LIST BELOW. DO YOU OR ANY HOUSEHOLD MEMBER OWN OR HAVE AN INTEREST IN ANY REAL ESTATE, BOAT, AND/OR MOBILE HOME? \_\_\_\_\_ HAVE YOU SOLD ANY REAL ESTATE IN THE LAST TWO YEARS? \_\_\_\_\_ DO YOU OWN ANY STOCKS, CD'S OR BONDS? \_\_\_\_\_ DO YOU HAVE A CHECKING OR SAVINGS ACCOUNT(S)? \_\_\_\_\_ IF YES, GIVE BANK, ACCOUNT NUMBERS, AND AMOUNTS BELOW. DO YOU HAVE A CAR? \_\_\_\_\_ MODEL/YEAR \_\_\_\_\_ TAG NUMBER \_\_\_\_\_

1. DOES ANYONE OUTSIDE OF YOUR HOUSEHOLD PAY FOR ANY OF YOUR BILLS OR GIVE YOU MONEY? YES/NO \_\_\_\_\_ IF YES, EXPLAIN BELOW.
2. HAVE YOU OR ANY OTHER ADULT MEMBERS EVER USED ANY NAME(S) OR SOCIAL SECURITY NUMBER(S) OTHER THAN THE ONE YOU ARE CURRENTLY USING? YES/NO \_\_\_\_\_ IF YES, EXPLAIN BELOW.
3. DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE A HISTORY OF ACTIVITY INVOLVING CRIMES OF ACTUAL OR THREATENED VIOLENCE TO PERSONS, OR PROPERTY, OR A HISTORY OF OTHER ACTS, SUCH AS GANGS, AND/OR DRUG RELATED ACTIVITY. YES/NO \_\_\_\_\_ IF YES, EXPLAIN BELOW.
4. HAVE YOU OR ANY MEMBER LIVED IN ANY FEDERALLY FUNDED HOUSING PROGRAM? YES/NO \_\_\_\_\_ IF YES, LIST WHERE AND WHEN BELOW.
5. HAVE YOU EVER COMMITTED ANY FRAUD IN A FEDERALLY ASSISTED HOUSING PROGRAM OR BEEN REQUESTED TO REPAY MONEY FOR KNOWINGLY MISREPRESENTING INFORMATION FOR SUCH HOUSING PROGRAMS? YES/NO \_\_\_\_\_ IF YES, EXPLAIN BELOW.
6. DO ANY HOUSEHOLD MEMBERS REQUIRE A SPECIFIC ACCOMMODATION IN ORDER TO FULLY UTILIZE OUR PROGRAM OR SERVICES? \_\_\_\_\_. IF YES PLEASE EXPLAIN: \_\_\_\_\_

ELDERLY/DISABLED SUPPLIMENTAL MEDICAL INSURANCE/MEDICAL COST	SUPLIMENTAL INSURANCE PROVIDER/PHARMACY/ DOCTOR NAME & ADDRESS	FAMILY CHILDCARE MONTHLY COST	CHILDCARE NAME & ADDRESS
1.		1.	
2.		2.	

**I, DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE ABOUT ME IS TRUE AND CORRECT. I ALSO UNDERSTAND ALLCHANGES IN THE INCOME OR ANY MEMBER OF THE HOUSEHOLD, AS WELL AS, ANY CHANGES OF THE HOUSEHOLD MEMBERS MUST BE REPORTED TO THE PROPERTY MANAGER.**

\_\_\_\_\_  
**HEAD OF HOUSEHOLD**                      **DATE**                      **SPOUSE/OTHER ADULT**                      **DATE**  
\_\_\_\_\_  
**MANAGEMENT REPRESENTATIVE**   **DATE**                      **OTHER ADULT**                      **DATE**

**WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRADULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

# LANDLORD REFERENCE PAGE

1. Starting where you presently live, list all rental and landlord address you have had for the past five (5) years. (2024-2019) YOU MUST HAVE THE LAST 5 YEARS OF ADDRESS INFORMATION COMPLETED BEFORE YOUR APPLICATION WILL BE ACCEPTED. This information MUST be complete even if you have only lived with relatives or friends during this time period. If you fail to complete any of the information requested, your application will be returned to you and WILL NOT be accepted again until complete.

