WAUSAU COMMUNITY DEVELOPMENT AUTHORITY (WCDA)
550 East Thomas Street, Wausau, WI 54403
APPLICATION FOR ADMISSION TO

RIVERVIEW TOWERS

FAMILY COMPOSITION:
HEAD OF HOUSEHOLD

NAME_____PHONE_____

ADDRESS_____CITY_____ST_____ZIP_____

BIRTHDATE_____AGE_____SEX_____

RACE_____HISPANIC OR LATINO? ☐ YES ☐ NO

SOCIAL SECURITY NUMBER _____

MARITAL STATUS:_____DO YOU HAVE A DISABILITY? ☐ YES ☐ NO

SPOUSE OR ADULT CO-HEAD

NAME_____PHONE_____

BIRTHDATE_____AGE_____SEX_____

RACE_____HISPANIC OR LATINO? ☐ YES ☐ NO

SOCIAL SECURITY NUMBER _____

MARITAL STATUS:_____DO YOU HAVE A DISABILITY? ☐ YES ☐ NO

ARE YOU CURRENTLY RESIDING IN SUBSIDIZED HOUSING? YES_____NO_____
ARE YOU CURRENTLY A FULL-TIME or PART –TIME STUDENT? YES_____NO_____
DO YOU EXPECT ANY CHANGES TO THE HOUSEHOLD IN THE
NEXT 12 MONTHS? YES_____NO_____

PERSONAL DATA:
HAVE YOU DISPOSED OF PROPERTY OR ASSETS IN THE LAST TWO YEARS? NO_____
YES_____DATE OF DISPOSAL_____VALUE_____

DO YOU CURRENTLY RENT OR OWN YOUR HOME? ☐ RENT ☐ OWN

PRESENT LANDLORD_____

LANDLORD'S ADDRESS_____

PREVIOUS ADDRESS_____

PREVIOUS LANDLORD_____

PREVIOUS LANDLORD'S ADDRESS_____

INCOME SOURCE	GROSS MONTHLY INCOME	
	HEAD OF HOUSEHOLD	SPOUSE/ ADULT CO-HEAD
EMPLOYMENT		
SOCIAL SECURITY CHECK		
SOCIAL SECURITY CHECK		
SUPPLEMENTAL SECURITY CHECK		
PENSION		
RETIREMENT		
IRA		
ANNUITIES AND INSURANCE		
RENTS		
LAND CONTRACTS		

ARE MEDICARE PAYMENTS DEDUCTED FROM YOUR MONTHLY SOCIAL SECURITY CHECK?	☐ NO ☐ YES, AMOUNT/MO:	☐ NO ☐ YES, AMOUNT/MO:

ASSETS (Please list the value of all assets below)

	CURRENT VALUE	INTEREST RATE
HOME (MARKET VALUE)		
OTHER PROPERTY		
STOCKS		
U.S. SAVINGS BONDS		
MORTGAGES		
INVESTMENTS		
LAND CONTRACTS		
SAVINGS ACCOUNTS		
CERTIFICATES OF DEPOSIT		
IRA ACCOUNT		
CHECKING ACCOUNTS		
FUNERAL TRUST		
LOANS		
OTHER		

LIABILITIES

MORTGAGES	
OTHER DEBTS	

Where did you learn of Riverview Towers? _____

PROGRAM REQUIREMENTS

A family's annual income is used to determine if the family is eligible to participate in this program. The income from all sources received by all family members, even if that member is temporarily absent, along with actual or imputed income derived from assets are considered. Rents are based on 30% of a family's adjusted monthly income.

APPLICANT/TENANT CERTIFICATION

I/We, the undersigned, understand that this is not a contract and does not bind either party. I/We certify that the above information on household composition, income, and net family assets is full, true, and complete to the best of my knowledge. I/We have no objections to inquiries being made for the purpose of verifying the statements made herein. I/We understand that false statements or information are punishable under Federal and State Laws. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I further agree to abide by and be bound by those rules and regulations of the WCDA relating to admissions qualifications, which rules and regulations are on file in the office of the WCDA located at 550 E. Thomas Street, Wausau, WI 54403-4783.

SIGNED _____ DATE _____

Signature of Head of Household

SIGNED _____ DATE _____

Signature of Spouse or Other Adult

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 1-800-424-8590.

After verification by the WCDA the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary). See the Federal Privacy Act Statement for more information about its use.

FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) collects information on tenants in HUD-assisted rental housing. The U.S. Privacy Act of 1974 established requirements governing HUD's use and disclosure of the information it collects on individuals and families.

Public housing agencies (PHAs) operating such housing send HUD information on their tenant's income, family composition, rent, etc. This information was already given by the tenants to the PHAs when applying or being re-examined. It is transferred to HUD forms used for data collection.

