

**For Office Use Only**  
 Date Received: \_\_\_\_\_  
 Time Received: \_\_\_\_\_  
 # of Bedrooms: \_\_\_\_\_  
 Accessible Needed: \_\_\_\_\_  
 \_\_\_\_\_



**PRE-APPLICATION**

PROPERTY: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_  
 WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 PRESENT RENT: \$ \_\_\_\_\_ PRESENT ADDRESS: \_\_\_\_\_  
 DO YOU OWN AN AUTO? YES \_\_\_\_\_ NO \_\_\_\_\_  
 SPECIAL NEEDS: \_\_\_\_\_  
 CURRENTLY RECEIVING RENT ASSISTANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

No	FULL NAME (each person) Last, First, MI	Relationship to Household	Date of Birth	Sex	Social Security Number	Occupation or Full-Time Student (List Employer)
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Is the head of household a student? Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes;** Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ **WARNING:** The penalties for false information include eviction, loss of assistance, fines up to \$10,000 and imprisonment up to 5 years. [2-14 (4350.3 CHG.4)]

Have you ever left an apartment owing rent? \_\_\_\_\_ Have you ever been evicted or moved under threat of eviction? \_\_\_\_\_  
 Have you ever declared bankruptcy? \_\_\_\_\_ Have you had civil judgments for unpaid bills? \_\_\_\_\_  
 Has anyone who will live in this household ever been arrested or convicted of a crime? \_\_\_\_\_  
 Have you ever lived in another state? \_\_\_\_\_ If yes, which one? \_\_\_\_\_  
 If you answered yes to any of the above, please explain: \_\_\_\_\_

**It is the policy of ACC Management Group, Inc. and the above named property to fully comply with all Federal, State and local nondiscrimination laws: the Americans with Disabilities Act, and the U. S. Department of Housing and Urban Development and Wisconsin Housing and Economic Development Authority regulations governing Fair Housing and Equal Opportunity. No person shall, on the rounds of race, color, sex, sexual orientation, religion, national or ethnic origin, familial status, or disability be excluded from participation in, be denied the benefit of or be otherwise subjected to discrimination.**



**INCOME (GROSS MONTHLY) List all wages, social security, pensions, W-2, or other income from Assets**

NO	Wages, Salary	Pensions	Social Security	SSI	W-2	Asset Income	All Other
1.							
2.							
3.							
4.							
5.							
6.							
7.							

**LIST ALL FAMILY ASSETS, INCLUDING ANY REAL ESTATE/LAND AND THE \$ AMOUNT FOR ANY MEMBER OF THE HOUSEHOLD OWNED OR DISPOSED OF WITHIN THE PAST 3 YEARS.**

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I fully understand that Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. **WARNING:** 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. I, therefore, certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquires to be made and the release of any information to ACC Management Group, Inc. necessary to verify all information listed above. I further understand that this information will be incorporated into and become part of the lease for the premises sought and, if subsequently found to be incorrect or untrue, shall be grounds for termination of the lease. I authorize release of information now and during my tenancy (if accepted), to future inquiries. I understand that landlord, credit, arrest and criminal reports will be used to verify all information given to ACC Management Group, Inc.

Head Of Household \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

**It is the Applicant's responsibility to provide Management any address changes. Failure to do so may result in your removal from the waiting list.**

**Applications must be returned in 10-days to be valid. Please return this application to:**

Lakeside Gardens Apartments  
 391 N. Peters Ave. Apt. A  
 Fond du Lac, WI 54935  
 Fax (920) 929-9112



U.S. Department of Housing and Urban Development

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

**This Package contains the following documents:**

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

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

## HUD-9887/A Fact Sheet

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

OMB Approval #2502-0204  
HUD form 9887-9887A OMB exp.(06/30/2012)

### 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-9 887:** Allows the release of information between government agencies.
3. **Form HUD-9 887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