A. Landlord/complex name \_\_\_\_\_  
Landlord/complex phone \_\_\_\_\_  
Landlord/complex address \_\_\_\_\_  
\_\_\_\_\_

Your rental address \_\_\_\_\_  
\_\_\_\_\_

Month & Year Moved In \_\_\_\_\_  
Month & Year Moved Out \_\_\_\_\_

B. Landlord/complex name \_\_\_\_\_  
Landlord/complex phone \_\_\_\_\_  
Landlord/complex address \_\_\_\_\_  
\_\_\_\_\_

Your rental address \_\_\_\_\_  
\_\_\_\_\_

Month & Year Moved In \_\_\_\_\_  
Month & Year Moved Out \_\_\_\_\_

C. Landlord/complex name \_\_\_\_\_  
Landlord/complex phone \_\_\_\_\_  
Landlord/complex address \_\_\_\_\_  
\_\_\_\_\_

Your rental address \_\_\_\_\_  
\_\_\_\_\_

Month & Year Moved In \_\_\_\_\_  
Month & Year Moved Out \_\_\_\_\_

D. Landlord/complex name \_\_\_\_\_  
Landlord/complex phone \_\_\_\_\_  
Landlord/complex address \_\_\_\_\_  
\_\_\_\_\_

Your rental address \_\_\_\_\_  
\_\_\_\_\_

Month & Year Moved In \_\_\_\_\_  
Month & Year Moved Out \_\_\_\_\_

E. Landlord/complex name \_\_\_\_\_  
Landlord/complex phone \_\_\_\_\_  
Landlord/complex address \_\_\_\_\_  
\_\_\_\_\_

Your rental address \_\_\_\_\_  
\_\_\_\_\_

Month & Year Moved In \_\_\_\_\_  
Month & Year Moved Out \_\_\_\_\_

2. Have you ever applied for, or participated in, a rental assistance program?  
YES NO

If yes, name of agency, month and year applied, or participated and address while on the program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been charged with or convicted of a felony? YES NO  
If yes, describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been evicted or violated your rental agreement? YES NO  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Person who we may contact in case of an emergency:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

## DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
  - Permanent residence under 249 of INA 4/; or
  - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
  - Parole status under 212(d)(5) of the INA /6; or
  - Threat to life or freedom under 243(h) of the INA /7; or
  - Amnesty under 245A of the INA 8/.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**



**U.S. Department of Housing and Urban Development**  
**Office of Public and Indian Housing**

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:*

Signature

Date

Printed Name



## RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# EIV & You

### ENTERPRISE INCOME VERIFICATION



### 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?

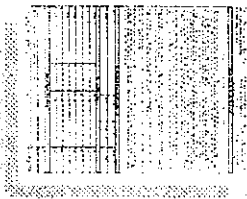
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or 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.



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



### 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?

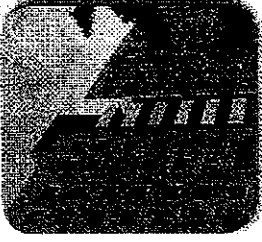
EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social 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/mfhr/hip/eiv/eivhome.cfm](http://www.hud.gov/offices/hsg/mfhr/hip/eiv/eivhome.cfm).



JULY 2009

1301 NORTHCLIFF AVE.  
NORMAN, OK. 73071



PHONE: 405- 579-1552  
FAX: 405- 579-1551

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT:**

I authorize and direct any Federal, State, or Local agency, organization, business, or individual to release any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance. I understand and agree this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or this administration agency information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and violations of my lease or administrations policies.

**INFORMATION COVERED:**

I understand that, depending on program policies and requirements, pervious or current information regarding me, or my household, may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity, Marital Status, employment, Income, Assets, Residences, Rental Activity, Medical and Childcare allowances, Credit and Criminal Activity.

I understand this authorization cannot be used to obtain any information about me that is not pertinent to me eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- |   |  |                          |
|---|--|--------------------------|
| Previous Landlords (including Public Housing) | Past and Present Employers             | Law Enforcement Agencies |
| Retirement System                             | Medical and Child Care Providers       | Courts and Post Offices  |
| Support and Alimony Providers                 | Utility Companies                      | Schools and Colleges     |
| State Unemployment Agencies                   | Banks and other Financial Institutions | Welfare Agencies         |
| Social Security Administration                | Credit Providers and Credit Bureaus    | Veteran Administration   |
| Mental Health Workers                         | Physicians                             |                          |

**COMPUTER MATCHING NOTICE AND CONSENT:**

I understand and agree HUD or this administration may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done. I understand I have a right to notification of any adverse information found and chance to disprove incorrect information. HUD or this administration may in the course of its duties exchange such automated information with other Federal, State, or Local agencies, including but not limited to: State Employment Security Agencies: Department of Defense: Office of Personnel Management: the U.S. Postal Service: The Social Security Agency: and State Welfare and Food Stamp agencies.

**CONDITIONS:**

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

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

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

1301 NORTHCLIFF AVE.  
NORMAN, OK. 73071



PHONE: 405-579-1552  
FAX: 405-579-1551

**Federal Privacy Act Notice**

**Purpose:** Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay towards rent and utilities.

**Use:** HUD uses family income and other information to assist in managing and monitoring HUD assisted housing programs; to protect the Government's financial interest; and to verify the accuracy of the information furnished. HUD or a HUD funded agency 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.