USE: HUD uses the information for budget development, program evaluation and planning, and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on eligibility and rent and to verify the accuracy and completeness of the income information.

PUBLIC ACCESS: Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State or local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal or regulatory matters.

The Privacy Act restricts HUD's disclosure of information on individuals and families but does not restrict the PHA from releasing such information. There may be State and local laws or regulations that govern disclosure by the public housing agency.

INFORMATION REQUIREMENTS: 42 U.S.C. 3543 requires applicants that seek to receive and certain recipients of housing assistance under any of the covered programs to disclose and to submit documentation to verify their Social Security Numbers. The failure of any person to make the required disclosure and verification constitutes grounds for denial of eligibility, or termination of assistance or tenancy (or both), under the program involved. HUD uses the Social Security number as an identifier in computer matching to check the eligibility and rent determinations made by the Wausau Community Development Authority.

The other information must be provided to HUD so that it can carry out its monitoring and data collection responsibilities. Failure to do so may result in eviction or the withdrawal of housing assistance (depending on the housing program).

AUTHORITY: HUD is permitted to ask for the information by the U.S. Housing Act of 1937 as amended, 42 U.S.C. 1437 et. seq. and 3543, the Housing and Community Development Act of 1981, Public Law 97-35, 85 Stat., 348, 408.

SIGNATURE:

I/We have read this Federal Privacy Act Statement on _____

_____ _____

Head of Household **Spouse or other Adult**

Notice to all Applicants:

Reasonable Accommodations for Applicants with Disabilities or Handicaps

The WCDA is a public agency that provides low rent housing to eligible families, elderly families and single people. WCDA is not permitted to discriminate against applicants on the basis of their race, religion, sex, national origin, disability or handicap. In addition, HUD regulations provide for additional protections regarding sexual orientation, gender identity, and marital status. The WCDA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability or handicap.

A reasonable accommodation is some modification or change WCDA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of WCDA's programs. Examples of reasonable accommodations would include:

- Making alterations to a WCDA unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a seeing eye dog to assist a vision-impaired family member in a WCDA family development where dogs are not usually permitted;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing impaired applicant during the interview;
- Permitting an outside agency to assist an applicant with a disability to meet the WCDA'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 Community Development Authority, to 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 the housing authority, that is your right.

FAIR HOUSING

It is illegal to discriminate against people in housing programs based on race, color, sex, national origin, religion, disability, or family status according to both state and federal law. In addition, HUD regulations and Wisconsin state laws provide for additional protections regarding ancestry, age, sexual orientation, gender identity, marital status, or lawful source of income for housing.

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the WCDA. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaption's must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

1. Will you or any member of your family require any of the following:
   __ A separate bedroom
   __ A barrier-free apartment
   __ One-level unit
   __ Other modifications to unit
   __ Unit for Vision-Impaired
   __ Unit for Hearing-Impaired
   __ Bedroom & Bath on 1st floor
   __ Extra Bedroom

2. Can you and all family members use the stairs unassisted? ☐ YES ☐ NO*
   *If NO, please indicate how the CDA 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 needing the features identified above?
   _____

6. Whom should be contacted to verify your need for a special apartment?

   Name _____

   Address _____

   Phone # _____

_____ _____

Applicant Signature **Date**

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; **(Cross out space if none)** (Full address, name of contact person, and date)	IHA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)
WAUSAU COMMUNITY DEVELOPMENT AUTHORITY 550 E. THOMAS STREET WAUSAU, WI 54403 JULI BIRKENMEIER, COMMUNITY SERVICE ANALYST (715) 261-6687	**X**

Authority: 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 that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

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. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever 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:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained
State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of 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. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

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

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Low-Income Public Housing. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the manager to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquires that may be requested, include but are not limited to:

- **Identity and Marital Status**
- **Medical or Child Care Allowances**
- **Residences and Rental Activity**
- **Employment, Income, and Assets**
- **Credit and Criminal Activity**

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- **Previous Landlords (including Public Housing Agencies)**
- **Courts and Post Offices**
- **Schools and Colleges**
- **Law Enforcement Agencies**
- **Medical and Child Care Providers**
- **Retirement Systems**
- **Utility Companies**
- **Credit Providers and Credit Bureaus**
- **Past and Present Employers**
- **Welfare Agencies**
- **State Unemployment Agencies**
- **Social Security Administration**
- **Support and Alimony Providers**
- **Veterans Administration**
- **Banks and other Financial Institutions**
- **State of Wisconsin**

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office, and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURE AND PRINTED NAME OF HEAD OF HOUSEHOLD **DATE**

_____

SIGNATURE AND PRINTED NAME OF OTHER ADULT MEMBER OF HOUSEHOLD

_____

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?
PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?
Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?
In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.
Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.
The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination N*otice:**
	Signature **Date**
	Printed Name

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant	**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

ARE YOU MARRIED BUT CURRENTLY SEPRATED?

