



Quality of Life

Self-sufficiency

Community

## Application Instructions and Additional Documents Required

NOTE: It is the applicant's responsibility to provide Archuleta Housing Corporation with necessary application updates. Furthermore, if applicant does not contact Archuleta Housing Corporation within a 6-month period, application will be taken off the waiting list.

Please complete applications in **black** or **dark blue** ink.

An incomplete application is grounds for denial.

### **Please include the following items with your application:**

- Social Security Cards for all family members
- Birth Certificates for all family members
- ID/Drivers' License for all adults

**Archuleta Housing Corporation**  
**P.O. Box 355, Pagosa Springs, CO 81147**  
**phone (970) 398-1860 or (970) 398-1864**

Archuleta Housing does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

**Household Composition and Characteristics:**

**1) List all family members who will be living in the unit:**

Full Legal Names of Household Members	Relationship To Head	Sex	Age	Date of Birth	part- or full-time student @ institute of higher learning?	Social Security No.
a)	HEAD					
b)						
c)						
d)						
e)						
f)						
g)						
h)						

**2) List all previous AKA names** \_\_\_\_\_

**3) Current telephone numbers (home/work/cell/message)** \_\_\_\_\_

**4) Current mailing address** \_\_\_\_\_

**5) Please list all states in which any member of the family has resided:** \_\_\_\_\_

**6) Does anyone live with you now who is not listed above?** ☐ Yes ☐ No

Explain: \_\_\_\_\_

**7) Will anyone be living with you in the future who is not listed in #1 above?** ☐ Yes ☐ No

Explain: (If pregnant, include due date of baby.) \_\_\_\_\_

**8) Have you been convicted of a felony?** ☐ Yes ☐ No

Explain: \_\_\_\_\_

**9) Is any member of your household subject to Lifetime Sex Offender Registration in any state?** \_\_\_\_\_

**10) Race of Head of Household (Optional)**

☐ White

☐ Black

☐ Native American/Alaskan Native

☐ Asian/Pacific Islander

**11) Ethnicity (Optional)**

☐ Hispanic

☐ Non-Hispanic

**12) Do you have full custody of all children listed in #1 above?** ☐ Yes ☐ No

**13) Are you handicapped or disabled?** ☐ Yes ☐ No (Optional)

**14) Are any children handicapped or disabled?** ☐ Yes ☐ No (Optional)

**15) Please indicate how you heard about our property?**

☐ Newspaper

☐ Agency

☐ Friend

☐ Resident

☐ Brochure

☐ Drive by

☐ Other

**16) Please tell us what interested you in our property. (features, location, etc.)**

**Income and Asset Information**

**INCOME**

Type/Source of Income	\$\$\$ Amount (Per Hour, monthly grant, etc.)	\$\$\$ (Hrs/Wk, Monthly, etc.)	Per .... How Often?
-----------------------	--	-----------------------------------	---------------------

**ASSETS**

List all checking and savings accounts, IRAs, Keogh accounts, Certificates of Deposit, etc.... Of all household mbrs:

Bank name and location

Account type

Acct. Number

Current Balance

**Applicant Certification**

I certify that if selected to receive assistance, the unit I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility. I authorize the owner/manager to verify all information on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or Local Agencies. I certify that the statements made in this application are true and complete to the best of my knowledge and belief.

I understand that providing false statements or information is punishable under Federal law, and constitute grounds for rejection of this application and termination of any lease subsequently entered into.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

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

**This Package contains the following documents:**

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

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

### What Verification Involves

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

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

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

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

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

### Customer Protections

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

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

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

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

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

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

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

### Consequences for Not Signing the Consent Forms

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

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

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

### Programs Covered by this Fact Sheet

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

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

# Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): Attn: Director Multifamily Division 1670 Broadway Denver CO 80202	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Archuleta Housing Corp. 703 San Juan St PO Box 355 Pagosa Springs CO 81147	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.): CHFA 1981 Blake Street Denver, CO 80202
--	--	--

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

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

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

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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

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

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

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

## Instructions to Owners

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

## Instructions to Applicants and Tenants

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

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

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

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

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

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

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

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

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

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

### Failure to Sign the Consent Form

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

### Conditions

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

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

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

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

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

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

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

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

---

Name of Applicant or Tenant (Print)