**Penalty:** You must provide all the information requested by the HUD funded agency including all social security numbers you and all household members have and use. Giving the social security numbers of all household members is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in delay or rejection of eligibility approval.

**Authority for Information Collection:** The following laws authorize the collection of this information by HUD or the HUD funded agency. The U.S. Housing Act of 1937 (42 USC, 1437 et Seq), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 USC 3542) requires applicants and residents to submit the social security numbers of all household members.

.....  
**Tenant Composition Form**

Northcliff Gardens Policy states that no adult person other than those listed on the approved lease shall live/stay in the unit other than on a temporary basis not to exceed 30 days. This is to insure the gross family contribution is accurate on the total monthly income of the household unit.

If this situation should arise during the term of the lease, I agree to contact Management with the additional information within 10 days of such change. I realize failure to do so could result in eviction, lifetime loss of assistance, rent repayment, and possible theft and fraud charges under State and Federal law.

.....  
**Applicant/Tenant Certification**

I certify that all the information provided on household composition, income, family assets, and items for allowances and deductions are accurate and complete to the best of my knowledge. I have reviewed the application form or the HUD 50059, whichever applies to me, and certify the information shown is true and correct.

**Reporting Changes in Income or Household or Household Composition:** I know I am required to report immediately in writing any changes in income to the management office. All income changes must be reported within 10 days of such change.

**Reporting Prior Housing Assistance:** I certify I have disclosed where I have received any previous Federal Housing Assistance and whether or not any money is owed. I certify for any previous assistance, I did not commit any act of fraud, knowingly misrepresent any information or vacate the unit in violation of the lease.

**No Duplicate Residence or Assistance:** I certify the dwelling will be my principal residence and I will not obtain duplicate Federal Housing while I am on this program. I will not sublease or live anywhere else while I am on this program.

**Cooperation:** I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or certify my true circumstance. Cooperation includes attending prescheduled meetings and completing and signing needed forms. I understand failure, or refusal, to do so may result in delays, termination of assistance, or eviction.

**Criminal and Administrative Action for False Information:** I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal and state Criminal Law. I understand that knowingly supplying false, incomplete or inaccurate information are grounds for termination of Housing Assistance and/or termination of tenancy.



**CRIMINAL AND DRUG ACTIVITY ACT**

The Tenant, and member of the Tenant's household, or guest, or other person under the Tenant's control shall not engage in criminal activity, including drug related criminal activity, on or near the subsidized premises. Such Criminal activity shall be cause of termination of Housing Assistance.

I, the undersigned, have read and understand all the information on this form, and agree to comply with all therein.

\_\_\_\_\_  
Signature of Tenant/Applicant

\_\_\_\_\_  
Date

## **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.

## Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

To receive housing assistance, applicants and tenants who are 18 and over must provide the Housing Owner 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 and a Public Housing Agency (PHA) may verify the information you provide by checking with the records kept by certain public agencies (IRS, Social Security Administration, and the State agency that keeps wage and unemployment compensation claim information).

You give your consent to the release of this information by signing form HUD-9887.

Only HUD and the PHA can receive information authorized by this form.

2. The Owner 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-A and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the Owner can receive about you.

**Example:** The amount of income you receive helps to determine the amount of rent you will pay. The owner will verify all of the sources of income that you report.

**Example:** There are certain allowances that reduce the income used in determining tenant rents. 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 owner 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 owner 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 PHA or the Owner is subject to State privacy laws. Employees of HUD, the PHA, and the Owner are subject to penalties for using these consent forms improperly.

You do not have to sign the form HUD-9887 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 Owner 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 Owner 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 Owner 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 Owner must tell you, or a third party which you choose, of the findings made as a result of the Owner verifications authorized by your consent. The Owner must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3. However, for information received under the form HUD-9887, HUD, the PHA, or the Owner may inform you of these findings.

Owners must keep tenant files in a location that ensures confidentiality.

Any employee of the Owner 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 Owner 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 Owner 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 Owner must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the Owner. See paragraph 17 of your Lease.

### 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

# Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD)  
and to a Public Housing Agency (PHA)

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

HUD Office requesting release of information;(Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division)

PHA requesting release of information;(Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.)

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

**Authority:** Section 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 to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named PHA to request income information from the government agencies listed on the form. HUD and the PHA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD 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 and the PHA to seek wage and income 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 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 and the PHA may inform the owner that your eligibility for or level of assistance is uncertain and needs to be verified and nothing else.