### Consequences for Not Signing the Consent Forms

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

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

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

### Programs Covered by this Fact Sheet

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

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

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

# Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):  Milwaukee Field Office 310 W. Wisconsin Avenue Suite 1380 Milwaukee, WI 53203	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Gencap Fond du Lac 80 DBA Lakeside Gardens Apartments 391 N. Peters Ave. Apt. A Fond du Lac, WI 54935	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

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

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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

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

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

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

### Instructions to Owners

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

### Instructions to Applicants and Tenants

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

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

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

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

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

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

### Purpose of Requiring Consent to the Release of Information

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

### Uses of Information to be Obtained

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

### Who Must Sign the Consent Form

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

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

Section 236

HOPE 2 Home Ownership of Multifamily Units

**Failure to Sign the Consent Form**

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

**Conditions**

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

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

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

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

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

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

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

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

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

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

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

*Betty Neau*  
\_\_\_\_\_  
Name of Project Owner or his/her representative

*Community Manager*  
\_\_\_\_\_  
Title

*Betty Neau*  
\_\_\_\_\_  
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.





## RESIDENT SELECTION CRITERIA – Section 8 Properties

Effective 01/15/2009

The Resident Selection Criteria is used to by ACC Management Group (ACC) and all sites managed by ACC to uniformly evaluate all potential residents to protect our communities from negligence and ensure the health, safety and welfare of the other residents. All adult occupants must comply with the following criteria.

### The Application Process

1. All rental applications must be in writing. They may be picked up at the rental office or mailed to those who call.
2. Falsification on an application is basis for automatic denial. Because this is a federal program, there could be additional penalties, including but not limited to jail time.
3. Applications will be accepted for tenancy based on the date and time the application is received, the available unit size, occupancy standards, income requirements, resident screening policies, and any other preferences that are in effect at the property. During a fiscal year, at least 40% of the units that become available must be made available to those families classified as "Extremely Low Income".
4. Accessible units may be limited to a specific population. If an appropriate size accessible unit is not available, owner may house an applicant needing an accessible unit in a larger accessible unit in order to maximize the use of the accessible features.
5. A Social Security card must be provided for all family members. Only U.S. citizens or nationals; and non-citizens who have eligible immigrations status as determined by HUD may receive assistance.
6. All adult applicants must pass our resident selection criteria based on landlord references, credit report and criminal background check including State and Federal sex offender registries. If any of the household members do not pass then the entire household will be denied.
7. ACC Management Group reserves the right to reject an application for any negative references according to ACC's resident selection criteria.
8. If any applicant is in the process of a court eviction or is contesting a court eviction, the application will be held in abeyance until the final court disposition.
9. If any applicant has 2 or more evictions in the last 7 years, application will automatically be denied.
10. If any applicant owes money for back rent on a previous apartment, the application will be automatically denied unless proof is provided the account has been paid in full or proof of a payment plan with two monthly payments made and all payments current. If an applicant owes money for damages on a previous apartment, the application will automatically be denied.
11. A resident manager will deny no applicant. All applications are reviewed by ACC Management Group corporate office. Any file that is rejected will be notified in writing by the ACC Corporate Office stating why they were rejected.
12. The unit must be the family's only place of residence.
13. The security deposit must be paid in full before applicant is given keys to the apartment.

### Credit Report

14. If collection accounts are listed on your credit report, collections that are paid in full or otherwise closed will not be counted. Medical collections and student loans will not be counted. All other collections will be counted and used to determine selection.
15. If the total of collections for the entire household exceeds \$5,000 the application will be denied.
16. All applicants must provide proof that any Resident paid utilities do not have outstanding balances that would prohibit them from transferring utilities into the Residents name.



