



# Application Information Cover Sheet



Complex: Harborview Apartments

Date: \_\_\_\_\_

**THIS IS AN EQUAL HOUSING OPPORTUNITY COMPLEX AND ALL ARE WELCOME TO APPLY**

### APPLICANT INFORMATION

This apartment complex is funded by an agency of the Federal Government (e.g. USDA-RD, HUD) and/or State Government (e.g. HCD) and provides housing for extremely low and very low income households. In accordance with Federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave., S.W., Washington D.C., 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).

Our rents currently range as follows:

Unit Size	Basic (Fixed) Rent	Note Rate (Market) Rent
1 Bedroom	\$ <u>615.00</u>	\$ <u>659.00</u>
2 Bedrooms	\$ <u>725.00</u>	\$ <u>784.00</u>
3 Bedrooms	\$ <u>850.00</u>	\$ <u>951.00</u>
4 Bedrooms	\$ _____	\$ _____

Our rents are calculated according to your income; if there is no Rental Assistance (RA or Section 8 (HUD)) available, you must be able to demonstrate a monthly income of not less than twice (2x) the monthly basic rent. The current maximum income limit is variable according to the number of household members. Upon request, the Rental Manager can give you this current figure. Rental Assistance is assigned to eligible households when and if it becomes available. The assignment of Rental Assistance is established in accordance with the regulations as found in USDA-RD Handbook 2-3560 or HUD 4350.3 Rev. 1, Chg. 1, as applicable.

To apply for an apartment you must complete the entire application, leaving no blanks or unanswered questions. Do not use correction tape or "white-out". If you believe that a particular question does not apply to you, write "N/A". Every household member 18 years of age or older must complete a separate application.

To complete an application, the following information (at minimum) is required:

- 1) Name(s), birthdate(s), and Social Security numbers of household members
- 2) All sources of income, including assets for all adult members of the household and unearned income for minors
- 3) Your need for a unit with accessibility features
- 4) Current and prior landlord information (5 years history)
- 5) Credit, personal and business references
- 6) Your signature and date on page 9 of this application
- 7) Proof of United States citizenship or legal status (HUD ONLY)
- 8) Completed & signed Authorization, Release & Consent Form

If there are no current vacancies, you will be notified in writing that you have been placed on the waiting list. It is your responsibility - the applicant - to notify the Rental Manager of any change in your address, telephone number, employment, income, or household size. The Rental Manager may be able to give you an estimate of when a unit may be available. The full application and verification process will be postponed until your name is near the top of the waiting list. The criteria for selection is verification of the following:

- 1) Income and assets of all applicants from all sources
- 2) Unearned income for minors
- 3) Present and past performance as a renter
- 4) Credit bureau report(s) and criminal background check
- 5) Personal and business references
- 6) Verification of requested deductions to income
- 7) Medical, child care, and disability apparatus expenses (if deductions to gross income apply at this complex)

If at any point in the verification process a negative verification report is received, the application process will be discontinued and the applicant notified of the rejection in writing. Otherwise, when all of the verifications are received, eligibility will be determined. The applicant will be notified that they have been accepted, or will receive notice of rejection in writing.

All applicants will have a personal interview with management. If an applicant misses two (2) scheduled appointments, management will withdraw the application, and the waiting list will be noted "Withdrawn".

<b>For Office Use Only:</b>	Date _____	Time _____	W/L # _____
Gross Income \$ _____	Adj. Income \$ _____	<input type="checkbox"/> EL	<input type="checkbox"/> VL <input type="checkbox"/> L <input type="checkbox"/> M
Rental Manager Signature _____		<input type="checkbox"/> Applicant Notified/Placed on Waiting List	