HUD 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. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older 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. If a tenant is denied assistance for this reason, the owner must follow the procedures set out in the lease.

**Consent: I consent to allow HUD or the PHA to request and obtain income information from the public 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 Member 18 and over \_\_\_\_\_ Date \_\_\_\_\_

Spouse \_\_\_\_\_ Date \_\_\_\_\_

Other Family Member 18 and over \_\_\_\_\_ Date \_\_\_\_\_

Other Family Member 18 and over \_\_\_\_\_ Date \_\_\_\_\_

Other Family Member 18 and over \_\_\_\_\_ Date \_\_\_\_\_

Other Family Member 18 and over \_\_\_\_\_ Date \_\_\_\_\_

Other Family Member 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.)

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 or the PHA (whichever is applicable) and the owner (as required by HUD or the PHA), 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 PHA or the owner 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.

If an adult member of the household, due to extenuating circumstances, is unable to sign the form on time, the owner 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 or a Public Housing Authority (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 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 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 PHA or the Owner 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 (Appendices 5 to 17 of HUD Handbook 4350.3).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A (signed by the head of household) after obtaining the applicants/tenants signature. 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 813.109(b), 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 affect 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 level. 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 PHA and the Owner 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 18 years of age or older 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 Owner must follow the notification procedures in Handbook 4350.3. If a tenant is denied assistance for this reason, the Owner must follow the procedures set out in the lease which require that the tenant pay the higher, HUD-approved market rent for the unit for failure to provide recertification information.

**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 owner 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 Owner has verified whether you have 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 Owner does not have another individual verification consent with an original signature and the Owner is required to send out another request for verification (for example, the third party fails to respond). If this happens, the Owner 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 Owner and the individual may agree to sign more than one consent for each type of verification that is needed.

The Owner 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.

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

If an adult member of the household, due to extenuating circumstances, is unable to sign the required forms on time, the Owner 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 Owner may use these individual consent forms during the 120 days preceding the certification period. The Owner may also use these forms during the certification period, but only in cases where the Owner receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The Owner 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 Owner may obtain information within the last 5 years when you have received assistance.

**I have read this information on the purposes and uses of information that is verified and/or it has been explained to me 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 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 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 PHA or the Owner responsible for the unauthorized disclosure or improper use.

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 12/31/2007)

**NORTHCLIFF GARDENS** **1301 NORTHCLIFF AVE.**  
Name of Property Project No. Address of Property

**NAHC** **202 PRAC**  
Name of Owner/Managing Agent Type of Assistance or Program  
Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the

opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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

### **A. General Instructions:**

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

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

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

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

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

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

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

~~4.~~ 4.

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Dear Resident:

**SUBJECT: MARIJUANA**

Even though Oklahoma voters approved possession of state-issued “medical marijuana”, Federal law still classifies marijuana as an illegal substance “drug” which overrides the medical marijuana law in Oklahoma. Consequently, it is still illegal to use marijuana on federally subsidized property even if you have a medical marijuana license; this includes all Public Housing, McKinzie Gardens I, McKinzie Gardens II, and Northcliff Gardens residents.

The Norman Housing Authority dwelling lease prohibits drug related criminal activity by the tenant(s), any member of the tenant’s household, guest or other person under the tenant’s control or authority. “Drug related criminal activity” means the illegal manufacturing, sale, distribution or use of a drug, or the possession of a drug with intent to manufacture, sell, distribute or used the drug, as defined in Section 102 of the Federal Controlled Substance Act (21 U.S.C. 102).

As marijuana is still an illegal drug (or, “Controlled substance”) under the federal law, **a marijuana violation is a serious material violation of the dwelling lease and will result in immediate eviction. You will be banned from the premises.**

With the change in Oklahoma marijuana laws, we want to make sure all residents understand **that marijuana is still illegal under federal law and is still prohibited on Norman Housing Authority property.**

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NHA Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fraud Affidavit  
Northcliff Gardens  
Penalties For Fraud

**FRAUD – Withholding information from this Agency OR providing false information to this Agency.**

1. Under Federal Law, FRAUD ins punishable by fines up to \$10,000 AND imprisonment for up to five years.
2. If a resident submits fraudulent information to this agency OR withhold relevant information from this agency, the resident will be chard back rent, face eviction proceedings, and will be turned in for prosecution for violating a federal law.
3. Tenant will be required to pay market rent – retroactively, if applicable.

Resident Acknowledgement (s)

By signing below, I confirm:

1. That I have read the penalties for submitting fraudulent information above;
2. That I understand what fraud is, and;
3. That I understand the penalties for committing fraud.

Printed Name of Head of Household, Signature & Date:

Printed Name

Signature & Date

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.

<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: (Check all that apply)</b>	
<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.	

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

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management 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.