



Housing & Redevelopment Authority
of
Pequot Lakes



West Grove Townhomes - Sibley Terrace - Parkview I & II - Alpine Apts.

Thank you for your interest in the Pequot Lakes Housing Programs.

The application **MUST** be completely and accurately filled out. Failure to do so could result in a denial of housing. If you need assistance filling out the application, don't hesitate to ask.

Office hours are Monday – Friday, 8:00 a.m. – 4:00 p.m. You may place the application under the office door if it after hours.

Our contact information is: Pequot Lakes H.R.A.
P.O. Box 243
Pequot Lakes, MN 56472
office number: 218-568-4555
fax number: 218-568-8968

Housing & Redevelopment

Authority
31203 N. Oak St. P.O. Box 243
Pequot Lakes, MN 56472



Rental Application
Section 8/236

Initial Date/Time Rec'd _____
 Recertification

Project Name Pequot Lakes H.R.A. ST PVI PVII AA

Address _____ Unit # _____ # of Bedrooms _____

Manager or Representative:

Applicant's Home Tel.# _____ Applicant's Work Tel.# _____ Emergency Contact Name _____ Tel.# _____

All applicants, age 18 or older, other than co-head or spouse, are required to complete a separate application.

Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview may be rejected for housing. All questions must be answered; for those questions that do not apply the applicant is required to indicate so by answering "not applicable".

HOUSEHOLD COMPOSITION

Complete in your own handwriting. List the Head of Household and all other persons who will be living in the unit. Give the relationship of each family member to the head. Each household member age 18 years or older must sign this application.

Member's Full Name	Relationship	Date of Birth	Social Security #
	Head		

The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants. You are not required to answer, nor does your answer affect your position on our waiting list or your eligibility for housing.

Race of Head of Household White Black Asian/Pacific Islander American Indian/Native American
 Ethnicity of Head of Household Hispanic Non Hispanic
 Are you a Non-Citizen Student Yes No
 Are you a United States Citizen? Yes No
 If no, are you a Non-Citizen with eligible alien status? Yes No

Citizenship or Eligible Alien Status must be verified by an acceptable document recognized by the Federal government.

CURRENT HOUSING STATUS

Address _____ City _____ State _____ Zip _____

Name of Landlord: _____ Phone #: _____

Landlord's Address: _____

How long have you resided at your current address: From _____ To: _____

Previous Housing
If less than 3 years provide additional information on an additional sheet.

Address _____ City _____ State _____ Zip _____

Name of Landlord: _____ Phone #: _____

Landlord's Address: _____

How long have you resided at your current address: From _____ To: _____

HOUSEHOLD EMPLOYMENT INFORMATION
(Use additional sheets if necessary)

Household Member's Employer _____ Phone #: _____

Address _____ City _____ State _____ Zip _____

Starting Date _____ Position _____ Supervisor _____

Salary: \$ _____ Annually Monthly Bi-Weekly Weekly Hourly

Household Member's Employer _____ Phone #: _____

Address _____ City _____ State _____ Zip _____

Starting Date _____ Position _____ Supervisor _____

Salary: \$ _____ Annually Monthly Bi-Weekly Weekly Hourly

HOUSEHOLD INCOME INFORMATION
(All information will be verified by a third party)

For each household member age 18 or older (including family members temporarily absent), list current and anticipated income for twelve-month period commencing on anticipated date of occupancy or recertification. Include all full time, part time and seasonal. If a household member has more than one source of income, use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE:

	Yes	No	Monthly Amount
1 Wages, salaries, (includes overtime, tips, bonuses, commissions, self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2 Does any member work for someone who pays them in cash?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3 Regular pay for a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4 Welfare or disability benefits (Examples: MFIP, SSI, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5 Worker's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6 Unemployment benefits, or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7 Child support? (If court ordered, include even if it is not being received)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8 Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
9 Social Security payments (include unearned income of minor children)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
10 Pensions (PERA, railroad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
11 Retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
12 Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
13 Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
14 Lump sum payment(s) (i.e., inheritance, insurance settlements, lottery winnings, capital gains)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
15 Net income from rental property?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
16 Regular cash contributions or gifts from individuals not living in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
17 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
18 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
19 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
20 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
21 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
22 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
23 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
24 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

HOUSEHOLD ASSETS
(All information will be verified)

DO YOU HAVE MONEY HELD IN		Yes	No	Current Balance		Yes	No	Current Balance
1	Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	9	401K*	<input type="checkbox"/>	\$ _____
2	Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	10	IRA/KEOGH Accounts	<input type="checkbox"/>	\$ _____
3	Stocks	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	11	Certification of Deposits	<input type="checkbox"/>	\$ _____
4	Capital Investments	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	12	Pension/retirement Funds	<input type="checkbox"/>	\$ _____
5	Bonds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	13	Money Market Funds	<input type="checkbox"/>	\$ _____
6	Trusts*	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	14	Treasury Bills	<input type="checkbox"/>	\$ _____
7	Securities	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	15	Safety Deposit Box	<input type="checkbox"/>	\$ _____
8	Insurance Settlements	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	16	Other _____	<input type="checkbox"/>	\$ _____

* Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death.

	Yes	No	Value
17 Do you now own Real Estate? If yes, list address (es), expenses paid and income received: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
18 Do you hold a contract for deed?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
19 Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
20 What assets are held jointly with another person? List person and asset(s). _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

List below all items from above that were checked "YES"

# from Above	Name of company, financial institution or source	Mailing address of company financial institution or source	Phone Number of company, financial institution or source

Please attach documentation available to verify income (i.e., divorce/settlement papers, tax returns, etc.)

I/We hereby certify that I/we have ___ have not ___ sold or disposed of any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Household Member	Asset & Estimated Amount	Date sold/disposed	Amount Received
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____

HOUSEHOLD ALLOWANCE INFORMATION
(All information will be verified)

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, costs of assistive devices, cost of attendant care and any other medical and dental costs NOT covered by an outside source; e.g., insurance, Medicare, state agency or charitable organization.

DO YOU EXPECT TO INCUR ANY OF THE FOLLOWING EXPENSES:		Yes	No	Amount
1	Child care, which enables you or another household member to work, go to school or to seek employment?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2	Attendant care for a handicapped or disabled household member, so that an adult household member can work, seek employment or go to school.?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3	Medicare premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4	Other medical insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5	Outstanding medical bills on which you are currently paying>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6	Cost of assistive devices for a handicapped or disabled household member?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7	Do you receive medical assistance through a public assistance agency/program?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8	Do you expect to have any additional medical expenses during the next twelve (12) months? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

MISCELLANEOUS

The following questions pertain to yourself and every member of your household who will occupy the unit. Write either YES or NO in response to each question. Add an explanation must be provided below if the answer is YES. Use additional sheets, if necessary.

- Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing or visual impairments?
Do you or anyone else in your household qualify for housing because of a handicap or disability?
Will anyone else live in the unit on either a full-time or part-time basis?
Do you have sole legal and physical custody of your children? If no explain:
Are you now living or have you lived in a government-subsidized development? If yes, when:
Name of Development:
Address: State: Zip Code:
Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, for drug-related criminal activity or for any other reason? If yes, explain:
Have you or any member of your household ever been arrested or convicted of a felony, or a misdemeanor other than a traffic violation?
Are you or any member of your household subject to a lifetime registration under the State sex offender registration program?
Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants?
Do you or any member of your household use an illegal drug or other illegal controlled substance?
Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance?
Have you or any member of your household ever used different names from the names given in this application?
Have you or any member of your household ever used social security numbers different from those listed in this application?
Have you or any member of your household lived in any other state within the past 10 years? If yes, which ones?

Explanation:
How did you hear of this housing development?

SIGNATURES

I/We understand the information in this application will be used to determine eligibility for Section 8 housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement.

I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list of processing of my/our housing application is grounds for management to decline my/our application for housing.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

All household members age 18 or older sign below:

Applicant's Signature: Date:
Applicant's Signature: Date:

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, 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.

Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h).

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

Attachment to forms HUD-9887 & 9887-A (02/2007)

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

Attachment to forms HUD-9887 & 9887-A (02/2007)

Notice and Consent for the Release of Information

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

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

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

U.S. Dept. of H.U.D.
920 Second Ave. S. Suite 1300
Minneapolis, MN 55402

O/A requesting release of information (Owner should provide the full name and address of the Owner.):

HRA of Pequot Lakes
P.O. Box 243 / 31203 N. Oak St.
Pequot Lakes, MN 56472

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.):

MHFA 400 Sibley Street -Suite 300
Saint Paul, MN 55101-1998

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

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 HUD-9887/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.

Shirlee Anderson
Name of Project Owner or his/her representative

Asst. Executive Director
Title

[Signature]
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.

PEQUOT LAKES HRA RESIDENT SELECTION CRITERIA

Upon receipt of a COMPLETED application, the applicant will be screened considering the following factors:

1. The applicant must meet income guidelines and provide written verification of all sources of income and assets. The Enterprise Verification System (EIV) will be used to verify reported income with records maintained in the Social Security Administration, Dept. of Health and Human Services (HHS) Database of New Hires, current and past employment and unemployment insurance information.
2. Demonstrated ability to pay rent on time.
3. References from former landlords (endorsement from at least two (2) is preferred and five (5) consecutive years of good, verifiable rental history). All prospective residents must provide previous landlord's name, address, and telephone number.
4. The applicant was/is unable to fulfill obligations and comply with all terms of the previous/current rental agreement.
5. All prospective residents are required to have a criminal background check completed and approved before signing a rental lease. The approval of the criminal background check consists of a record without a felony, or other violent or drug related conviction.

Applicants that are approved will have:

1. No felony convictions within the last 10 years.
2. No drug convictions of any property damage, fraud, violent, or terroristic, or drug related crimes.
3. Five (5) years of verifiable positive rental history.

Applicants are notified in writing as to their status with receiving a written notice detailing selection or rejection. Reasons for rejection may include:

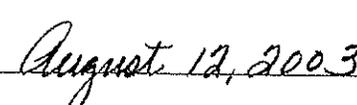
- a. A record of disruptive behavior;
- b. A record of destruction of property;
- c. A record of poor living or housekeeping habits;
- d. Inability to have utilities connected in applicant's name;

- e. The use, possession, manufacturing of, or sale of controlled substances;
- f. A history of criminal activity involving crimes of physical violence to persons or property, or a record of other criminal acts which may endanger the health, safety or welfare of other residents;
- g. The applicant was/is unable to fulfill obligations and comply with all terms of the previous/current lease/rental agreement including, but not limited to, nonpayment of rent and/or any eviction actions;
- h. Applicant has current or recent problems involving chemical or drug dependency resulting in any of the other reasons for non-selection;
- i. The applicant purposely falsified, misrepresented or withheld information or submitted inaccurate and/or incomplete information on any application;
- j. The applicant refuses to comply with housing program requirements, policies and/or procedures (i.e. failure to sign and submit relevant forms, consents, releases, etc.); and,
- k. Applicant's household characteristics are not appropriate for the size or type of units that are available.

Reasons for lifetime denial of housing:

1. If any family member has been convicted of manufacturing or producing methamphetamine in a public housing development or in a Section 8 assisted property; or
2. If a family member has a lifetime registration under a State sex offender registration program.


Signature


Adopted

6/13/2012

ST-PV
MI-AR

Special Attention of: All Residents

Notice PIH 2012-28

From: Barb Carlson, Executive Director

Notice H 2012-11

TO ALL APPLICANTS OF THE PEQUOT LAKES HOUSING AUTHORITY

Lifetime Sex Offender Screening

Current Tennant:

- We have received notice from HUD that at every Annual Recertification or reexamination, for each resident, there will be a Screening for State Registered Lifetime Sex Offenders
- HUD recommends that at annual recertification or reexamination the PHA ask whether the tenant or any member of the tenant's household is subject to a State lifetime sex offender registration program in any state. Our PHA will use The Dru Sjodin National Sex Offender Database and/or other official federal, state, and local resources and document this information.
- If the recertification screening reveals that the tenant has falsified information or otherwise failed to disclose criminal history on his/hers application and or recertification forms the PHA should pursue eviction.
- If a participant who is subject to such a lifetime registration requirement was erroneously admitted into a federal housing program such as Public Housing, Section 8 Project Based, and is found to be receiving housing assistance the PHA's must pursue eviction.

Applicant /Move In:

- PHA's must perform criminal background checks during application stage to determine if an applicant, or a member of an applicant's household is subject to a lifetime registration requirement under any State sex offender registration program. Criminal background checks must be performed in the state in which the housing is located and for states where the applicant and members of the applicant's household may have resided. **As such, applicants for admission into applicable HUD assistance housing programs must provide a complete list of all states in which any household member has resided.** Failure to accurately respond to any question during the application process is cause to deny the family admission. **Additionally PHA's must ask whether the applicant or any member of the applicant's household, is subject to a lifetime sex offender registration requirement in any state.**
- If the processes described above reveal an applicant's household includes an individual subject to the State lifetime sex offender registration, the PHA must offer the family the opportunity to remove that individual from the household. If the family is unwilling to remove that individual from the household, the PHA must deny admission to the family.
- HUD regulates Mandatory Prohibition of Lifetime Sex Offenders- prohibits admission after June 30, 2011, if any member of a household is subject to a State lifetime sex offender registration.

household member	all states which have resided

Head of Household Applicant Signature

Date

Co-Head /Spouse

Date

www.hsopw.gov (U.S. Dept. of Justice SMART)

Screening Type

Management Signature

Date