## Criminal Report

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17. If an applicant has ever been evicted due to drug activity, the application will automatically be denied; "one strike rule".
18. If an applicant has been charged with more than two non-automotive misdemeanor charges or one felony charge, the application will be held in abeyance until the final court disposition.
19. If an applicant has been convicted of two or more non-automotive misdemeanor charges within 1 year prior to the date of application, or three or more non-automotive misdemeanor charges within 5 years prior to the date of the application, the application will be automatically denied.
20. If an applicant has been convicted of any non-automotive felony charge within 5 years prior to the date of application, the application will be automatically denied.
21. If any applicant has been incarcerated more than 90 days on any non-automotive charge within 2 years prior to the date of application, the application will be automatically denied.
22. A criminal conviction of any member of the household for the illegal use, possession, manufacture or distribution of a controlled substance, paraphernalia or alcohol abuse, by any member of the household within the last 10 years, the application will be automatically denied.
23. Criminal history will be checked annually at lease renewal and if any member of the household no longer meets the criteria in #17 through #22 above, that household member will be required to vacate the unit or household's lease will not be renewed.
24. If any applicant in the household is listed on either the state or federal sex offender registry the application will be denied. These registries will be checked annually at lease renewal and if any member of the household is listed on either registry that household member will be required to vacate the unit or household's lease will not be renewed.

## Section 8 Program Guidelines

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25. All applicants applying for a Section 8 apartment must adhere to income limits to be accepted. Note: We will only allow an employer to fill out an Employment Verification two (2) times. **When filling out the application, if you do not understand a question, please ask the resident manager for assistance before answering the question.**
26. The household must be income qualified on the day of move-in. If any circumstances change between the original application, prior to move-in, the applicant must notify the management office immediately as qualification to the Section 8 income limits may be affected. After move in any increase in income of \$200 or more per month must be reported to the management office within ten (10) days.
27. If the household is entirely comprised of full-time students they must meet one of the student eligibility factors.

## Occupancy Issues

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28. Maximum occupancy limits are two persons per bedroom unless otherwise specified by local ordinance.
29. A pregnant applicant, at the time of the application, is counted as two persons for occupancy limits. Once the child is born, the household will not be required to relocate to a larger apartment, during the term of the current lease.
30. Age restrictions will apply at senior properties. Ask the on-site manager for details.
31. If the owner receives a written request for a "reasonable accommodation" from an individual with a disability, the owner will make reasonable adjustments to their rules, policies, practices, and procedures in order to enable an applicant with a disability to have an equal opportunity to use and enjoy the unit and the common areas of the dwelling, or to participate in or have access to other activities conducted or sponsored by the owner unless the accommodation would result in an undue financial or administrative burden to the owner.
32. Any resident requesting to have a Service Animal in the apartment must provide documentation showing that the animal is a certified Service Animal. Any resident requesting to have a Companion Animal must provide documentation from their doctor stating the need for such animal. Household must sign and adhere to all pet addendums and/or service and companion animal policies.



- 33. **Waiting Lists:** Will remain open until the list exceeds three years based on historical turnover rates for property. If the waiting list is closed, the public will be notified through posting in the local paper when the waiting list has re-opened.
  - a. The waiting list will be updated two times per year by notifying all households on the list that they are required to respond within 10 days if they would like to remain on the waiting list. If no response is received, household will be removed from the list and the household would have to re-apply and go to the bottom of the list.
  - b. All households noted in #31 of this Tenant Selection will be moved to the top of the list based on actual availability of unit type required. All other households will remain on list in order based on date of application.
  - c. Current households will be moved to the top of the waiting list based on unit availability.
  
- 34. Any Changes to the above polices will be printed and all current households will be given a 30 day notice of changes.
  
- 35. ACC Management Group prides itself on non discriminating practices against any applicant and provides on going training for all staff members both on site and at the corporate office.

**If you any concerns about this criteria, please contact:**

**ACC Management Group, Inc, Compliance Manager, 2375 State Road 44, Suite A, Oshkosh, WI 54904**

**Applicant Acknowledgement**

I have read the above resident selection criteria, was given a copy of the criteria for my personal records and agree to the terms set forth in this criteria.

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant



