

Thank you for your interest in our housing. Below is a checklist of items that will help to ensure you have filled out the application and its attachments correctly and completely. Taking a few extra minutes now could save days in the processing of your application. Remember to sign and date the required forms. If you have any questions or need additional forms please contact our office at 1-800-545-5307.

- Rental Application:** Failure to disclose your landlord references will result in a rejection of the application. You need to list at least 2 references with complete address and/or telephone number. All members of the household that are 18 years of age or older will need to sign and date the application.
- Criminal Background Verification:** All members 18 years and older must sign and date this form. Be sure to list all states and counties where you have lived.
- Authorization to Release Information:** All members 18 years and older must sign and date this form.
- Family Summary Sheet:** List all members who will reside in this household.
- Tenant Declaration Format:** A separate form must be filled out for each member of the household that you listed on the Family Summary Sheet. When completing the form for a child, check the field stating you have signed for a child. Please print a copy for each member of the household.
- Race & Ethnicity Form:** This form needs to be filled out for each member of the household. If you do not wish to fill in the requested information that is your option but you must sign and date the form. Please print a copy for each member of the household.
- HUD Consent form #9887-A:** All members 18 years and older must print name, sign and date this form. Please print a copy for each member of the household.
- HUD Consent form #9887:** All members 18 years and older must sign and date this form.
- Student Certification:** A separate form must be completed for each member 18 years and older. Be sure to sign and date it. Please print a copy for each member 18 or older.
- Disposal of Asset Form:** All members 18 years of age and older must complete this form. Please print a copy for each member 18 or older.
- Northwestern Energy Release:** This must be completed by the member of the household that would have the utilities in his/her name while residing in our property. Be sure to sign, date, & list your social security number.
- Supplement to Application for Assisted Housing:** to be filled out by each adult member. Please print a copy for each member of the household that is 18 or older.

**COPIES OF THE DOCUMENTS BELOW ARE REQUIRED FOR ALL MEMBERS ON THE APPLICATION**

- Social Security verification:** Please include copies of the social security cards for all members of the household. Federal regulations require this information prior to eligibility for subsidized housing.
- Proof of Age:** We need proof of age on all household members. This can be one of the following: (1) Birth certificate, (2) Baptismal Certificate, (3) Military Discharge papers, (4) Valid passport, (5) Census document showing age, or (6) Naturalization Certificate.

*This agency is an equal opportunity provider and employer*





# RENTAL APPLICATION



City you are applying for: \_\_\_\_\_

BDRM SIZE : 1BD 2BD 3BD 4BD

**IMPORTANT NOTICE:** In accordance with the Fair Housing Act, APC Management will not discriminate against any person in the provision of housing because of race, color, religion, sex, handicap, familial status, or national origin. The Section 504 Coordinator for APC Management is Karen Spain. She can be reached at our office by mail PO Box 37 Huron SD 57350, or toll free at 1- 800-545-5307

**APPLICANT:** Before we can process your rental application, it is necessary that you provide complete and accurate names, phone numbers, address, Social Security numbers, income and assets information.

**Please return application to:**  
**APC MANAGEMENT**  
**2027 DAKOTA AVE S**  
**PO BOX 37**  
**HURON, SD 57350**

Date Received: \_\_\_\_\_  
Time Received: \_\_\_\_\_  
By: \_\_\_\_\_

**A. HEAD OF HOUSEHOLD (please print)**

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

HOME #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**How did you hear about our apartments? Please check all that apply**

a current or former tenant  from an agency (\_\_\_\_\_)  from Newspaper ( which paper? \_\_\_\_\_ )  
 sign on property  flyer  "Need an Apt.?" card  Radio  Other ( \_\_\_\_\_ )

**HOUSEHOLD COMPOSITION**

(list head of household first, (list head of household first, then rest of family members)

FIRST NAME	M.I.	LAST NAME	RELATION TO HEAD	DATE OF BIRTH	SOCIAL SECURITY NUMBER	Are you a student in a higher education institution?