*This institution is an equal opportunity housing provider and employer.*

# APARTMENT APPLICATION

## WORKSHEET

**General Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Drivers License State & No.: \_\_\_\_\_

Current Address: \_\_\_\_\_

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

Telephone No \_\_\_\_\_ Cellphone/Message No.: \_\_\_\_\_

Facsimile No: \_\_\_\_\_ E-Mail \_\_\_\_\_

**How long have you lived at the address given above?** \_\_\_\_\_

Current Landlord: \_\_\_\_\_ Address: \_\_\_\_\_

Landlord's Telephone No: \_\_\_\_\_ Reason for which you are moving: \_\_\_\_\_

Current Rent \$ \_\_\_\_\_ Do you currently receive government subsidy?  No  Yes

If yes, which type? \_\_\_\_\_

Are you presently being or have you ever been evicted?  No  Yes If yes, please provide explanation \_\_\_\_\_

**List below all of the people who will live in the apartment if this application is approved:**

	Last Name	First Name	M.I.	Social Security #	Birthdate	Age	Sex	Drivers License #	Relationship
2.									
3.									
4.									
5.									
6.									
7.									
8.									

Does anyone live with you now who is not listed above?  No  Yes

If yes, who? Name \_\_\_\_\_ Relationship \_\_\_\_\_

Do you now or have you ever used another name and/or Social Security number?

No  Yes If yes, describe \_\_\_\_\_

Apartment (unit) size requested:  Studio  1 Bdrm  2 Bdrm  3 Bdrm  4 Bdrm

Does any member of your household age 18 or older attend school?

No  Yes If yes, who? \_\_\_\_\_

Do you own a pet?  No  Yes If yes, how many? \_\_\_\_\_ Description \_\_\_\_\_

Do you have a waterbed?  No  Yes If yes, do you have waterbed insurance? \_\_\_\_\_

Do you have a Section 8 Certificate (voucher program)?  No  Yes

Are you being displaced?  No  Yes

Has your household's tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedure?

No  Yes If yes, please explain the circumstances \_\_\_\_\_

Have you ever resided in this or at another IRM property before?  No  Yes  
If yes, where and when? \_\_\_\_\_

**Landlord References** (5 Year Past History Requested)

Previous Address: \_\_\_\_\_ Unit No: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Previous Landlord Name: \_\_\_\_\_  
Previous Landlord Address: \_\_\_\_\_  
Previous Landlord Telephone No: \_\_\_\_\_ Previous Rent Paid: \$ \_\_\_\_\_  
Dates you lived there: From \_\_\_\_\_ to \_\_\_\_\_  
Reason for moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Unit No: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Previous Landlord Name: \_\_\_\_\_  
Previous Landlord Address: \_\_\_\_\_  
Previous Landlord Telephone No: \_\_\_\_\_ Previous Rent Paid: \$ \_\_\_\_\_  
Dates you lived there: From \_\_\_\_\_ to \_\_\_\_\_  
Reason for moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Unit No: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Previous Landlord Name: \_\_\_\_\_  
Previous Landlord Address: \_\_\_\_\_  
Previous Landlord Telephone No: \_\_\_\_\_ Previous Rent Paid: \$ \_\_\_\_\_  
Dates you lived there: From \_\_\_\_\_ to \_\_\_\_\_  
Reason for moving: \_\_\_\_\_

**Personal References**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Address: \_\_\_\_\_

**Emergency Contact Person Not Living in the Household (Must be Completed in Full)**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Automobile(s)**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_  
License Plate No. \_\_\_\_\_ State: \_\_\_\_\_ Currently Registered?  Yes  No  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_  
License Plate No. \_\_\_\_\_ State: \_\_\_\_\_ Currently Registered?  Yes  No

It is required that all automobiles on the premises be currently registered, operable and do not leak oil or fluid

**Income**

It is required that all income from all sources for members of the household be verified by a third party. Please mark "Yes" or "No" to every question below. If the answer is "Yes", fill in the blanks to the right. If more room is needed, please attach another sheet of paper giving all of the required information, with your name printed clearly at the top of the page. Include any income from any of the sources below anticipated over the next 12 months by all members of the household.

