



## MDP Management Section 811 Communities

Cleveland Supported Housing, Inc. (CSHI), a private, non-profit organization, with the assistance of Tri-County Services, built Independence Oaks Apartments in Cleveland, Texas. CSHI oversees the operations of Independence Oaks and has contracted with MDP Management to provide on-site management.

**Independence Oaks Apartments officially opened on September 1, 2015.**



- **This program is authorized by Section 811 of the National Affordable Housing Act of 1990.**
- **Allows persons with disabilities to live as independently as possible in the community by subsidizing rental housing opportunities which provide access to appropriate supportive services.**
- **Resident's rent is based upon income - they pay 30 percent of their adjusted gross income.**
- **Residents must be extremely low income (within 30 percent of the median income for the area) with at least one adult member with a disability.**
- **House a minimum of 14 persons offering 12 one-bedroom and 2 two-bedroom units with an additional unit for an onsite manager.**
- **Residents enjoy monthly activities on site, such as movie, pizza, and bingo nights in the community room as well as various lunches and dinners where the residents participate in the preparation of the meals.**
- **Allows residents to select their personal need agencies such as mental health care agencies.**
- **Tri-County is available to serve the needs of the residents if they so choose.**
- **Provides both single-family and multi-family dwelling units specifically for persons with disabilities.**
- **Section 811 housing is indistinguishable from other apartment units in surrounding neighborhoods.**
- **Residents are required to have a verifiable, program-specific disability yet must allow them to live independently.**
- **May also have physical disabilities such as impairments of vision, communication, or ambulation.**
- **Section 811 communities provide long-term housing assistance to residents and allow residents to live independently.**
- **Allow disabled adults with children to live with them in their apartment unit. At least one adult member of the household (18 years or older) is required to have a program-specific disability.**

*Independence Oaks Apartments does not discriminate against persons with disabilities or on the basis of disabled status in the admission or access to, or treatment of employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Name: Steve Colella, 6800 Park Ten Blvd., Suite 184-W, San Antonio, TX 78213 Telephone - Voice: (210) 220-1908 TTY: (800) 735-2989*





**MDP MANAGEMENT**  
**INDEPENDENCE OAKS APARTMENTS**

**INSTRUCTIONS TO APPLICANT**

**PLEASE READ ALL INSTRUCTIONS TO COMPLETE YOUR APPLICATION**

Thank you for applying for an apartment at **Independence Oaks Apartments**. There are several parts to our application package:

- 1. Application for Rental** - Please **answer all questions on the application**, complete with verifiable references of previous landlords, verifiable personal references, a mailing address, and your signature. Any questions that do not apply, please write "none" and explain why the question does not apply. Unanswered questions and questions answered with "N/A" on the application makes the application incomplete and therefore, unable to be processed.
- 2. Chronic Mental Illness Verification** - Please complete the top portion **ONLY, sign, date, and return to me**. This document can be completed by the Case Manager or the Physician. If you choose to hand-deliver the document to the physician's office, the physician must mail (or fax) the document to my office.
- 3. Landlord Verification(s)** - You must complete a separate form for EACH landlord you have had in the past 36 months.
- 4. SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING** - This document lists your preferred contact person and give written authority to discuss information (as checked on the form) with the person(s) you list. You also have the right to choose to provide no contact information.
- 5. Tenant Consent to the Release of Information** - There are two signature pages in this document. Please sign as "Head of Household" and date (page 3). Also print name, sign, and date page 6.

**Please return all documents above along with:**

- 1. Valid Photo Identification**
- 2. Social Security Card(s) \***
- 3. Proof of Income\***
- 4. Birth Certificate(s) \***

**\* For each person who will be listed on the lease agreement**  
**\*\* requested by not required**

**All forms must be completed entirely and returned. Your application will be marked INCOMPLETE and DENIED if all required documents are not returned.**

When your application is verified, it will be placed on the waiting list for the size unit for which you qualify. **You must re-verify the status of your application every 6 months for it to remain active.**

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## MDP MANAGEMENT APPLICATION FOR RENTAL

PLEASE FILL OUT THIS APPLICATION COMPLETELY. ALL BLANKS MUST BE FILLED IN BEFORE THE APPLICATION WILL BE CONSIDERED COMPLETE AND CAN BE PROCESSED FOR ELIGIBILITY. IF THE BLANK DOES NOT APPLY TO YOUR SITUATION PUT 'N/A' OR 'NONE' IN THE BLANK.