**B. LANDLORD REFERENCES: List prior landlords, starting with your current landlord first.**

LANDLORD'S NAME	RELATIONSHIP TO APPLICANT	PHONE #	DATE FROM	DATE TO	LANDLORD'S ADDRESS STREET, CITY, STATE, ZIP

**C. CREDIT REFERENCES: (Businesses where you have charged items and made payments, Utility Companies, Banks where you have paid on loans, etc.) Please give name of reference and complete mailing address.**

REFERENCE NAME	RELATIONSHIP TO APPLICANT	PHONE #	STREET	CITY	STATE	ZIP

**NEGLECTING TO LIST ALL REFERENCES AND COMPLETE ADDRESS WILL DELAY THE PROCESSING OF YOUR APPLICATION.**

1. Have you, your spouse or your CO-applicant ever used different names from the names shown above? Yes \_\_\_ No \_\_\_  
If yes, please list names used and date when such names were in use: \_\_\_\_\_
2. Have you, spouse or CO-applicant ever been evicted or otherwise removed from rental housing? Yes \_\_\_ No \_\_\_  
If yes, please provide landlord name, address and dates: \_\_\_\_\_
3. Has any place where you, your spouse, or CO-applicant were living been destroyed or damaged by fire? Yes \_\_\_ No \_\_\_  
If yes, please provide details: \_\_\_\_\_
4. Are you or any member of your household subject to a lifetime state sex offender registration program in any state?  
Yes \_\_\_ No \_\_\_ If Yes which member(s) \_\_\_\_\_
5. List all states that the applicant and members of your family have lived in? \_\_\_\_\_
6. Have you or any member of your household ever been convicted of a felony? Yes \_\_\_ No \_\_\_  
If yes explain: \_\_\_\_\_

D. INCOME: Declare the income for the head of household, spouse, and all those household members who are currently receiving income or expect to receive income in the next twelve months. This includes family members who are temporarily absent, such as members serving in the Armed Forces, or member temporarily employed away from home. **Social Security, unemployment, retirement funds, pension disability, death benefits, public assistance, alimony, child support, military pay regular contributions or gifts from non-household members, net income from business, lottery winnings paid in periodic payments, and income from assets are considered income.** Please list accordingly.

NAME OF FAMILY MEMBER	AMOUNT OF GROSS MONTHLY INCOME	NAME OF INCOME SOURCE	COMPLETE MAILING ADDRESS, CITY, STATE, AND ZIP CODE

If you have an open Child Support case in SD please provide the web-based 8 digit PIN # \_\_\_\_\_

E. ASSETS: List assets for all household members. List name and address of Bank, Credit Union or Savings and Loan. (List branch which can verify this information.) **Account Numbers are required for all WELLS FARGO accounts.**

TYPE	ACCOUNT NUMBER	AMOUNT	INSTITUTION NAME	STREET, CITY, STATE, ZIP
CHECKING				
SAVINGS, CD's				
STOCKS, BONDS				
MONEY MARKET's				
WHOLE LIFE INS.				
OTHER				

Do you have ownership in any Real Estate? \_\_\_\_\_

If so, do you receive any income from the Real Estate? \_\_\_\_\_

(Copy of County Treasurer's tax statement is required. If you are making payments, please attach a payment schedule.)

Have you sold or given away any assets (i.e., real estate, C.D.'s, etc.) within the last two years? Yes \_\_\_ No \_\_\_

If yes, what was disposed of? \_\_\_\_\_ Value of Assets? \_\_\_\_\_ Amount Received? \_\_\_\_\_

F. CHILD CARE COSTS: Amounts paid for care of children under age 13 - such care must be required to enable family member to work, seek work, or attend school.

CHILD CARE FOR:(NAME)	COST PER WEEK	NAME OF CHILD CARE FACILITY/BABY-SITTER	COMPLETE MAILING ADDRESS (street, city, state, zip)

Are you reimbursed for child care costs? \_\_\_ No \_\_\_ Partially \_\_\_ Fully \_\_\_

G. MEDICAL ALLOWANCES: (For Elderly (over 62), Disabled or Handicapped Households Only). Medical allowances include medical expenses anticipated to be paid by the household in the next 12 months for: doctor, hospital, clinic, dentist, eye doctors, hearing aids, medicines, payment on accumulated medical bills, medical care or permanently institutionalized family member, mileage expense. (Attach additional pages if needed.)