---

Signature of Applicant or Tenant & Date

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

---

Name of Project Owner or his/her representative

---

Title

---

Signature & Date  
cc:Applicant/Tenant  
Owner file

### Penalties for Misusing this Consent:

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

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

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

## Application for Admission and Rental Assistance

Property \_\_\_\_\_ Date \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work or Cell Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

### **Rental History**

**Give a complete** history of your residences for the last **two years**, starting with your current residence. Include all addresses regardless of location, whether or not you paid rent, were on the lease, etc. Leave no time gaps longer than one month. Attach an additional page if necessary. Leave no blanks. All information must be complete or we will be unable to process your application due to lack of information. We will be happy to assist you at your request.

**Current Address:** \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Occupancy: From: \_\_\_\_\_ To: \_\_\_\_\_ Rent amount: \_\_\_\_\_

☐ House ☐ Apartment ☐ Other Name of Complex: \_\_\_\_\_

Name of person collecting rent: \_\_\_\_\_ Their Phone #: \_\_\_\_\_

Their Title: ☐ Manager/Landlord ☐ Friend ☐ Relative: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Occupancy: From: \_\_\_\_\_ To: \_\_\_\_\_ Rent amount: \_\_\_\_\_

☐ House ☐ Apartment ☐ Other Name of Complex: \_\_\_\_\_

Name of person collecting rent: \_\_\_\_\_ Their Phone #: \_\_\_\_\_

Their Title: ☐ Manager/Landlord ☐ Friend ☐ Relative: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

### **Employment History:**

**Current Employer:** \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Gross Monthly Income\$: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Gross Monthly Income\$: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**This is to inform you that as part of our procedure for processing your application, a Consumer Credit Report and Criminal History Report will be obtained. Also, we may need personal interviews or written verifications with Landlords, Employers, or others with whom you are acquainted. If you do not authorize us to obtain this information, you must bring this to our attention immediately.**

I \_\_\_\_\_ authorize the above mentioned transactions:

\_\_\_\_\_, 20\_\_\_\_\_

**Signature of Applicant**

**Date**

**Credit Information:**

List any debts you currently have, include credit cards, student loans, car loans, medical, past due rent, and any other debts:

Type:	Amount Owed:	Comments:

Have you ever lived in subsidized housing? ☐ Yes ☐ No

Please Explain \_\_\_\_\_

Have you ever been evicted from any residence? ☐ Yes ☐ No

Please Explain \_\_\_\_\_

Do you currently owe any landlord money? ☐ Yes ☐ No

Please Explain \_\_\_\_\_

Have you ever violated a lease, rental agreement or regulations at a former place of rental? ☐ Yes ☐ No

Please Explain \_\_\_\_\_

Have you ever been charged with misuse or abuse to any rental property? ☐ Yes ☐ No

Please Explain \_\_\_\_\_

Do you own a pet? ☐ Yes ☐ No What type? \_\_\_\_\_

Do you pay for childcare? ☐ Yes ☐ No

Please Explain \_\_\_\_\_

Are you a student:      ☐ Yes      ☐ No

Please Explain \_\_\_\_\_

### **Automobiles**

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

### **References and Emergency Information**

Please provide the name, address, phone number and relationship of:

An Emergency Contact

A Personal Reference

---

---

---

---

---

---

---

---

## Checklist for Income, Assets, and Allowance

This checklist must be completed at initial certifications and at each annual and interim recertifications. Each adult member of the household (age 18 or older) must complete and sign a separate form. Failure to comply could result in denial or termination of assistance.

\_\_\_\_\_  
Last Name First Name M.I.

