THE TOWERS AT TOWER LANE

Information & Application Packet

18 Tower Lane, New Haven CT 06519

(203) 772 - 1816

www. TowerLane.org

About The Towers

The Towers at Tower Lane is located in beautiful New Haven overlooking the Long Island Sound, West Rock and East Rock neighborhoods. Conveniently located off of I91 and I95 makes for easy access to all the culture and restaurants New Haven has to offer. Enjoy the beaches and the picturesque setting of Connecticut. We are minutes away from Yale New Haven Hospital and Smilow Cancer Hospital. You are never far from the best medical professionals in the country.

Our Support Staff (Resident Service Coordinators) will establish a partnership with you from the very start. Before you even move in, you'll have coordination and assistance with your transition. Our team of caring coordinators will help you find the programs most meaningful for you.

The Towers at Tower Lane is the perfect place to call home.

Amenities and Apartment Services

Apartment Services
- Laundry - wash/dry/fold
- Cleaning package

Amenities We Offer
- Pendants
- TV alone
- WiFi alone
- Bundled together (TV & Wi-Fi)
- Meal plans available

We Offer:

- 328 studio, one bedroom and two bedroom apartments with full kitchens
- 24 hour security/emergency call system
- Gated community
- Homecare & assisted living available through Utopia Assisted Living Services Inc.
- Gardens, courtyards and on-site parking
- Full schedule of social, enrichment, and cultural programs
- The dining room, the Towers Café, and convenience store
- Onsite physical and occupational therapy
- Onsite behavioral services
- Onsite Salon
- Affordable retirement living funded by the US Department of Housing and Urban Development

The Towers at Tower Lane offers a safe and secure environment where seniors flourish. We are a proactive community that will support you physically, socially and spiritually.

Our Vision:

We will be a center of excellence in senior living, always innovating ways for people to continue growing and connecting within and beyond our walls and fostering a supportive community infused with Jewish values

THE TOWERS
AT TOWER LANE

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P (203) 772 1816
www.towerlane.org

APPLICATION INFORMATION

Dear Applicant,

Thank you for your interest in The Towers at Tower Lane, Connecticut's premier affordable independent and assisted living community.

At The Towers, you and your family can have peace of mind knowing that we strive to create a community where we will all want to live.

Please keep the following in mind as you begin this exciting application process:

1. In order to be considered for residency, you must **fully complete** all parts of the enclosed **Application Forms and return them, with a copy of a driver's license and social security card*, to our Business Office.**

2. Once we receive all of your completed application information you will then be invited to come to The Towers for a personal interview.

3. As part of the application process, a member of our assessment team will schedule a visit with you. The purpose of this visit is to determine how our team can best meet your needs.

4. Please note that The Towers at Tower Lane is a smoke-free community.

   **Applicants who were age 62 or older as of January 31, 2010, and who were receiving HUD rental assistance at another location on January 31, 2010, are not required to submit verification of a SSN.*

Please remember that incomplete information will delay your opportunity to take advantage of the accommodation and services that The Towers have to offer. As you move up on our waiting list, we may again contact you to provide updated information. You might note that any delays in promptly providing any requested information may hinder your possible admission to The Towers community.

All of The Towers family looks forward to showing you why we have won national and state Best Practices awards for our commitment to outstanding service for our residents.

You and your family members are encouraged to call our Director of Community Relations, Carol Davino at (203) 772-1816, ext. 330 or email: Carol@towerlane.org with any questions that you may have about The Towers community or the application process.

With Best Regards,

Gustave Keach-Longo
President/CEO

THE TOWERS
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APPLICATION CHECKLIST

Enclosed is our application. Please fill this out completely and return it to The Towers at Tower Lane. Incomplete applications will not be accepted.

Below is our checklist. Check off each one as you complete it. If you have any questions or concerns, do not hesitate to call us at (475) 355-8847 with any questions.