MEDICAL COSTS FOR: (NAME)	COST PER YEAR	NAME OF DOCTOR, HOSPITAL, CLINIC, ETC.	COMPLETE MAILING ADDRESS (street, city, state, zip)

HEALTH INSURANCE COMPANY	COST PER YEAR	POLICY NUMBER	COMPLETE MAILING ADDRESS (street, city, state, zip)

H. DISABILITY OR HANDICAP: Does any member of the household have a disabling or handicapping condition?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate which family member has this condition: \_\_\_\_\_

Name and address of professional who can verify disability: \_\_\_\_\_

Do you have any unusual expenses related to employment, such as a care attendant or auxiliary apparatus for a family member with a handicapping or disabling condition? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

I. NEXT OF KIN (For Emergency Use)

NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**SPECIAL UNIT REQUIREMENT(S) SECTION**

This section is to be administered to every applicant of APC MANAGEMENT. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of unit with special features go to families that actually need the features.

1. Do you, or does any member of your family have a condition that requires:

- A separate bedroom
- A barrier-free apartment
- One-level Unit
- Physical modifications to a typical apartment
- Unit for Vision-Impaired
- Unit for Hearing-Impaired
- BR/Bath on 1st floor

2. Can you and all your family members go up and down stairs unassisted? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please indicate how we should accommodate your family: \_\_\_\_\_

3. Will you or any of your family members require a live-in aide to assist you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation: \_\_\_\_\_

5. What is the name of the family member who needs the features identified above? \_\_\_\_\_

6. Who should be contacted to verify your need for the features you have identified above? [Form : VSU]

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**NOTICE TO ALL APPLICANTS: OPTIONS FOR APPLICANTS WITH  
DISABILITIES OR HANDICAPS**

This property is managed by APC MANAGEMENT. We are not permitted to discriminate against applicants on the basis of their race, religion, sex, national origin, disability or handicap. In addition, we have a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include:

1. Making alterations to a unit so it could be used by a family member with a wheelchair;
2. Installing strobe type flashing light smoke detectors in an apartment for a family with hearing impaired member;
3. Permitting a family to have a seeing eye dog to assist a vision impaired family member in a family development where dogs are not usually permitted;
4. Making reasonable accommodations during the application process and/or during the interview;
5. Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy - they must be able to pay rent, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

**QUESTIONS FOR ALL APPLICANTS**

1. Yes \_\_\_ No \_\_\_ Does any member of your household receive regular cash contributions from agencies or from individuals not living with you?
2. Yes \_\_\_ No \_\_\_ Are you listed as a dependent on your parents tax return?
3. Yes \_\_\_ No \_\_\_ Have you established a residence other than your parents home?
4. Yes \_\_\_ No \_\_\_ Do you receive income from your parents such as loans, gifts, support, etc.?
5. Yes \_\_\_ No \_\_\_ Are you currently living in subsidized housing?
6. Yes \_\_\_ No \_\_\_ Do you or any other member of your household currently use any illegal drug or other illegal controlled substance? If yes, describe. [Forms DC, PR]
7. Yes \_\_\_ No \_\_\_ Have you or any member of your household ever engaged in criminal activity including, but not limited to drug use, possession, distribution, trafficking, or manufacturing of an illegal drug? If yes, please explain circumstances, outcome and present status. \_\_\_\_\_

**8. MINORITY CODE:**

CHECK ONE: 1. Hispanic \_\_\_\_\_ 2. Nonhispanic \_\_\_\_\_

CHECK ALL THAT APPLY: 1. White \_\_\_\_\_ 2. Black or African American \_\_\_\_\_ 3. Am. Indian or Alaskan Native \_\_\_\_\_

4. Asian \_\_\_\_\_ 5. Native Hawaiian or Pacific Islander \_\_\_\_\_ 6. Other \_\_\_\_\_

**OCCUPANCY STANDARDS 11/1/96**

In order to ensure that safe and sanitary conditions prevail and that the owner's property is maintained, the following occupancy standard shall apply to the leasing of residential apartment units:

UNIT SIZE	MAXIMUM OCCUPANTS
0 BEDROOM (Efficiency)	2
1 BEDROOM	3
2 BEDROOM	5
3 BEDROOM	7
4 BEDROOM	9

**NOTICE REGARDING UNIT TRANSFERS:**

It is not the policy of APC MANAGEMENT to transfer single persons from efficiency units to one-bedroom units. Persons accepting occupancy in an efficiency unit are not eligible for the one-bedroom waiting list.

It is not the policy of APC MANAGEMENT to transfer residents from one unit to another within the same project or from one project to another unless it is because of the need for a larger unit or because the need to make a reasonable accommodation under the Fair Housing/504 regulations.

**TENANT SELECTION STANDARDS**

All eligible persons are provided with a preliminary application form. To be considered eligible, the household must be a family or elderly, disabled, or handicapped, with an annual income that does not exceed the limits applicable to the county, household size, and type of program (i.e. LIHTC, HUD Section 8, FmHA Rental Assistance, etc.) Students are only considered eligible if they meet certain criteria. This criteria will vary with the type of program. On projects designated as "Family", preference will be given to families with children. For properties financed by SDHDA the following also applies: In the event that we have no families with children on the waiting list for a two, three or four bedroom unit, the next approved applicant will be offered the unit only if and when SDHDA has granted an exception to allow two or more unrelated single adults to occupy a unit with two or more bedrooms. Applications will not be processed for ineligible applicants.

Once application is completed, all applicants are interviewed and screened by a member of the management agent's staff before the application is accepted. In accordance with the Fair Housing Act, no person shall be subject to discrimination because of race, color sex, handicap, familial status or national origin in the provision of housing. The screening process will include the procurement and review of written comments from prior and present landlords, three credit references (if available), including hook-up clearance from the utility company in projects where the tenant pays his/her own utilities. The following factors will be considered in the overall screening process, and failure to meet any or all of these criteria will constitute grounds for rejection of the application:

1. Applicant must demonstrate ability to pay rent on time.
2. Credit references (if available) must establish good credit history.
3. Applicant must demonstrate good housing history in terms of housekeeping, rent payment, damages, respect for rights of others, and other terms of the lease agreement.
4. Applicant must be cooperative in providing needed and accurate information to process the preliminary application. Once the application has been accepted, the person will be notified in writing that he/she has been placed on the waiting list if no unit is immediately available. When an appropriate-sized unit becomes available, applicants will be offered the unit in order of date of their application. Should the applicant refuse the offered unit, the application will be placed on the bottom of the waiting list. If the interview and screening process determines that the application is rejected, the applicant will be notified in writing, according to HUD regulations.
5. Police record verification - specifically, we wish to avoid admitting a family, anyone of whose members is involved in criminal activity, which would adversely affect the health, safety, or welfare of other residents.

I declare that I have read and do understand this application and to the best of my knowledge and belief, it is true, correct and complete. Further, I am aware that under Section 4-9-5 of South Dakota Codified Law, a person is guilty of a felony if in a governmental matter such as this, he makes false written statements when the statement is material and he does believe it to be true. I agree to inform the management agency personnel immediately of any change in income, resources, number of persons in my household, etc., which might affect my eligibility for household assistance payments. I have signed the attached AUTHORIZATION TO RELEASE INFORMATION which is my consent for the Agency to obtain verifying information from any necessary source.

\_\_\_\_\_  
HEAD OF HOUSEHOLD

\_\_\_\_\_  
Date

\_\_\_\_\_  
CO-APPLICANT (over 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CO-APPLICANT (over 18 years of age)

\_\_\_\_\_  
Date

**APC MANAGEMENT OFFERS EQUAL HOUSING OPPORTUNITY**

**NOTICE TO ALL APPLICANTS**

APC Management does a criminal background verification on all adult household members.





Art Pugsley  
Construction Company, Inc.

2027 Dakota Ave. S. • Box 37 • Huron, SD 57350-0037 • 605/352/8536 • FAX 605/352-0553

## AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

**I hereby authorize APC Management and its staff to request information concerning me, or other members of my household, based on the information I have given to them on my application for housing for the purpose of verifying the information I provided to them. This would include credit, landlord, and professional references along with any employers, agencies, or offices that I have provided to them.**

The information collected under this consent will only be used to determine eligibility and/or level of assistance for government subsidized housing assistance programs. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

The information that is supplied under this release will be kept confidential in accordance with HUD, USDA and LIHTC regulations and the Right to Financial Privacy Act of 1978. .

**I also hereby authorize any person, agency, or institution to supply the information requested by APC Management concerning me, or other members of my household.**

**Head of Household Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Co-tenant or Co-applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Co-tenant or Co-applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Right to Financial Privacy Act Certification:**

APC Management, on behalf of HUD/FHA certifies, in compliance with the Right to Financial Privacy Act of 1978, that in connection with this request for access to financial records, it is in compliance with the applicable provisions of the said Act.