**1. HEAD OF HOUSEHOLD INFORMATION:**

<b>NAME OF HEAD OF HOUSEHOLD:</b>		<b>E-MAIL:</b>		<b>PHONE NUMBER:</b>	
<b>MARITAL STATUS:</b> <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>CHOOSE NOT TO DISCLOSE</b>		<b>SEX:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> <b>CHOOSE NOT TO DISCLOSE</b>		<b>RACE:</b> <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <b>ETHNICITY:</b> <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> <b>CHOOSE NOT TO DISCLOSE</b>	
STREET ADDRESS:			CITY:	STATE:	ZIP:
MAILING ADDRESS, IF DIFFERENT:			CITY:	STATE:	ZIP:
<input type="checkbox"/> RENT <input type="checkbox"/> OWN	DATES OF RESIDENCY:		REASON FOR MOVING:		
CURRENT LANDLORD NAME:		CURRENT LANDLORD PHONE #:		CURRENT LANDLORD ADDRESS:	

**2. RENTAL HISTORY:**

RESIDENCES FOR PAST THREE (3) YEARS:					
ADDRESS	NAME OF LANDLORD	PHONE	FROM	TO	REASON FOR MOVING

ARE YOU SEEKING HOUSING DUE TO A PRESIDENTIALLY DECLARED DISASTER? YES  NO

HAVE YOU EVER APPLIED FOR A GOVERNMENT-SUBSIDIZED UNIT BEFORE \_\_\_\_\_

WHERE? \_\_\_\_\_

LIST CITIES, COUNTIES AND STATES YOU HAVE LIVED IN \_\_\_\_\_

\_\_\_\_\_

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HOW DID YOU HEAR ABOUT OUR COMMUNITY? \_\_\_\_\_

WHY DO YOU WANT TO LIVE HERE? \_\_\_\_\_

PLEASE TELL US ABOUT YOUR CURRENT HOUSING CIRCUMSTANCES (CHECK ALL THAT APPLY TO YOUR CURRENT SITUATION)  CONVENTIONAL PUBLIC HOUSING  LACK A FIXED NIGHTTIME RESIDENCE  FLEEING/ATTEMPTING TO FLEE VIOLENCE  SUBSTANDARD HOUSING  STANDARD

WERE YOU EVER ASKED TO ALLOW OR PARTICIPATE IN EXTERMINATION OF PEST OTHER THAN REGULARY SCHEDULED PEST CONTROL (INCLUDING ROACHES, BED BUGS, RODENTS, ETC.)?  YES  NO

**3. HOUSEHOLD COMPOSITION:**

STARTING WITH HEAD OF HOUSEHOLD, LIST LEGAL NAMES OF ALL MEMBERS WHO WILL LIVE IN THIS APARTMENT. MEMBERS OF THE APPLICANT'S HOUSEHOLD WHO DO NOT CONTEND ELIGIBLE IMMIGRATION STATUS ARE NOT REQUIRED TO DISCLOSE A SOCIAL SECURITY NUMBER. (INDICATE UNDER OCCUPATION IF FULL-TIME STUDENT):

BIRTH DATE	FULL LEGAL NAME	RELATIONSHIP	AGE	SOCIAL SECURITY #	OCCUPATION/FULL TIME STUDENT
		<b>HOH</b>			

DO YOU ANTICIPATE ANY OTHER MEMBERS WILL JOIN YOUR HOUSEHOLD WITHIN THE NEXT 12 MONTHS (I.E., PREGNANCY, ADOPTION, ETC.)?  YES  NO IF YES, PLEASE EXPLAIN:

IF YOU HAVE NO SOCIAL SECURITY NUMBER, WERE YOU 62 YEARS OF AGE OR OLDER AS OF JANUARY 31, 2010?  YES  NO

WERE YOU RECEIVING HUD RENTAL ASSISTANCE AT ANOTHER LOCATION ON JANUARY 31, 2010

YES  NO IF YES WHERE? \_\_\_\_\_

THIS INFORMATION IS NEEDED IN ORDER FOR THE OWNER TO VERIFY WHETHER THE APPLICANT QUALIFIES FOR THE EXCEPTION FROM DISCLOSING AND PROVIDING VERIFICATION OF SSN.