- ☐ Application Form (signed & dated) – 7 pages
- ☐ N/A POA, Conservator, etc. (if applicable)
- ☐ Confidential / Emergency Information Form – 1 page
- ☐ Supplement to Application for Federally Assisted Housing – **(HUD 92006)** (or waive by checking box above signature on the form) – 1 page
- ☐ Valid Picture ID – obtain copy
- ☐ Social Security Card – obtain copy
- ☐ Notification and Authorization for Tenant Background Check – 1 page
- ☐ Tenant Declaration Form – 2 pages
- ☐ Landlord Reference Form – 2 pages (This form must be completed by your **landlord,** sign top of page if you own)
- ☐ Document Package for Applicant's/Tenant's Consent to the Release of Information – **(HUD 9887) & (HUD 9887-A)** (Expires 15 months) – 6 pages sign and date pages 3 & 6

Please return completed application packet and required copies to:

The Towers at Tower Lane
c/o Carol Davino
18 Tower Lane, New Haven CT 06519

THE TOWERS
AT TOWER LANE

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New Haven, CT 06519
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APPLICATION FORM

_____
Date of Application

APPLICANT INFORMATION:

_____ _____ _____
NAME: Last name First Age Date of Birth

_____
Social Security Number

_____ _____ _____
Co-applicant (if applicable) Age Date of Birth

_____
Social Security Number

_____ _____
Current Address Telephone Number

_____
City State ZIP Code

_____
Email Address

TOWER ONE

MEAL PLAN MANDATORY $424 PER MONTH, 6 MEALS A WEEK.* price subject to change

☐ Studio ☐ Deluxe Studio ☐ One Bedroom (two people given preference)
☐ Modified apartment needed with a walk-in shower

TOWER EAST

☐ One Bedroom ☐ 2 Bedroom (only 2 people allowed)
☐ Modified apartment needed with a walk-in shower

PARKING SPACE REQUIRED: ☐ Yes ☐ No

Have you ever had problems with the following: If you have checked Yes, please explain.

Complying with a lease and/or house rules ☐ Yes_____ ☐No

Complying with Federal, State or Local laws (including controlled substance abuse) ☐ Yes_____ ☐No

Destruction of property ☐ Yes_____ ☐No

If there is insufficient verification available from landlords or employers, other references may be furnished and accepted along with written authorization to contact any and all reference sources.

PLEASE LIST ALL RESIDENCES FOR THE PAST FIVE YEARS (You may list additional previous landlords on a separate sheet if necessary)

1. Name of current landlord, if applicable_____

   Address of current landlord _____ Phone Number _____

   Dates of Occupancy: from _____ to _____

   Reason for Moving _____

***** Are you currently subsidized? ☐ Yes ☐ No. If yes, what type of subsidy? Project-based or City voucher (circle one)

2. Name of previous landlord, if applicable _____

   Address of next previous landlord _____ Phone Number _____

   Dates of Occupancy: from _____ to _____

   Reason for Moving _____

PLEASE LIST ALL THE STATES IN WHICH APPLICANT(S) AND ALL HOUSEHOLD MEMBERS HAVE RESIDED:
(include current State): _____

_____

_____

Have you ever been the subject (summary process action) of an eviction? ☐ Yes ☐ No

Have you been convicted of a felony? ☐ Yes ☐ No

Is Applicant(s) subject to state lifetime sex offender registration? ☐ Yes ☐ No

In accordance with HUD financial requirements, The Towers requires you to provide a summary of your income, assets and liabilities so that we can determine whether you meet the income requirements of this facility and what resources you have available to pay for the services of the facility. Please be advised that HUD may verify the information provided by you with the IRS.

Applicant's Name: _____
(Note if more than one applicant list both names)

Address_____
Street City State ZIP Code

Telephone Number Home _____ Cell _____

"Did you dispose of any assets during the past two years for less than fair market value?"
☐ Yes (total of amount:) _____ ☐ No

INCOME: Most current Financial Information (required by HUD)
*****Combine totals for all categories except for Social Security and Pension, which must be listed separately for each applicant.

	Monthly Income	**Asset Value**
Applicant:		
Social Security **Gross** Benefit Amount	_____	_____
Medicare Deduction	_____	_____
Social Security – **Net** Amount of Check	_____	_____
Private Pension - **Gross** Amount	_____	_____
Private Pension – Medicare Reimbursement	_____	_____
Private Pension – **Net** Amount of Check	_____	_____
Co-Applicant:		
Social Security **Gross** Benefit Amount	_____	_____
Medicare Deduction	_____	_____
Social Security – **Net** Amount of Check	_____	_____
Private Pension - **Gross** Amount	_____	_____
Private Pension – Medicare Reimbursement	_____	_____
Private Pension – **Net** Amount of Check	_____	_____
Annuities (copy of last statement)	_____	_____
Disability Insurance	_____	_____
Checking Account Balance (6 month Average)	_____	_____
Checking Account Interest Rate	_____	_____
Savings Account Current Balance	_____	_____

Savings Account Interest Rate	_____	_____
CDs - Balance and Interest Rate	_____	_____
Money Market Balance and Interest Rate	_____	_____
Dividends Last Quarter	_____	_____
Trust Income/Asset Value	_____	_____
Alimony	_____	_____
Life Insurance (cash value)	_____	_____
Real Estate	_____	_____
Other Source of Income or Assets	_____	_____
Specify: _____	_____	_____

Total Monthly Income $_____

Total Yearly Income for most recent year $_____

EXPENSES/LIABILITIES: Average Monthly Medical Expenses for the Last three Months: _____
(Specify on separate page: Doctor, Dentist and Pharmacy bills; Medical Insurance)
Other liabilities: _____

1. The following person(s) will assist me in maintaining my financial records:

Name _____ Relationship_____

Address _____
Street City State ZIP

Phone No. Home _____ Work _____ Cell _____

Email Address _____

Name _____ Relationship_____

Address _____

Street City State ZIP

Phone No. Home _____ Work _____ Cell _____

Email Address _____

2. Will another individual guarantee payment for rent and other fees? ☐ **Yes** ☐ **No**

If yes, whom:
Name _____ Relationship_____

Address _____
Street City State ZIP

Phone No. Home _____ Work _____ Cell _____

Email Address _____

3. Whom should we contact with questions regarding this form?

Self/Applicant _____ Relationship _____

Address _____
Street City State ZIP

Address _____
Street City State ZIP

Phone No. Home _____ Work _____ Cell _____

Email Address _____

Social Service Section

Does any member of your household smoke? ☐ Yes ☐ No

Do you have the assistance of another person or persons with any of the following activities in your current place of residence?

☐ Yes ☐ No

You must have a need for one or more of the activities of daily living below in bold in order to reside in an Assisted Living Apartment.

If Yes, who provides this assistance?:			Agency	Family
Assist with meal preparation	☐ Yes	☐ No	_____	_____
Bathing	☐ Yes	☐ No	_____	_____
Dressing	☐ Yes	☐ No	_____	_____
Assistance in medication	☐ Yes	☐ No	_____	_____
Managing finances and paying rent and bills	☐ Yes	☐ No	_____	_____
Housekeeping/cleaning	☐ Yes	☐ No	_____	_____
Shopping	☐ Yes	☐ No	_____	_____
Arranging for appointments	☐ Yes	☐ No	_____	_____

Do you currently use any assertive or medical devices (e.g. walker, shower chair, or commode) ☐ Yes ☐ No

If yes, please describe

_____

_____

If others provide services to you, will you continue to utilize those assistants/services if you move to The Towers? ☐ Yes ☐ No

If you do not plan on maintaining your current means of assistance, how do you plan to receive assistance here in The Towers?

_____

_____

Do you plan to use a service animal (i.e., guide dog) at The Towers? ☐ Yes ☐ No
If yes, please describe the type of animal you will use

_____

Does someone have Power of Attorney or Conservatorship of Health and/or Estate for either applicant?

☐ Yes ☐ No

If yes, copies of legal documents are required.

THE TOWERS
APPLICATION CERTIFICATION

I/we hereby make a formal application for an apartment at, The Towers, and if accepted will comply with all terms and conditions of the written lease and Resident Handbook.

I/we hereby authorize The Towers to contact all employers, landlords or other reference sources that I/we have provided.

I/we hereby authorize The Towers to conduct a criminal background check.

Note: Please include a copy of Social Security card, picture I.D. and proof of age.

Applicant Statement: I/we certify that the statements in this application and all information provided are true and complete to the best of my/our knowledge and belief.

I/we understand that false statements or information may be punishable under federal or state law and may result in denial or termination of application.