Household Member Name 1	Employment Income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	Telephone No.
Employer Address	City, State, Zip	Gross Monthly Income	\$
Household Member Name 2	Employment Income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	Telephone No.
Employer Address	City, State, Zip	Gross Monthly Income	\$
Household Member Name 3	Employment Income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	Telephone No.
Employer Address	City, State, Zip	Gross Monthly Income	\$
Household Member Name 4	Employment Income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	Telephone No.
Employer Address	City, State, Zip	Gross Monthly Income	\$
Household Member Name 5	Employment Income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	Telephone No.
Employer Address	City, State, Zip	Gross Monthly Income	\$
Household Member Name 5	Employment Income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	Telephone No.
Employer Address	City, State, Zip	Gross Monthly Income	\$

**Sources other than employment:**

Type/Classification	Yes	No	Which household member?	Per Month Gross Amount
<b>Child Support</b>	<input type="checkbox"/>	<input type="checkbox"/>		\$
Source Address			City/State/Zip Code	Telephone No.
Type/Classification	Yes	No	Which household member?	Per Month Gross Amount
<b>Alimony</b>	<input type="checkbox"/>	<input type="checkbox"/>		\$
Source Address			City/State/Zip Code	Telephone No.
Type/Classification	Yes	No	Which household member?	Per Month Gross Amount
<b>Monetary Gift</b>	<input type="checkbox"/>	<input type="checkbox"/>		\$
Source Address			City/State/Zip Code	Telephone No.

<b>Pension/Retirement</b>	<input type="checkbox"/>	<input type="checkbox"/>		\$
Source Address			City/State/Zip Code	Telephone No.
Type/Classification	Yes	No	Which household member?	Per Month Gross Amount
<b>Grant/Scholarship</b>	<input type="checkbox"/>	<input type="checkbox"/>		\$
Source Address			City/State/Zip Code	Telephone No.
Type/Classification	Yes	No	Which household member?	Per Month Gross Amount
<b>Social Security</b>	<input type="checkbox"/>	<input type="checkbox"/>		\$
Source Address			City/State/Zip Code	Telephone No.
Type/Classification	Yes	No	Which household member?	Per Month Gross Amount
<b>SSI Benefits</b>	<input type="checkbox"/>	<input type="checkbox"/>		\$
Source Address			City/State/Zip Code	Telephone No.
Type/Classification	Yes	No	Which household member?	Per Month Gross Amount
<b>Unemployment (EDD)</b>	<input type="checkbox"/>	<input type="checkbox"/>		\$
Source Address			City/State/Zip Code	Telephone No.
Type/Classification	Yes	No	Which household member?	Per Month Gross Amount
<b>V.A. Benefits</b>	<input type="checkbox"/>	<input type="checkbox"/>		\$
Source Address			City/State/Zip Code	Telephone No.
Type/Classification	Yes	No	Which household member?	Per Month Gross Amount
<b>AFDC/TANF</b>	<input type="checkbox"/>	<input type="checkbox"/>		\$
Source Address			City/State/Zip Code	Telephone No.
Type/Classification	Yes	No	Which household member?	Per Month Gross Amount
<b>Disability</b>	<input type="checkbox"/>	<input type="checkbox"/>		\$
Source Address			City/State/Zip Code	Telephone No.
Type/Classification	Yes	No	Which household member?	Per Month Gross Amount
<b>Other Sources</b>	<input type="checkbox"/>	<input type="checkbox"/>		\$
Source Address			City/State/Zip Code	Telephone No.
Type/Classification	Yes	No	Which household member?	Per Month Gross Amount
<b>Other Sources</b>	<input type="checkbox"/>	<input type="checkbox"/>		\$
Source Address			City/State/Zip Code	Telephone No.

Do you or any member of your household receive regular payments for anything such as interest on a note?  No  Yes If yes, please explain \_\_\_\_\_

Have you received or do you expect to receive any lump sum payments from inheritances, lottery winnings, insurance settlements or any amount other than your monthly allotment from Social Security, AFDC/TANF, Disability, etc.?  No  Yes If yes, please give the name and address of the source \_\_\_\_\_

Have you given away, sold or disposed of any assets for **LESS THAN FAIR MARKET VALUE** within the last two (2) years?  No  Yes If yes, please give the type of asset, the fair market value and the amount received (examples are real estate, jewelry, gems, coins, or other collectibles held as investment). Type: \_\_\_\_\_

Fair Market Value: \$ \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

Name of person/party who acquired the asset: \_\_\_\_\_

Address: \_\_\_\_\_

Was this due to a divorce, bankruptcy, separation or forced sale?  No  Yes

Please answer every question below. If the answer is "Yes", please complete the information to the right.

Do you have a...?	Yes	No	Name on Account	Account Number
<b>Checking Account</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Institution/Bank Name			Institution/Bank Address	Balance/Value
City/State/Zip Code			Telephone No.	Interest Rate

Do you have a...?	Yes	No	Name on Account	Account Number
<b>Savings Account</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Institution/Bank Name			Institution/Bank Address	Balance/Value
City/State/Zip Code			Telephone No.	Interest Rate

Do you have a...?	Yes	No	Name on Account	Account Number
<b>Money Market Acct.</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Institution/Bank Name			Institution/Bank Address	Balance/Value
City/State/Zip Code			Telephone No.	Interest Rate

Do you have a...?	Yes	No	Name on Account	Account Number
<b>Certificate of Deposit</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Institution/Bank Name			Institution/Bank Address	Balance/Value
City/State/Zip Code			Telephone No.	Interest Rate

Do you have a...?	Yes	No	Name on Account	Account Number
<b>Safe Deposit Box</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Institution/Bank Name			Institution/Bank Address	Balance/Value
City/State/Zip Code			Telephone No.	Interest Rate

Do you have a...?	Yes	No	Name on Account	Account Number
<b>Trust Account</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Institution/Bank Name			Institution/Bank Address	Balance/Value
City/State/Zip Code			Telephone No.	Interest Rate

Do you have...?	Yes	No	Name on Account	Account Number
<b>Stocks/Bonds</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Institution/Bank Name			Institution/Bank Address	Balance/Value
City/State/Zip Code			Telephone No.	Interest Rate

Do you have...?	Yes	No	Name on Account	Account Number
<b>Treasury Bills</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Institution/Bank Name			Institution/Bank Address	Balance/Value
City/State/Zip Code			Telephone No.	Interest Rate

Do you own...?	Yes	No	Name on Account	Account Number
<b>Real Estate (Own/Rent)</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Institution/Bank Name			Institution/Bank Address	Balance/Value
City/State/Zip Code			Telephone No.	Interest Rate

Do you have an...?	Yes	No	Name on Account	Account Number
<b>Annuity</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Institution/Bank Name			Institution/Bank Address	Balance/Value
City/State/Zip Code			Telephone No.	Interest Rate

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Do you have a...?	Yes	No	Name on Account	Account Number
<b>Mutual Fund</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Institution/Bank Name			Institution/Bank Address	Balance/Value
City/State/Zip Code			Telephone No.	Interest Rate

Do you have...?	Yes	No	Name on Account	Account Number
<b>Whole Life Insurance</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Institution/Bank Name			Institution/Bank Address	Balance/Value
City/State/Zip Code			Telephone No.	Interest Rate

Do you have a...?	Yes	No	Name on Account	Account Number
<b>Mobile Home/Trailer</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Institution/Bank Name			Institution/Bank Address	Balance/Value
City/State/Zip Code			Telephone No.	Interest Rate

Do you have a...?	Yes	No	Name on Account	Account Number
<b>401k</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Institution/Bank Name			Institution/Bank Address	Balance/Value
City/State/Zip Code			Telephone No.	Interest Rate

Do you have any...?	Yes	No	Name on Account	Account Number
<b>Cash on hand</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Institution/Bank Name			Institution/Bank Address	Balance/Value
City/State/Zip Code			Telephone No.	Interest Rate

Do you have any...?	Yes	No	Name on Account	Account Number
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Institution/Bank Name			Institution/Bank Address	Balance/Value
City/State/Zip Code			Telephone No.	Interest Rate

**Farm Labor Housing (FLH) Income**

It is a requirement that Farm Labor Employment be verified for all domestic Farm Laborers, whether they are year-round, seasonal, or migrant farm workers, in addition to all other income verifications. If any member(s) of the household is/are a farm labor workers please list all employers for such work (attached additional sheets if necessary), including the employer name, address, and telephone number.

Is any household member employed as a Farm Labor Worker?  No  Yes

If yes, give member(s) names: \_\_\_\_\_

**Deductions (Elderly, Disabled, Medical & Child Care)**

Persons which meet the definitions of Elderly or Disabled qualify for a \$400.00 deduction to their annual income as well as certain other deductions. If you indicate your desire to request this adjustment, we will need sufficient information (documentation) to confirm your qualification for this status. Failure to provide such requested information may result in the denial of these deductions.

Yes No

Are you 62 years of age or older?  
  Do you request the Disability adjustment to income? Member \_\_\_\_\_  
  Do you request a unit with accessibility features? If so, which features?  
\_\_\_\_\_

Do you request or require any special accommodation or services?  
If so, please describe \_\_\_\_\_

Does your household have need for attendant care? Member \_\_\_\_\_  
  Do you employ an attendant (caregiver) in order for a family member to work?  
Member \_\_\_\_\_  
Name and address of attendant \_\_\_\_\_

Does your household have any disabled apparatus expenses that are not reimbursed by an outside source? If yes, please specify \_\_\_\_\_

Does your household require an assistive/service animal? If yes, type \_\_\_\_\_  
  Is the assistive/service animal certified as such? If no, what qualifies the animal as an assistive/service animal? Explain \_\_\_\_\_

Does your household anticipate any medical expenses within the next twelve (12) months that are NOT paid for by Medicare, health insurance or other outside agencies? If yes, estimated amount \$ \_\_\_\_\_  
(Examples of medical expenses includes but are not necessarily limited to out-of-pocket medical and dental appointments, insurance premiums (not life insurance premiums), prescriptions, eyeglasses, hearing aids or nursing care.)

Do you pay for child care in order that a household member may work or attend school? Note: The child care deduction is allowed for the care of children ages twelve (12) and under, and only to allow the member to work or attend school AND if no other family member is available. If yes, give the name, address and telephone number of the care provider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Drug Free Housing**

In order to comply with Federal and State laws, all attempts must be made by the Owner of this apartment community to assure DRUG AND VIOLENCE-FREE HOUSING. The following questions MUST be answered by ALL applicants for this housing:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member a current illegal user of a controlled substance?
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member had a previous conviction of illegal use, possession, sale or manufacturing of a controlled substance?
		If either of the above questions were answered "Yes", which member? _____
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of the illegal possession, manufacturing or distribution of a controlled substance?
		If yes, which member? _____
<input type="checkbox"/>	<input type="checkbox"/>	If any of the questions above were answered "Yes", has the household member successfully completed a controlled substance abuse recovery program?
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of a violent crime?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member currently on probation for a violent or drug-related offense?

**Certification & Signature**

I certify that the housing I will occupy at \_\_\_\_\_ Apartments will be my permanent residence and that I will not maintain a separate rental unit in a different location. I also certify that the information given herein is accurate and complete, and understand that any misrepresentation will disqualify the application. I authorize the owner's agent to obtain a credit report(s), verify or check any of the information provided (including credit references, employment, income, assets, current and prior landlords regarding past performance as a renter, & personal/business references) and to conduct a civil and criminal background check. I consent to release wage matching data to RHS and the borrower. By signing this application, I certify the above to be true and correct.

**This application cannot be processed without a signature.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Demographic Information**

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Please check the appropriate boxes:

<p><b>Race</b></p> <p><input type="checkbox"/> 1) American Indian or Alaska Native</p> <p><input type="checkbox"/> 2) Asian</p> <p><input type="checkbox"/> 3) Black or African American</p> <p><input type="checkbox"/> 4) Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> 5) White</p>	<p><b>Ethnicity</b></p> <p><input type="checkbox"/> 1) Hispanic or Latino</p> <p><input type="checkbox"/> 2) Not Hispanic or Latino</p>	<p><b>Gender</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.

Interstate Realty Management Company does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504.