Yes No Answer Yes or No to Each Item:

### NON-ASSET INCOME

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a child under the age of 18 with non-employment income. Name: _____                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | I am employed. List all of the companies you work for: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive tips, bonuses or commissions.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently working overtime, or expect to work overtime in the next 12 months.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | I am self-employed. Type of business: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I own my own small business. Name of business: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently a student, but expect to be employed during the summer months.                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from military employment.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive unemployment or Worker's compensation benefits.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Social Security.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Supplemental Security Income.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Administration benefits or benefits from the GI Bill.                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive disability or death benefits other than Social Security.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Public Assistance (welfare).  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive alimony.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive child support. How many providers? _____ Is it paid directly to Social Services? _____              |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular cash contributions or gifts (including utility, phone, cable, or rent pmts. paid for you).  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from annuities, an inheritance, or a non-revocable trust fund.                               |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular payments from insurance policies. List all policies: _____                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from retirement funds. List all companies: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from one or more pensions. List all pensions: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from lottery winnings.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently having a benefit reduced to adjust for a prior overpayment.                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | I received a cash settlement or a lump sum receipt in the last 12 months, or expect to in the next 12 months. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have received a delayed periodic receipt. List agency: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have income from other sources not listed above. Explain: _____   |

### ASSET INCOME

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have cash held in my home or in a safety deposit box.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have assets held in another state. Type: _____ List State(s): _____                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I own real estate. How many properties? _____ Name location(s): _____                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I have equity in rental property or other capital investments. Name _____                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive rental income from real estate. Name location(s): _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from rental of farm land. Name location(s): _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from oil or gas rights. Name location(s): _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I own a land contract, mortgage or deed or trust. Name: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a vacant house or land that currently receives no income. Name location(s): _____                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I own a mobile home. I receive _____ monthly rental income from it. It is vacant _____                    |
| <input type="checkbox"/> | <input type="checkbox"/> | I own a funeral account. It is revocable _____ It is non-revocable _____                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I own personal property for investment purposes (gems, jewelry, antique cars, coin or stamp collections). |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a revocable trust.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have savings accounts. How many? _____ List all institutions: _____                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I have checking accounts. How many? _____ List all institutions: _____                                    |

Yes	No	Answer Yes or No to Each Item:
<input type="checkbox"/>	<input type="checkbox"/>	I have certificates of deposit. How many? _____ List all institutions: _____
<input type="checkbox"/>	<input type="checkbox"/>	I have money market accounts. How many? _____ List all institutions: _____
<input type="checkbox"/>	<input type="checkbox"/>	I have IRA's or Keogh's. How many? _____ List: _____
<input type="checkbox"/>	<input type="checkbox"/>	I have stocks. List all companies: _____
<input type="checkbox"/>	<input type="checkbox"/>	I have bonds. List all types: _____
<input type="checkbox"/>	<input type="checkbox"/>	I have treasury bills.
<input type="checkbox"/>	<input type="checkbox"/>	I have a retirement or pension account.
<input type="checkbox"/>	<input type="checkbox"/>	I have a life insurance policy(ies). It is a "whole life" policy. _____ It is a "universal life" policy: _____
<input type="checkbox"/>	<input type="checkbox"/>	I have assets other than what are listed above. Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	My name is on accounts not effectively owned by me. Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as. _____
<input type="checkbox"/>	<input type="checkbox"/>	power of attorney, in case I become incompetent. These other persons do not own the assets and receive no income from the assets.
<input type="checkbox"/>	<input type="checkbox"/>	I have joint ownership on one or more of the above assets.

#### DIVESTITURE

☐ ☐ I have sold, given away, or otherwise transferred an asset(s) for less than it was worth within the last two years. Explain: \_\_\_\_\_

#### ALLOWANCES

☐ ☐ I am enrolled as a part- or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate or other program leading to recognized educational credential.

☐ ☐ I am elderly (62 or older), handicapped or disabled.

☐ ☐ I pay for medical insurance.

☐ ☐ I pay expenses relating to a handicap or disability.

☐ ☐ I pay medical expenses out of my own pocket.

☐ ☐ I pay child care expenses out of my own pocket.

☐ ☐ I pay attendant care expenses out of my own pocket.

☐ ☐ I pay medical, child care or attendant care expenses, for which I am reimbursed by an outside source or governmental agency.

#### CERTIFICATION

I certify that to the best of my knowledge, all statements made on this checklist form are true and complete. I understand that false or incomplete statements made on this form could result in denial or termination of housing assistance.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Archuleta Housing Corp. 101-35088

P.O. Box 355, Pagosa Springs, CO

Name of Property

Project No.

Address of Property

Archuleta Housing Corporation

Section 8/ Loan M'gmt. Set-Aside

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

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

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

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**

Signature

Date

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

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

--	--

**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.