



Dear Applicant:

Thank you for your interest in MASON SQUARE APARTMENTS II. We are currently accepting applications for our **1, 2 & 3 Bedroom AFFORDABLE HOUSING APARTMENTS.**

Please complete the attached preliminary application in full and return it to the management office, along with signed Waitlist Policies as well as a completed/signed Race and Ethnic Data form\* for each family member and a completed, signed Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants form HUD Form 92006\*.

\*NOTE: The Race and Ethnic Data form and the Supplemental and Optional Contact info form must be completed, signed and returned even though the information you provide within them is optional. If you do not wish to provide detailed info on either or both, you must still “complete” and send them back with your application as follows - fill out applicant name, sign and date them, and check off the box indicating you do not wish to disclose or provide the information requested. Otherwise please complete them in full, sign and date them, and send them back with your application.

The deadline for receipt of these to be entered in the lottery is **March 31, 2020 @ 5:00pm.** Your application (i.e., your completed, original preliminary application) must be received by the management office, or post marked sent via U.S. Mail, on or before this date and time.

**On April 8, 2020 the lottery will take place at Outing Park, 37 Saratoga St., Springfield, MA 01105.** If you submit your application **after 5:00pm on March 31, 2020** your name will be added to the post-lottery waiting list after the applicants from the lottery are added, based on date and time applications are received.

Within thirty (30) days of the lottery taking place, you will be notified in writing of your status on the waiting list. Once you have been placed on the waitlist, it is your responsibility to provide the management office with written notification of any changes to the application, including but not limited to mailing address, phone number, other contact information, household composition, unit size/type required/requested gross annual household income. Failure to provide written notification of changes may result in your name being removed from the waitlist.

As a waitlist applicant, you may receive an annual waiting list update request from the management office to confirm your continued interest in MASON SQUARE APARTMENTS II as well as current application information and contact information. For the duration of time you remain on the waiting list, you must provide a written reply to the annual update requests by the deadline specified to maintain your status on the list. You will receive written notification from the office when your name has reached the top five or ten applicants on the list for the applicable size and type unit for which we have an upcoming vacancy. Once you receive this notification, you will be required to complete an updated, full application, conduct an interview and supply applicable documentation of your household’s income, assets, expenses, student status, and other eligibility and suitability criteria.

Failure to respond to the annual update letter or to the top-of-waiting list notification within the specified timeframe will result in applicant’s name being permanently removed from the waitlist. For this reason, it is critical that you maintain current contact information on file with us at all times.



If you or any family member has a disability, or limited English proficiency, and as a result need assistance completing the application and/or any assistance during the application process, we will be happy to provide assistance upon request by calling 413-734-2955/ Relay 711.

If you have any questions regarding our apartments or the waitlists, please contact the management office at (413) 734-2955/Relay: 711. Again thank you for your interest in MASON SQUARE II APARTMENTS.

Sincerely,

Mason Square Apartments II Management

- Attachments:
- 1) Application
  - 2) Notice and Consent for the Release of Information (form HUD 9887 & 9887-A)
  - 3) HUD-92006, Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants
  - 4) Race and Ethnic Data Reporting Form (form HUD-27061-H)
  - 5) Criminal Offender Record Information (CORI) Acknowledgement Form
  - 6) Waitlist Policies
  - 7) Notice of Nondiscrimination, Right to Reasonable Accommodation and Free Language Assistance

First Resource Management Company does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. First Resource Management Company provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. First Resource Management Company also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Gretchen Helger coordinates First Resource Management Company's compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to First Resources Management Company compliance with nondiscrimination requirements: Telephone (413) 732-4784 Relay #711 or at First Resource Management Company, 109 Federal Street, Springfield, MA 01105



PLEASE PRINT



FIRST RESOURCE  
COMPANIES

Number of Bedrooms: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

### Mason Square Apartments II

837 State Street

Springfield, MA 01109



Tel. (413) 734-2955 Fax (413) 733-0122



## RENTAL APPLICATION

Welcome to Mason Square Apartments!

In order to accept your application it must be filled out completely and be accompanied by:

1. Picture identifications for all members of your household 18 years and older.
2. Social Security cards OR Acceptable DHS/INS Documents indicating a Social Security number has been assigned for all members of your household. Applicants 62+ years old as of 1/31/10 are exempt from disclosing Social Security Number.
3. Birth certificates for all members of your Household OR Acceptable DHS/INS Documents indicating eligible immigration status.
4. A copy of your mobile section 8 voucher (if applicable).
5. All members of the household 18 years or older must fill out a separate application.

Please note, the information provided on this application is only your current status and does not guarantee that your application will be approved and will be subject to further screening once an apartment becomes available.

Thank You!

Mason Square Apartments II

First Resource Management Company provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities.

**Note:** Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

### HEAD OF HOUSEHOLD

\_\_\_\_\_  
Last First M.I. D.O.B. S.S. #



FIRST RESOURCE COMPANIES

GENERAL INFORMATION

Please complete for those who will occupy the apartment (Applicant, co-applicant, children, other) F/T Student (circle)

1. Head of Household or Applicant Yes or No
Last First M.I. D.O.B. (Circle) S.S. #
2. Yes or No
Last First M.I. D.O.B. Relationship S.S. #
3. Yes or No
Last First M.I. D.O.B. Relationship S.S. #
4. Yes or No
Last First M.I. D.O.B. Relationship S.S. #
5. Yes or No
Last First M.I. D.O.B. Relationship S.S. #

Present Address Street City State Zip Code From: To:

Daytime Phone Evening Phone

Head of Household E-Mail address:

Landlord (if Rents) Name Address Phone

Number of Bedrooms in current unit: Do you Rent or Own (check one)

Amount of Current monthly rental or mortgage payment: \$

If owned, do you receive monthly rental income from property? Yes No (check one)

Check Utilities Paid by you: Heat Electricity Gas Other (specify)

Approximate monthly costs of utilities paid by you (excluding phone and cable TV): \$

No. of Autos Reg. No. of Auto No. 1 Reg. No. of Auto No 2

In Case of Emergency Notify (Name): Relationship:

Address Phone :

**PREVIOUS RESIDENCY INFORMATION FOR THE LAST 3 YEARS**

**FRMC accepts 1 -3 years of rental history. Less than 1 year rental history will require 3 Professional Letters of Reference.**

Previous Address – Street address, City, State & Zip

Landlord Name    Landlord Address – Street address, City, State & Zip                      Landlord Phone                      From: To:

Previous Address – Street address, City, State & Zip

Landlord Name    Landlord Address – Street address, City, State & Zip                      Landlord Phone                      From: To:

Previous Address – Street address, City, State & Zip

Landlord Name    Landlord Address – Street address, City, State & Zip                      Landlord Phone                      From: To:

**INCOME INFORMATION**

Currently employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Annual Gross Salary \_\_\_\_\_ Other (Commission/Bonus) \_\_\_\_\_

Do you have more than one (1) employer?     Yes     No  
If yes, currently employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Annual Gross Salary \_\_\_\_\_ Other (Commission/Bonus) \_\_\_\_\_

**Other sources of Income (i.e. Social Security, SSI, Retirement Fund, veterans benefits or disability, workman's compensation, pension, alimony/child support, AFDC/TANF compensation, military pay, unemployment, investments, income from business, contributions from friends or relatives, etc)**

Type \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_  
(Weekly, monthly, yearly)

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(Weekly, monthly, yearly)

Type \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_  
(Weekly, monthly, yearly)

Type \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_  
(Weekly, monthly, yearly)

**ASSET INFORMATION**

Checking  Savings  CD

Bank Name Account Number Balance

Checking  Savings  CD

Bank Name Account Number Balance

Checking  Savings  CD

Bank Name Account Number Balance

Checking  Savings  CD

Bank Name Account Number Balance

Checking  Savings  CD

Bank Name Account Number Balance

Checking  Savings  CD

Bank Name Account Number Balance

**INVESTMENT, REAL ESTATE, TRUSTS, LIFE INSURANCE, MUTUAL FUNDS, STOCKS/BOND, AND ANY OTHER INCOME:**

Owner's Name	Description/Acct#/Policy #	Value/Shares	Annual Income/ Interest/Dividends
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**EXPENSES**

Do you pay any of the following expenses without full reimbursement from an insurance company or government agency?