Aaron Richards  
Section 504 Coordinator  
Interstate Realty Management Company  
3 East Stow Road  
Marlton, NJ 08053  
(856) 596-0500  
Fax (856) 596-6093  
TDD 711

### **Wage Match Notice to Tenants**

Rural Development is implementing a wage and benefit matching system. The goal of this system is to reduce fraud, waste, and abuse in Federal programs. This notice is to inform you about the program and how it may affect you.

USDA Rural Development will start receiving wage and benefit information from the State Department of Labor (SDOL). This information will be shared with the owners and management agents servicing your housing development. This information may then be compared against information provided on your Tenant Certification (Form RD 3560-8). Whenever differences are revealed, or result in the government providing unauthorized assistance in the form of rental subsidy, you may expect to be contacted for an explanation.

USDA Rural Development assumes Tenant Certifications are completed as accurately as possible. However, misunderstandings and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of the record's check is to make sure that those needing assistance can receive assistance, while those who do not can be stopped and made to repay improperly received benefits.

USDA Rural Development seeks to implement a wage and benefit matching system fairly. Therefore, whenever a new or renewed Tenant Certification is completed, it will be subject to verification by the Agency and the owner or management agent servicing your housing development. If a problem is suspected, you will be contacted and asked to provide an explanation. If disagreements arise, you will be informed of your right to file a grievance under 7 CFR 3560.160. A copy of the grievance procedure is available from the owner or management agent servicing your housing development.

In addition, this notice serves to inform you that USDA Rural Development may use information reported on the Tenant Certification or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedure to determine eligibility for Federal benefits, verify compliance with program requirements, and recover improper payments from current or former beneficiaries.

If you have further questions, please contact the owner or management of your housing development.

<hr/>	<hr/>
Signature of Borrow or Community Manager	Date
 <hr/>	 <hr/>
Tenant/Application Signature	Date
 <hr/>	 <hr/>
Tenant/Application Signature	Date



# AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Property Name: Harborview Apartments Unit: \_\_\_\_\_

As a condition of participating in an affordable housing program, I understand the property owner is required to initially and annually certify each resident's eligibility for such program. Consequently, I understand it is necessary for me to give authorization for specific income and asset information to be provided on one or more of the following forms:

- Employment Verification
- Social Security/Supplemental Security Income Benefits Verification
- Public Assistance Verification
- Unemployment Benefits Verification
- Military Pay Verification
- Pension Verification
- Annuity or Stock Verification
- Deposit Verification Request
- Student Status Verification
- Child Support verification (to be used if property management has their own form)

This Authorization is limited to the forms listed above and expires 180 days after the date of my signature below unless revoked in writing by me earlier. By my signature below, I authorize the representative individuals to disclose my specific income and asset information as requested on the forms above. No other information may be released without my express written authorization.

*Notice to applicant/resident: Do not sign this document unless the authorized management agent's signature appears at the bottom of this page.*

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

\_\_\_\_\_  
Print Name of Applicant/Resident

\_\_\_\_\_  
Date

By the signature of its authorized management agent below, and in consideration for execution of this Authorization by the applicant/resident, property representative warrants the following:

1. Information requested on the above form is required and necessary to complete certification of the applicant/resident's eligibility to reside in the above housing property;
2. The information requested above will be used for no purpose other than determining such applicant/resident's eligibility; will be maintained as confidential personal information subject to disclosure only as required by proper administrative or judicial process, and will not be otherwise disclosed by the property owner or management; and
3. The property owner and management have instituted procedures that insure all personally identifiable information provided pursuant to this authorization will be maintained as (a) confidential personal information, (b) separate from that of other residents, and (c) using such physical and other security measures, including security measures for protection of records maintained in electronic or magnetic form, sufficient to protect such information from any unauthorized use, access, or disclosure.



## AUTHORIZATION

I hereby authorize INTERSTATE REALTY MANAGEMENT COMPANY to complete the following screening process:

- Credit Check
- Landlord Reference
- Criminal Background Check

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DATE: \_\_\_\_\_

### **PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 willingly 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 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 \*\*208 (a) (6), (7) and (8).\*\* Violations of these provisions are cited as violations of 42 USC \*\*408 (a) (6), (7) and (8).\*\*