DOES THE HEAD OF HOUSEHOLD SHARE CUSTODY OF CHILDREN WHO WILL RESIDE IN THE HOUSEHOLD?  YES  NO IF YES WHAT PERCENTAGE OF THE TIME DOES THE CHILD(REN) RESIDE IN YOUR HOME?

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4. **CURRENT EMPLOYER OR AGENCY PROVIDING INCOME FOR THE LAST THREE YEARS.**

LIST ALL INCOME SOURCES. THIS INCLUDES, BUT IS NOT LIMITED TO, FULL AND/OR PART-TIME EMPLOYMENT, ALL INCOME FROM WELFARE AGENCIES, SOCIAL SECURITY, PENSION, SSI, DISABILITY COMPENSATION, ARMED FORCES RESERVES, UNEMPLOYMENT COMPENSATION, BABY-SITTING, CARE-TAKING OF ELDERLY OR DISABLED, ALIMONY, CHILD SUPPORT, EDUCATIONAL LOANS, SCHOLARSHIPS AND GRANTS, INCOME FROM RENTAL PROPERTY, INTEREST ON ASSETS, DIVIDENDS, ANNUITIES, REGULAR CONTRIBUTIONS FROM PEOPLE NOT RESIDING WITH YOU.

NAME	SOURCE OF INCOME	ADDRESS	PHONE #	GROSS INCOME	FREQUENCY (WEEKLY, MONTHLY, ETC.)
				\$	
				\$	
				\$	
				\$	
				\$	

5. **ASSETS:** (LIST ALL ASSETS, WHICH INCLUDE BUT ARE NOT LIMITED TO: SUMS IN CHECKING

ACCOUNTS, SAVINGS ACCOUNTS, SAFE DEPOSIT BOXES AND CASH ON HAND, STOCKS AND BONDS, CERTIFICATES OF DEPOSIT, REAL ESTATE OR OTHER INVESTMENTS).

FAMILY MEMBER NAME	BANK NAME	ACCOUNT #	ACCOUNT TYPE							CURRENT BALANCE
			STOCKS/BONDS MARKET	SAVINGS	CHECKING	TRUST	IRA	CA	MONEY	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

DO YOU OWN REAL ESTATE?  YES  NO  
 IF YES, GIVE THE FULL ADDRESS OF PROPERTY.

HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE PAST TWO (2) YEARS?  
 YES  NO   
 IF YES, PLEASE LIST TYPE OF PROPERTY OR ASSET.

DO YOU HAVE A DIRECT EXPRESS CARD?  YES  NO

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**6. CHILD CARE EXPENSES:**

DOES ANYONE IN THE HOUSEHOLD PAY CHILD CARE EXPENSES DUE TO: <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> TO SEARCH FOR EMPLOYMENT <input type="checkbox"/> EDUCATION				
NAME (HOUSEHOLD MEMBER WHO PAYS)	NAME OF CHILD (FOR WHOM CARE IS PROVIDED)	NAME OF CHILD CARE PROVIDER	FREQUENCY (WEEKLY/MONTHLY)	AMOUNT
				\$
				\$
				\$
IS THE CHILD CARE PROVIDED BY A MEMBER OF THE HOUSEHOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS THE HOUSEHOLD REIMBURSED BY AN OUTSIDE AGENCY OR INDIVIDUAL? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**7. MEDICAL EXPENSES:**

<b>PLEASE COMPLETE CURRENT / ANTICIPATED MEDICAL EXPENSE(S)</b> <i>(DOCTOR, DENTIST, OPTOMETRIST, HOSPITAL, PRESCRIPTION, INSURANCE PREMIUMS, OTC MEDICATIONS OR SUPPLIES, ETC.)</i>			
TYPE OF EXPENSE	AMOUNT \$	TYPE OF EXPENSE	AMOUNT \$
IS THE HOUSEHOLD REIMBURSED BY AN AGENCY AND/OR INDIVIDUAL FOR ANY OF THESE COSTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THE HOUSEHLD HAVE ANY ONE-TIME NON-RECURRING MEDICAL EXPENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO?	

**8. HANDICAP/DISABILITY INFORMATION:**

NOTE: **YOU ARE NOT REQUIRED TO DISCLOSE INFORMATION PERTAINING TO A HANDICAP/DISABILITY STATUS**, EITHER FOR YOURSELF OR FOR A FAMILY MEMBER. HOWEVER, THIS INFORMATION MAY HAVE A BEARING ON YOUR ELIGIBILITY FOR ASSISTANCE, MAY INFLUENCE YOUR MONTHLY RENTAL RESPONSIBILITY AND MAY QUALIFY YOU FOR AN ACCESSIBLE UNIT.

DOES ANY MEMBER OF THE HOUSEHOLD HAVE A CONDITION WHICH MAY BE CONSIDERED A PHYSICAL HANDICAP OR MENTAL DISABILITY?		YES	NO
DOES THIS CONDITION REQUIRE AN ACCESSIBLE APARTMENT UNIT?		YES	NO
IS THE HEAD OF HOUSEHOLD, SPOUSE OR CO-HEAD AT LEAST 62 YEARS OF AGE?		YES	NO
IS THE HEAD OF HOUSEHOLD, SPOUSE OR CO-HEAD A PERSON WITH A DISABILITY?		YES	NO
DO YOU PAY FOR ANY ATTENDANT CARE OR APPARATUS REQUIRED BY A HANDICAPPED OR DISABLED INDIVIDUAL?		YES	NO
IF YES, PLEASE INDICATE:	NAME:	TYPE OF AUXILLARY APPARATUS	AMOUNT: \$ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY
	NAME:	TYPE OF AUXILLARY APPARATUS	AMOUNT: \$ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY
DOES THE CARE AND/OR AUXILLARY APPARATUS ENABLE AN ADULT HOUSEHOLD MEMBER TO WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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**9. CRIMINAL HISTORY:**

HAS ANY HOUSEHOLD MEMBER EVER BEEN CONVICTED, PLEAD GUILTY OR NO-CONTEST TO ANY CRIME? YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>HOUSEHOLD MEMBER'S NAME</b>	<b>WHERE</b>	<b>WHEN</b>	<b>COUNTY/STATE</b>	
<b>HOUSEHOLD MEMBER'S NAME</b>	<b>WHERE</b>	<b>WHEN</b>	<b>COUNTY/STATE</b>	
<b>HOUSEHOLD MEMBER'S NAME</b>	<b>WHERE</b>	<b>WHEN</b>	<b>COUNTY/STATE</b>	
IS ANY HOUSEHOLD MEMBER SUBJECT TO A <b>LIFETIME REGISTRATION</b> REQUIREMENT UNDER ANY STATE <b>SEX OFFENDER REGISTRATION PROGRAM</b> ? YES <input type="checkbox"/> NO <input type="checkbox"/> <b><u>FAILURE TO RESPOND TO THIS QUESTION MAY JEOPARDIZE THE APPROVAL OF THE APPLICATION.</u></b>				
<b>HOUSEHOLD MEMBER'S NAME</b>	<b>PLEASE PROVIDE DETAILS:</b>			
<b>HOUSEHOLD MEMBER'S NAME</b>	<b>PLEASE PROVIDE DETAILS:</b>			
<b>HOUSEHOLD MEMBER'S NAME</b>	<b>PLEASE PROVIDE DETAILS:</b>			
IS ANY MEMBER OF THE HOUSEHOLD CURRENTLY ENGAGED IN ILLEGAL DRUG USE OR CONTROLLED SUBSTANCES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>HOUSEHOLD MEMBER'S NAME</b>		<b>HOUSEHOLD MEMBER'S NAME</b>		
<b>HOUSEHOLD MEMBER'S NAME</b>		<b>HOUSEHOLD MEMBER'S NAME</b>		
IS ANY HOUSEHOLD MEMBER UNDERGOING REHABILITATIVE TREATMENT FOR DRUG OR ALCOHOL ADDICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE:				
<b>HOUSEHOLD MEMBER'S NAME</b>	<b>PHYSICIAN'S NAME</b>	<b>TREATMENT CENTER NAME</b>	<b>TREATMENT CENTER ADDRESS</b>	<b>TREATMENT CENTER PHONE #</b>
<b>HOUSEHOLD MEMBER'S NAME</b>	<b>PHYSICIAN'S NAME</b>	<b>TREATMENT CENTER NAME</b>	<b>TREATMENT CENTER ADDRESS</b>	<b>TREATMENT CENTER PHONE #</b>