Medical Expenses \_\_\_\_\_ Child Care Expenses \_\_\_\_\_  
Elderly Expenses \_\_\_\_\_ Handicap Expenses \_\_\_\_\_

If you have checked any of the above, you must provide current receipts at the time your application is fully processed in order to be eligible for any income allowances/deductions.

**PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS**

Please respond to these questions if you wish to be considered for priorities or special deductions/ considerations:

- Have you been displaced from your home?  
Yes \_\_\_ No \_\_\_ If so, please explain. \_\_\_\_\_
- Does your present apartment contain health code violations? Yes \_\_\_ No \_\_\_  
If so, please describe: \_\_\_\_\_
- Is your present apartment too small for your family? Yes \_\_\_ No \_\_\_
- Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes \_\_\_ No \_\_\_ .  
If so, please describe: \_\_\_\_\_
- Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details. \_\_\_\_\_

## Supplemental Applicant Questionnaire

Answer either Yes or No to each of the following questions:

**YES      NO**

\_\_\_\_\_ \_\_\_\_\_ Do you expect any additions to the household in the next twelve months?  
 If yes, please list name and relationship  
 Explanation: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ Do you have full custody of your child(ren)?  
 If no, explanation of custody arrangements: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ Do you have a Section 8 Voucher?  
 The Management Agent will not discriminate based on Voucher holder status. This question is asked for the sole purpose to (1) determine an applicant's household's ability to pay rent for a unit that does not have Project Based Subsidy; or (2) to advise applicant households who are applying for a unit with Project Based Subsidy that if they move into such a unit that already has subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.

\_\_\_\_\_ \_\_\_\_\_ Have you or a family member ever been evicted?

\_\_\_\_\_ \_\_\_\_\_ Have you ever been convicted of a felony?  
 Explanation: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ Are you or any member of your household required to register as a Sex Offender under Massachusetts or any other state Law?  
 If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ Have you or any member of your household lived in any other state other than Massachusetts?  
 If yes, list the names of the states: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ Will all of the persons in the household be or have been full time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

**NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.**

***If yes, answer the following questions:***

	YES	NO
Are any of the full-time student(s) married and filing a joint tax return?	_____	_____
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	_____	_____
Are any full-time student(s) TANF or title IV Recipient?	_____	_____
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	_____	_____

**How did you hear about this housing development?**

- Newspaper  
  Internet  
  Website  
  Advertisement  
  Resident Referral  
  Housing Authority  
 Other: \_\_\_\_\_

**STATEMENT OF INCOME AND ASSETS**

Do you receive or expect to receive income from: (Check either YES or NO to each question)

YES	NO	INCOME SOURCE
_____	_____	Employment
_____	_____	Social Security
_____	_____	SSI
_____	_____	Pension
_____	_____	Veterans Benefits or Disability
_____	_____	Unemployment
_____	_____	Workman's Comp.
_____	_____	AFDC/TANF Comp./Public Assistance
_____	_____	Do you receive Alimony
_____	_____	Are you entitled to receive Alimony
_____	_____	Do you receive Child Support
_____	_____	Are you entitled to receive Child Support
_____	_____	Military Pay
_____	_____	Net Income from Business
_____	_____	Contributions from Friends or Relatives
_____	_____	Are there other wage earners residing in the household
_____	_____	Any income from sources not mentioned above?