### EQUAL HOUSING OPPORTUNITY



*This agency is an equal opportunity provider and employer*





Art Pugsley  
Construction Company, Inc.

2027 Dakota Ave. S. • Box 37 • Huron, SD 57350-0037 • 605/352/8536 • FAX 605/352-0553

## Criminal Background Verification

Our Tenant Selection Policy obliges us to verify certain information about all members of families living in or applying for housing. We wish to avoid admitting a family any one of whose members is involved in criminal activity which would adversely affect the health, safety or welfare of other residents. If you have any questions, please contact us at 605-352-8536. Thank you.

### APPLICANT'S RELEASE

All applicant's 18 years or older need to sign.

#### TO BE SIGNED BY APPLICANT (S)

I hereby authorize the release of information requested.

\_\_\_\_\_  
Applicant's Signature                      Date                      List all State(s) and counties of previous residence

\_\_\_\_\_  
Applicant's Signature                      Date                      List all State(s) and counties of previous residence

\_\_\_\_\_  
Applicant's Signature                      Date                      List all State(s) and counties of previous residence

\_\_\_\_\_  
Applicant's Signature                      Date                      List all State(s) and counties of previous residence



This agency is an equal opportunity provider and employer





### Exhibit 3-3: Owners Notice No. 1

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP);  
and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format (identified as \* Exhibit 3-4) \* to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Declaration \*(see Exhibit 3-5). \*If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration. The Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration.
3. Submit the Family Summary Sheet, the Declarations, and any other forms and/or evidence to the name and address listed below.

**APC Management  
PO Box 37  
Huron, SD 57350**

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact our Rental Agent at 605-352-8536 or 800-545-5307. He/she will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your families are eligible for assistance; your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

**Exhibit 3-4: The Family Summary Sheet**

<b>Member No.</b>	<b>Last Name of Family Member</b>	<b>First Name</b>	<b>Relationship to Head of Household</b>	<b>Sex</b>	<b>Date of Birth</b>
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

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

**This Package contains the following documents:**

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

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

## Applicants and Tenants of Assisted Housing

### What Verification Involves

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

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

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.  
**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.  
**Example:** Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

### Customer Protections

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

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

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

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

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

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

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

### Consequences for Not Signing the Consent Forms

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

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

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

### Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

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

Section 236

HOPE 2 Home Ownership of Multifamily Units

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

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

# Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD)  
and 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) U.S. Dept. of HUD  
1670 Broadway  
Denver CO 80202-4801

O/A requesting release of information (Owner should provide the full name and address of the Owner.):  
APC Management Co  
2027 Dakota Ave S  
PO Box 37  
Huron SD 57350

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.)South Dakota Housing Development Authority  
PO Box 1237  
Pierre, SD 57501

**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 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:

(✓) \_\_\_\_\_  
Head of Household Date

(✓) \_\_\_\_\_  
Spouse Date

(✓) \_\_\_\_\_  
Other Family Member 18 and over Date

(✓) \_\_\_\_\_  
Other Family Member 18 and over Date

Additional Signatures, if needed:

(✓) \_\_\_\_\_  
Other Family Member 18 and over Date

(✓) \_\_\_\_\_  
Other Family Member 18 and over Date

(✓) \_\_\_\_\_  
Other Family Member 18 and over Date

(✓) \_\_\_\_\_  
Other Family Member 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.

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**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.

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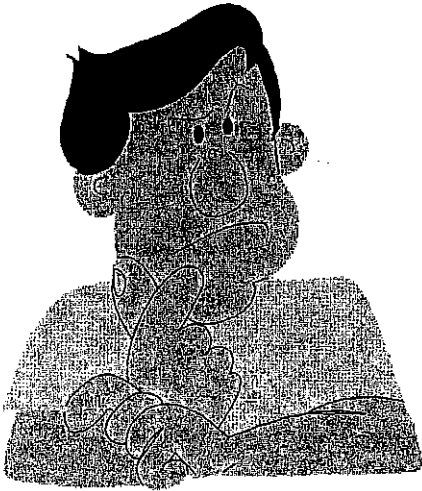
## Penalties for Misusing this Consent:

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.





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.



Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410