**10. MONTHLY FINANCIAL OBLIGATIONS:**

NAME OF COMPANY	ADDRESS	ACCOUNT #	MONTHLY PAYMENTS

**11. VEHICLES:**

VEHICLE #1			VEHICLE #2		
MAKE/MODEL	YEAR	LICENSE PLATE #	MAKE/MODEL	YEAR	LICENSE PLATE #

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**12. PERSONAL REFERENCES:**

NAME	RELATIONSHIP	ADDRESS	PHONE
EMERGENCY CONTACT:			
EMERGENCY CONTACT:			

**NOTE:**

- (1) THIS APPLICATION AND INFORMATION CONTAINED THEREIN MUST BE RENEWED BY CALLING THE OFFICE **EVERY 6 MONTHS** TO KEEP YOUR POSITION ON THE WAITING LIST.
- (2) DEPOSIT MADE FOR AN APARTMENT IS REFUNDABLE PRIOR TO SIGNING OF THE LEASE. THE OWNER/AGENT HAS 30 DAYS IN WHICH TO REFUND THE DEPOSIT.
- (3) REGARDLESS OF WHEN THE APPLICANT AND ALL HOUSEHOLD MEMBERS MOVE IN, IF ANY HOUSEHOLD MEMBER ENGAGES IN CRIMINAL ACTIVITY (INCLUDING SEX OFFENSES) WHILE LIVING ON THE PROPERTY, TERMINATION OF THE LEASE CONTRACT AND EVICTION WILL BE PURSUED TO THE EXTENT ALLOWED BY THE LEASE, HUD REGULATIONS AND STATE/LOCAL LAW.

**PENALTIES FOR MISUSE OR FALSIFICATION:**

TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT. HUD, THE PHA AND ANY OWNER (OR ANY EMPLOYEE OF HUD, THE PHA OR THE OWNER) MAY BE SUBJECT TO PENALTIES FOR UNAUTHORIZED DISCLOSURES OR IMPROPER USES OF INFORMATION COLLECTED BASED ON THE CONSENT FORM. USE OF THE INFORMATION COLLECTED BASED ON THIS VERIFICATION FORM IS RESTRICTED TO THE PURPOSES CITED ABOVE. ANY PERSON WHO KNOWINGLY OR WILLFULLY REQUESTS, OBTAINS OR DISCLOSES ANY INFORMATION UNDER FALSE PRETENSES CONCERNING AN APPLICANT OR PARTICIPANT MAY BE SUBJECT TO A MISDEMEANOR AND FINED NOT MORE THAN \$5,000. ANY APPLICANT OR PARTICIPANT AFFECTED BY NEGLIGENT DISCLOSURE OF INFORMATION MAY BRING CIVIL ACTION FOR DAMAGES, AND SEEK OTHER RELIEF, AS MAY BE APPROPRIATE, AGAINST THE OFFICER OR EMPLOYEE OF HUD, THE PHA OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSURE OR IMPROPER USE. PENALTY PROVISIONS FOR MISUSING THE SOCIAL SECURITY NUMBER ARE CONTAINED IN THE SOCIAL SECURITY ACT AT 42 U.S.C. 208(F)(G) AND (H). VIOLATION OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 U.S.C. 408, F, G, AND H.