YES	NO	ASSET TYPE
_____	_____	Checking Accounts
_____	_____	Savings Accounts
_____	_____	Certificate of Deposit
_____	_____	Stocks or Bonds
_____	_____	IRA's or Other Retirement Funds
_____	_____	Mutual Funds
_____	_____	Trust Accounts
_____	_____	Life Insurance (whole or universal)
_____	_____	Personal Property Held as Investment
_____	_____	Real Estate
_____	_____	*For Sale
_____	_____	*Rented
_____	_____	Other Current Assets
_____	_____	Any other assets that you owned in the previous 2 years
_____	_____	Any income from Assets?

**Real Estate Property:** Do you own any property?  Yes  No

If yes, Type of property \_\_\_\_\_ Location of Property \_\_\_\_\_

Appraised Market Value \$ \_\_\_\_\_ Mortgage or outstanding loans balance due \$ \_\_\_\_\_

Amount of annual insurance premium \_\_\_\_\_ Amount of most recent tax bill \$ \_\_\_\_\_

Have you sold/dispensed of any property in the last 2 years?  Yes  No

If yes, Type of property \_\_\_\_\_ Market Value when sold/dispensed \$ \_\_\_\_\_

Amount sold/dispensed for \$ \_\_\_\_\_ Date of transaction \_\_\_\_\_

**Other Assets:** Have you disposed of any other assets in the last 2 years:  
 (Example: given away money to relative, set up irrevocable Trust Accounts)?  Yes  No

Do you have any other assets not listed above (excluding personal property)?  Yes  No



**EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION**

First Resource Companies does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished. Note: HUD Race and Ethnicity Data Form(s) must be attached for subsidized sites.

**ETHNIC CATEGORIES**

- Hispanic or Latino                       Not-Hispanic or Latino

**RACE CATEGORIES**

- American Indian or Alaska Native                       Asian                       Black or African American  
 Native Hawaiian or Other Pacific Islander                       White                       Other  
 I do not wish to furnish this information

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and hereby acknowledge the understanding that this application constitutes my request for consideration as a tenant in the above development. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me. I understand that additional information may be requested to complete processing of my application.

I understand and grant permission for all the above information to be verified by the owner / agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I understand that a false statement or misrepresentation of any information on this application will affect approval for residence; and, in the event that I take occupancy, it shall be considered material non-compliance with the lease and a basis for termination of tenancy.

Finally, I understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency, criminal checks, and / or other inquiring about my tenancy with the apartment complex during and after my tenancy period.

**RIGHT TO REASONABLE ACCOMMODATION**

First Resource Companies will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds or an individual unit and changes to policies, practices, and procedures.

\_\_\_\_\_ Please check here if you would like to make a request for a reasonable accommodation. Management will then provide you with a Request for a Reasonable Accommodation Form and will process such a request in accordance with Management's Reasonable Accommodation Policies and Procedures.

**SIGNATURE CLAUSE**

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I authorize my consent to have management verify the necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Affordable Housing Program requirements. Upon request, you also have the right to receive a Tenant Selection Plan Summary and a Property Description Insert.

I hereby certify that I Will Not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and managements selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I understand that as a part of the application process, First Resource Management Companies will check many sources of information, which include Retail Credit Reports, Sex Offender Registry, Rental History, Arrest, Eviction, Student Status and Naturalization Records. Signing below gives us permission for this. I understand that to obtain or attempt to obtain Housing Assistance by committing fraud is a criminal offense under Federal and State Laws.

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquires may be made to verify the statements herein.** All information is regarded as confidential in nature, and a consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check may also be requested. I/We understand that false statements or information are punishable under applicable State or Federal Law. I/We hereby certify that we have received a notice from Management Agent describing the right to reasonable accommodations for persons with disabilities.

We request the following information to accept your application:

1. **Picture ID for all adult members of the household 18 years or older.**
2. **Social Security Cards OR Acceptable DHS/INS Documents for all household members. Applicants 62+ years old as of 1/31/10 are exempt from disclosing Social Security Number.**
3. **Birth Certificates for all members of the household.**
4. **A copy of your mobile section 8 voucher (if applicable).**
5. **All members of the household 18 years or older must fill out a separate application.**

I understand that the information provided on this application is only my current status and does not guarantee that my application will be approved and will be subject to further screening once an apartment becomes available.

Signed under the pains and penalties of perjury.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature Date

**INCOMPLETE APPLCATIONS WILL BE REJECTED.**

**The information on this application is up to date or any changes have been made as of:**

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

\_\_\_\_\_  
Date



This is an important document, if you require language interpretation, please call the telephone number below or come to our Leasing and Management Center.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室。

Este é um documento importante. Caso precise de interpretação, por favor chame o número de telefone abaixo, ou compareça aos nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста, позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

ខ្លឹមសារនៃឯកសារនេះមានសារៈសំខាន់ណាស់ ហើយប្រសិនបើលោកអ្នក ចាំបាច់ត្រូវប្រាប់ព័ត៌មានបន្ថែម សូមទូរស័ព្ទទេសចរណ៍កម្ពុជា ឬអេឡិចត្រូនិច លេខទូរស័ព្ទ ៧៧៧ ៧៧៧ ឬលេខទូរស័ព្ទ ៧៧៧ ៧៧៧ ៧៧៧ ។

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dokumenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayad.

، هذه وثيقة مهمة. إذا كنت بحاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه، أو تفضل بزيارتنا في مكاتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone Number: (413) 734-2955 / Relay 711/TTY

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.

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Mason Square Apartments II

837 State Street, Springfield, MA 01109

Name of Property Project No. Address of Property

First Resource Management Company  
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 format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services  
200 Arlington Street, Suite 2200, Chelsea, MA 02160  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

First Resource Management Company is registered under the  
(Organization)  
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to First Resource Management Company  
(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing First Resource Management Company  
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The First Resource Management Company may conduct  
(Organization)  
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that First Resource Management Company  
(Organization), must first provide me

with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

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

## MASON SQUARE APARTMENTS II WAITLIST POLICIES

THIS AGREEMENT MUST BE SIGNED AND RETURNED WITH THE APPLICATION

Applications must be filled out completely and signed by all household members aged 18 and over. Management will reject all incomplete applications. The deadline for receipt of applications (or post mark if mailed) to be entered in the lottery is 5:00pm on March 31, 2020. On Wednesday, April 8, 2020 @ 11:00am the lottery will take place at Outing Park Apartments, 37 Saratoga St., Springfield, MA 01105. If you submit an application after the lottery deadline of 5:00pm on March 31, 2020, your name will be added to the post-lottery waiting list after the individuals from the lottery are added, based on date and time applications are received. Management is not responsible for applications lost, damaged, or delayed in the mail.

All household members aged 18 and over must sign below:

I have read (or have had read to me) and understand the above waitlist policies. I further understand that failure to comply with the above policies could delay my application and may result in my application being rejected or my name being removed from the waitlist.

\_\_\_\_\_  
Applicant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #3

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #4

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #5

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #6

\_\_\_\_\_  
Date

### RIGHT TO REASONABLE ACCOMMODATION

The Agent for this property provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

### LIMITED ENGLISH PROFICIENCY

The Agent provides people whose primary language is not English and as a result have limited English proficiency, the opportunity to request free language assistance in order to apply to or participate in its programs and activities. If you or any family member has a disability, or limited English proficiency, and as a result need assistance completing the preliminary application and/or any assistance during the application process, we will be happy to provide assistance upon calling 413-734-2955 / Relay 711.

### FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

The Agent for this property does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.



U.S. Department of Housing and Urban Development

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

**This Package contains the following documents:**

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

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

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

### What Verification Involves

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

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

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

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

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

### Customer Protections

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

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

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

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

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

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

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

### Consequences for Not Signing the Consent Forms

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

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

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

### Programs Covered by this Fact Sheet

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

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

# Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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

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

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

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

## Instructions to Owners

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

## Instructions to Applicants and Tenants

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

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

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

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

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

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

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

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

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

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

**Failure to Sign the Consent Form**

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

**Conditions**

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Title

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

**Penalties for Misusing this Consent:**

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

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

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