_____ _____

Signature (Applicant) Date

_____ _____

Signature (Co-applicant) Date

THE TOWERS
AT TOWER LANE

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www.towerlane.org

CONFIDENTIAL/EMERGENCY INFORMATION

Resident:	Apt. :	Telephone#:
SS#:	Date of birth:	
Age:		
Medicare #:		
Medicaid #:	Effective Date: Part A _____/Part B_____	
Medicare Part D #	Insurance Name:	
Other Insurance:		
Veteran? Yes/No	Male/Female	Religion:
Primary language:		
Hospital preference:		
Allergies:		
Pharmacy Name:	Telephone:	
Primary Physician:	Telephone:	
Address:		
Specialist:	Type:	Telephone:
Address:		
Specialist:	Type:	Telephone:
Address:		
Specialist:	Type:	Telephone:
Address:		
Psychiatrist:	Telephone:	
Address:		
Dentist:	Telephone:	
Address:		
Advance Directives (attach copies)		
☐ Health care proxy	☐ Legal guardian	☐ Power of attorney
☐ Living will	☐ DNR	
In case of emergency notify:		
1. Name:	Relationship:	
Address:	E-mail address:	
Telephone #: Home:	Work:	Cell:
2. Name:	Relationship:	
Address:	E-mail address:	
Telephone #: Home:	Work:	Cell:
Responsible Party/Send bills to:		
Name:	Relationship:	
Address:		
Telephone #: Home:	Work:	Cell:
Funeral Home:	Telephone:	
Address:		
Other information:		

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant **Date**

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

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

Form **HUD- 92006** (05/09)

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NOTIFICATION AND AUTHORIZATION FOR TENANT BACKGROUND CHECK

Para informacion en espanol, visite www.backgrounddecision.com/esp , o llame al (800) 332-9479.

I authorize Strategic Information Resources, Inc. to thoroughly investigate my personal history. I understand that the information supplied by me, regarding my: residence History, Employment History, Credit History, Criminal History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the validity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I acknowledge that these reports may be obtained at any time after receipt of my authorization and throughout the course of my rental agreement.

I am aware that in the event an investigative consumer report is prepared, I am entitled to request additional disclosures regarding the nature and scope of the investigation being requested as well as a written summary of my rights under the Fair Credit reporting Act.

I authorize and release from all liability, without reservation, the consumer-reporting agency (CRA) and any law enforcement agency, administrator, state/federal agency, institution, information service bureau, employer, employee, insurance company or person gathering or providing information, to complete this investigation.

My signature below certifies that this authorization and the accompanying application and other documents were completed by myself, are complete, and true to the best of my knowledge. This release will remain valid unless revoked in writing.

Copies and facsimile copies of this document may be accepted in lieu of the original.

Applicant Signature _____ Signature Date _____

Printed Name _____ Drivers License # _____ State _____

Social Security Number _____ Date of Birth* _____ Email Address _____

Current Address _____ City _____ State _____ Zip _____ Residence Dates (From – To) _____

Previous Address _____ City _____ State _____ Zip _____ Residence Dates (From – To) _____

Please list any aliases that you have used within the past seven years here. (This may include **Maiden Names** or prior legal names)

☐ CA, OK, & MN Residents Only: Check this box if you would like a copy of the background check results mailed to you.

* Date of Birth is being requested in order to obtain accurate retrieval of records

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LANDLORD REFERENCE FORM

Name: _____

I hereby authorize release of information to The Towers at Tower Lane.

_____ _____
Applicant's signature Date

Do you own ☐ or rent ☐? If you rent, please complete the remainder of this form.

Dear Landlord:
The applicant(s) listed above has applied for housing with The Towers at Tower Lane. In order to determine the eligibility of this applicant for housing, The Towers at Tower Lane needs complete and accurate information on the applicant's current and/or prior housing history. Please complete this form, and return it to us as soon as possible. Thank you for your help.

General Information:

Are you: ☐ Current Landlord ☐ Former Landlord ☐ Other

Other please describe_____

Dates of the Applicant's Tenancy: From _____ To _____

Is this tenant subsidized? ☐ **Yes** ☐ **No**
If yes, what type of subsidy? Project-based or City voucher (circle one)

Please Circle Response

- Are you a relative or friend of the applicant? Yes No
- Does/Did the applicant have a lease? Yes No
- Is the applicant listed on the lease for the unit? Yes No

Information on Rent Payment:

- Amount of Monthly Rent: $_____ Did this include utilities? Yes No
- Does/Did applicant pay rent on time? Yes No
- Does the applicant owe you money? Yes No
  If yes, how much? $_____
- Has the applicant ever paid rent late? Yes No
  How late? ☐ 3 mos. ☐ 2 mos. ☐ 1 mo. ☐ Other (Explain): _____
  How often? ☐ Always ☐ Sometimes ☐ Infrequent
- Have/Had you ever begun or completed eviction proceedings for non-payment? Yes No
- Have/Were applicant's utilities ever disconnected? Yes No

Information on the care of the Unit:

- Does/Did the applicant keep the unit clean, safe, and sanitary? Yes No
- Has/Had there ever been a fire in the unit during the applicant's tenancy? Yes No
- Has/Had the applicant, family member or guest damaged the unit including making any unauthorized changes? Yes No
  If yes describe: _____ Cost: $_____
- Has applicant paid for the damage? Yes No
- Will/Did you keep the security deposit? Yes No
- Does/Did the applicant have problems with rodent or insect infestation? Yes No
- Does/Did the applicant's housekeeping habits contribute to the infestation? Yes No

Information on Tenancy:

- Does/Did the applicant permit persons other than those on the lease to live in the unit on a regular basis? Yes No
- Have/Had you ever received complaints regarding the applicant, family member(s) or guests causing any problems or creating too much noise? Yes No
- Has/Did the applicant, family member(s), or guests damaged or vandalized the common areas or unit? Yes No
- Does/Did the applicant, family member(s) or guest create any physical hazard to other residents?
  If yes, describe:_____ Yes No
  _____
- Does/Did the applicant, family member(s) or guest interfere with the rights and quiet enjoyment of others? Yes No
  If yes, describe:_____
  _____
- Does the applicant family members(s) or guest engage in any criminal activity, including drug-related activity? Yes No
  If yes, describe:_____
  _____
- Does/Did applicant family member(s) or guest act in a physically violent and/or physically abusive manner towards neighbors, landlord or landlord's staff? Yes No
  If yes, describe:_____
  _____
- Have/Had you ever asked this applicant to leave or proceed with eviction against this applicant?
  If yes, describe: _____ Yes No
  _____
- Do you know of any other reason why this applicant would not make a good tenant? Yes No
  If yes, describe:_____
  _____
- Would you rent to this applicant again? Yes No

_____ _____ _____

Signature of Landlord Telephone Number Date

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TENANT DECLARATION FORM

Instructions: Complete this form for each member of the household listed on the Application

Last Name _____

First Name _____ Middle Name _____

Relationship to Head of household _____

Sex _____ Date of Birth_____

Social Security No. _____ Alien Registration No. _____

Admission No. _____ if applicable, (this is an 11-digit number found on INS Form I-94, Departure record)

Nationality _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

Save Verification No. _____ (to be entered by owner if and when received)

****

INSTRUCTIONS: Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks designated below and complete either block number 1 or 2

****

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am:
(print or type first name, middle initial, last name)

_____ 1. A citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

_____ _____
Signature Date

Check here if adult signed for a child: _____

_____ 2. A non-citizen with eligible immigration status in the category checked below:

_____ (I) A non-citizen lawfully admitted for permanent residence, as defined be section 101 (a) (20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1011 (a) (20) and 1101 (a) (15), respectively. (immigrants) (This category includes a non-citizen admitted under section 210 pr 210A of the INA (8 U.S.C. 1160 or 1161), (special agricultural worker), who has been granted lawful resident status):

_____ (II) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);

_____ (III) A non-citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.

2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

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

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.):	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.):
Colleen Judge, Asset Mgmt. Division Director Thomas P. O'Neill, Jr. Federal Building 10 Causeway Street 3rd Floor, Boston, MA 02222-1092	New Haven Jewish Community Council Housing Corp., The Towers 18 Tower Lane New Haven, CT 06519	Thomas P. Gerundo, Contract Admin. Coordinator Navigate Affordable Housing Program

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 verity salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section

221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household	Date	Other Family Members 18 and Over	Date
Spouse	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

_____

Name of Applicant or Tenant (Print)

_____

Signature of Applicant or Tenant & Date

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

Jeremy Perkins

Name of Project Owner or his/her representative

Controller

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.