SIGNATURE OF HEAD OF HOUSEHOLD	DATE
SIGNATURE OF SPOUSE OR CO-APPLICANT	DATE
SIGNATURE OF OTHER ADULT HOUSEHOLD MEMBER	DATE

**BELOW FOR OFFICE USE ONLY**

DATE RECEIVED:	TIME RECEIVED:	MANAGER'S INITIALS:	BEDROOM SIZE:
EIV EXISTING TENANT SEARCH ON ALL HOUSEHOLD MEMBERS – DATE COMPLETED:			

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**MDP MANAGEMENT**  
**INDEPENDENCE OAKS APARTMENTS**

**CHRONIC MENTAL ILLNESS VERIFICATION**

To: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_  
Address: \_\_\_\_\_ Applicant: \_\_\_\_\_  
\_\_\_\_\_ SS# \_\_\_\_\_

Dear Sir/Madam:

The above-named person is applying for admission to subsidized housing in a housing community established to provide a living environment for persons recovering from a severe mental illness. Since this housing community is intended specifically for the Chronically Mentally Ill, we must by law obtain verification of this person's condition. The applicant has named you as a person who can provide this verification. It would be appreciated if you could supply the information requested below, and promptly return this form in the attached stamped, self-addressed envelope. If you have any questions, you may call me at your convenience at (281) 592-0777.

Sincerely,

De'Nique Johnson  
De'Nique Johnson, CEO / Community Director

\_\_\_\_\_ Date

**Independence Oaks Apartments**  
303 Sleepy Hollow  
Cleveland, Texas 77327

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408, f, g, and h.

**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**

**RELEASE: I hereby authorize the release of the requested information.**

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

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### VERIFICATION

1. Please provide a brief explanation of current psychiatric illness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Current diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is applicant currently taking any prescription medications relevant to psychiatric condition?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Is applicant currently undergoing any medical treatment relevant to psychiatric condition?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" to either of the above, does the applicant have a need for residential support services or other assistance in maintaining medication or treatment? Please explain this need:

4. Is applicant receiving active case management services? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please provide the following information:

\_\_\_\_\_ Name of Case Manager \_\_\_\_\_ Phone number

5. Any past history of suicidal ideation/behavior? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" please describe last incident, including date and relevant circumstances, if any:

6. Any past history of homicidal/assault behavior? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" please describe last incident, including date and relevant circumstances, if any:

7. Any evidence of current abuse of illegal drugs and/or controlled substances? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", is applicant currently undergoing rehabilitation treatment for this abuse?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain this abuse and corresponding treatment as it relates to this applicant's ability and willingness to comply with the terms of the HUD Model Lease, the name of the agency providing treatment, as well as any mitigating circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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8. Any past history of criminal charges or complaints files against this applicant for actions against people or property? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Please list family and community support systems available to applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. In your opinion, could applicant benefit from case management or Occupational Therapy services? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", may we contact you for a prescription? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. In your opinion, does this applicant qualify for admission to the apartments? \_\_\_ Yes \_\_\_ No
12. May we contact you for further elaboration or clarification if needed? Yes \_\_\_\_\_ No \_\_\_\_\_

_____	_____
Name of person completing this verification form	Signature
_____	_____
Title	Agency
_____	_____
Phone	Date

Independence Oaks Apartments does not discriminate against persons with disabilities or on the basis of disabled status in the admission or access to, or treatment of employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Name: Steve Colella, 6800 Park Ten Blvd., Suite 184-W, San Antonio, TX 78213 Telephone - Voice: (210) 220-1908 TTY: (800) 735-2989





**MDP MANAGEMENT**  
**INDEPENDENCE OAKS APARTMENTS**

**LANDLORD VERIFICATION**

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_  
(address) RE: (Applicant Name) \_\_\_\_\_  
\_\_\_\_\_  
(City, State and ZIP) Address: \_\_\_\_\_  
\_\_\_\_\_

COMMUNITY DIRECTOR/DIRECTOR/PROPERTY OWNER:

The person(s) herein identified is/are an Applicant/Resident for/in rental assisted housing, insured by the Federal Government. To become eligible, the Department of HUD requires the Owner to verify all aspects upon which eligibility is determined. That we may comply with HUD requirements we ask that you kindly provide the information herein requested. The information will only be used to determine eligibility status and will be kept in strict confidence. Your timely completion and return of this request will be highly appreciated. Stamped return envelope enclosed.

Independence Oaks Apartments  
303 Sleepy Hollow Drive  
Cleveland, Texas 77327

De'Nique Johnson \_\_\_\_\_ Date \_\_\_\_\_  
De'Nique Johnson, CPC/ Community Director

RELEASE AND CONSENT:

I/We, the Applicant(s) tenant(s) agree to give the Management/Owner the authority to investigate my/our current and past rental record, tenant conduct, credit rating and all other information necessary to determine eligibility. I/We understand that any misrepresentation of information on my/our part will disqualify me/us from consideration for leasing and may be grounds for eviction.

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Current Landlord  Previous Landlord  Other \_\_\_\_\_

Dates of Applicant's Tenancy: From \_\_\_\_\_ To \_\_\_\_\_

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1. RENT PAYMENT, PRACTICE

- A. Is/Was Applicant current on rent? \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_
- B. Has/Had he/she ever been late? \_\_\_\_\_ How Late \_\_\_\_\_ How Often \_\_\_\_\_
- C. Have/Had you ever begun eviction proceedings for non-payment? \_\_\_\_\_  
When \_\_\_\_\_

2. CARE OF UNIT, HOUSEKEEPING

- A. Does/Did the Applicant keep the unit clean and orderly? \_\_\_\_\_
- B. Has/Had the Applicant damaged the unit? \_\_\_\_\_ Describe \_\_\_\_\_  
\_\_\_\_\_  
How Expensive? \_\_\_\_\_ How many times? \_\_\_\_\_
- C. Has/Had the Applicant paid for the damage? \_\_\_\_\_
- D. Will you (did you) keep any of the security deposit? \_\_\_\_\_ \$ \_\_\_\_\_

3. GENERAL

- A. Does/Did the Applicant permit persons other than those on the Lease to live in the unit? \_\_\_\_\_ Who? \_\_\_\_\_ How many times? \_\_\_\_\_
- B. Has/Had the Applicant or family members damaged or vandalized the common areas? \_\_\_\_\_  
How many times? \_\_\_\_\_ What? \_\_\_\_\_
- C. Does/Did the Applicant or family members create any physical hazards to the community or Residents? \_\_\_\_\_ If yes describe: \_\_\_\_\_  
\_\_\_\_\_
- D. Does/Did the Applicant or family members interfere with the rights and peaceful enjoyment of other residents? \_\_\_\_\_ If yes describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Police Report? \_\_\_\_\_
- E. Does/Did the Applicant condone loud and unruly guest activity? \_\_\_\_\_  
If yes describe: \_\_\_\_\_  
\_\_\_\_\_

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- F. Have/Had you ever begun eviction proceedings for other than non-payment of rent? If yes describe:  
\_\_\_\_\_  
\_\_\_\_\_
  
- G. Has/Had the Applicant been found to possess or sell illegal substances? \_\_\_\_\_  
If yes describe:  
\_\_\_\_\_  
\_\_\_\_\_
  
- H. Has/Had the Applicant committed a felony? \_\_\_\_\_ If yes describe:  
\_\_\_\_\_
  
- I. Has/Had the Applicant given you any false information? \_\_\_\_\_  
If yes describe \_\_\_\_\_
  
- J. Why is/did the Applicant/Resident moving or move? \_\_\_\_\_  
\_\_\_\_\_
  
- K. Would you rent to this Applicant/Resident again? \_\_\_\_\_ Why/Why Not?  
\_\_\_\_\_  
\_\_\_\_\_
  
- L. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete all portions of the verification. **For those items which do not apply, please indicate with 'None' or explanation.**

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

Telephone \_\_\_\_\_ Title \_\_\_\_\_

**Warning: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.**

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**Stroudsburg woman arrested for Section 8 fraud**

STROUDSBURG - Monroe County District Attorney's Office, announced an arrest following an investigation into alleged housing fraud.

The DA's office received information from the Housing Authority and the Monroe County Probation Department that Crystal Jackson, 28, of Stroudsburg, had an unauthorized individual living in her section 8 (Housing Choice Voucher Program) provided home.

The Section 8 HCVP is intended to assist low to very low income households in obtaining decent and adequate housing.

Tenants receiving assistance in the Section 8 HCVP are required to meet certain income and eligibility requirements.

Under the section 8 HCVP, all or a portion of the tenants rent is subsidized by the United States Department of Housing and Urban Development (HUD) through "Housing Assistance Payments" (HAP) made on the tenants behalf. The amount of the HAP is calculated according to HUD guidelines, which takes into account the size, composition, and income of the household.

Jackson's rent was being paid for by section 8 HCVP at a cost of \$1305 a month.

Jackson paid nothing towards her rent. Jackson was also receiving \$115 a month from section 8 HCVP to assist her with her utility bills.

Jackson signed her lease in January of 2013 and moved in with her 3 children.

During the investigation the detective learned that Jackson's boyfriend was living with her at 1113 Dreher Avenue in Stroudsburg; he moved in the same day she took possession of the house and he currently still resides there. Jackson's boyfriend was not listed as a tenant and if she had tried to put him on her lease it would have been denied. Jackson's boyfriend is a convicted felon.

Jackson fraudulently received \$8520 in section 8 HCVP benefits that she was not entitled to. She was arrested was charged with theft by deception, theft by deception - false impressions (both felonies) and unsworn falsification to authorities a misdemeanor 3.

Jackson was arraigned and released on \$5000.00 unsecured bail.



Jackson

\_\_\_\_\_  
Signature of Applicant / Resident

\_\_\_\_\_  
Date

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## **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.): <b>US Department of HUD</b> 307 W. 7 <sup>th</sup> St. Suite 1000 Fort Worth, TX 76102	O/A requesting release of information (Owner should provide the full name and address of the Owner.): <b>Independence Oaks Apartments</b> 303 Sleepy Hollow Cleveland, TX 77327	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.): XXXXXXXXXXXXXXXXXXXXXXXXXXXX XX XX
---	--	---

**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-

**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.

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.**

De’Nique Johnson, CPO / Independence Oaks Apartments  
Name of Project Owner or his/her representative  
Community Director / MDP Management  
Title

De’Nique Johnson  
Signature & Date  
cc:Applicant/Tenant  
Owner file



## MDP MANAGEMENT INDEPENDENCE OAKS APARTMENTS

Thank you for your interest in Independence Oaks Apartments and for completing the rental application. Please complete this checklist to ensure that all documents were completed correctly, and you have included all forms required for your application to be processed.

### Did you:

#### 1. Application for Rental:

- Did you complete it in its entirety?
- Did you read the document?
- Did you answer all questions on the application?
- Did you sign and date the application?

#### 2. Chronic Mental Illness Verification:

- Did you complete the **top portion** only of the form with the name and address of your physician?
- Did you read the document?
- Did you sign and date page 2?

#### 3. Landlord Verification:

- Did you complete the **top portion** only of the form with the name and address of your landlord?
- Did you read the document?
- Did you sign and date the document?

#### 4. Tenant Consent to the Release of Information:

- Did you read the document?
- Did you sign and date page 3?
- Did you print, sign and date the documents?

#### 5. Did you include:

- A copy of your **photo identification** (driver's license, identification card, etc.)
- Copies of **Social Security Cards** (for each person listed on the application)?
- Proof of Income** (for ALL income of all persons listed on the application)?
- Copies of **Birth Certificates** (for all persons listed on the application)?

If you have checked each item on this checklist, your application is ready for processing!  
Please do not submit your application until all items are checked. If you have questions,  
please contact me at (281) 592-0777.

Thank you,

*De'Nique Johnson*

De'Nique Johnson, CPO

Community Director

Independence Oaks Apartments

Independence Oaks Apartments does not discriminate against persons with disabilities or on the basis of disabled status in the admission or access to, or treatment of employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Name: Steve Colella, 6800 Park Ten Blvd., Suite 184-W, San Antonio, TX 78213 Telephone - Voice: (210) 220-1908 TTY: (800) 735-2989