☐ **YES – Please complete this sheet**

☐ **NO – ****SKIP TO THE NEXT PAGE******

SELF-AFFIDAVIT OF MARITAL SEPARATION

RIVERVIEW TOWERS

APPLICANT/RESIDENT	**SSN**

The apartment community you are applying for provides affordable housing under Section 42 of the Internal Revenue Code. Households applying for occupancy are required to disclose their marital status and future income for purposes of determining income eligibility.

INTENTIONALLY SUPPLYING FALSE INFORMATION IS PUNISHABLE UNDER THE STATUTE OF FRAUDS

PART I:
Check and complete the appropriate statement below:

_____ 1. I am currently ***legally*** separated from my spouse. **A copy of the legal separation agreement must be attached.**

_____ 2. I am currently, but ***not legally,*** separated from my spouse. I have begun the legal process on _____(date) and I anticipate this separation to be permanent.

_____ 3. I am currently, but ***not legally***, separated from my spouse and I have not begun the legal process for the following reason(s) _____

_____Date of Separation:_____

PART II:
Check and complete the following appropriate statement below:

_____ 1. I am currently receiving or anticipate receiving $_____ per month from my spouse during the next 12 months for the purpose of spousal support/alimony only. Child support is addressed on the Self Affidavit of Child Support.

_____ 2. I am not currently and do not anticipate receiving any compensation from my spouse during the next 12 months for the following reason(s) _____

By my signature below, I certify the above representations to be true as of the date shown below. I further understand and agree that any misrepresentation herein will be considered a material breach of my lease agreement and could lead to eviction, financial and other penalties. Prior to move in, I will notify management of any changes to these circumstances.

I also hereby swear that I understand that my spouse will not be allowed to move into this property to live with me within the next 12 months without re-qualifying as an initial certification.

_____ _____

Applicant / Tenant Signature **Date**

ARE YOU EMPLOYED? ☐ **Yes – ***SKIP TO THE NEXT PAGE****

☐ **NO – Please complete this sheet**

SELF-AFFIDAVIT OF NON-EMPLOYMENT

RIVERVIEW TOWERS

Applicant/Resident Name: _____

Applicant/Resident SSN: _____

The apartment community you are applying for provides affordable housing under Section 42 of the Internal Revenue Code. Households applying for occupancy are required to disclose their employment status and future intentions for purposes of determining income eligibility.

INTENTIONALLY SUPPLYING FALSE INFORMATION IS PUNISHABLE UNDER THE STATUTE OF FRAUDS

Your application for our apartment community indicates that you are currently not employed. Please complete the following items which will assist us in qualifying your household. If you ***are*** employed and we have misunderstood your application, please notify our staff representative immediately. Thank you.

_____ 1. I am not currently employed and I do not intend on becoming employed in the next 12 months due to:
_____

_____ 2. I am not currently employed but I anticipated becoming employed in the next 12 months. I have accepted a position with _____ (employer) that will begin on _____ (date).
(Management to submit Employment Verification to prospective employer)

_____ 3. I am not currently employed but I am **actively** seeking employment and I anticipate becoming employed in the next 12 months. I have **not** accepted a position; however, I anticipate earning $_____ over the next 12 months.

By my signature below, I certify the above representations to be true as of the date shown below. I further understand and agree that any misrepresentations herein will be considered a material breach of my lease agreement and could lead to eviction, financial and other penalties. Prior to move-in or recertification, I will notify management of any changes to these circumstances.

_____ _____

Applicant/Resident Signature Date

UNDER $5,000 ASSET CERTIFICATION

For households whose combined net assets (as defined in 24 CFR 813.102) do not exceed $5,000

Complete only one form per household; include assets of children.

Development Name: **Riverview Towers** Household Name: _____

Fill in all items. Put "0" or "N/A" for any that does not apply to your entire household. Complete all that apply for 1 through 4:

(A) Cash Value*	(B) Int. Rate%	*(A*B) Annual Income*	*Source*	(A) Cash Value*	(B) Int. Rate%	*(A*B) Annual Income*	*Source*
$		$	Savings Account	$		$	Checking Account
$	0.00%	$0.00	Cash on Hand	$		$	Safety Deposit Box
$		$	Certificates of Deposit	$		$	Money market funds
$		$	Stocks	$		$	Bonds
$		$	IRA Accounts	$		$	401K Accounts
$		$	Keogh Accounts	$		$	Trust Funds
$		$	Equity in real estate	$		$	Land Contracts
$		$	Lump Sum Receipts	$		$	Capital investments
$		$	Life Insurance Policies (excluding Term)				
$		$	Other Retirement/Pension Funds not named above:				
$		$	Personal property held as an investment** :				
$		$	Other (list):				

1. My/our assets include:

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, and Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily use autos, clothing assets of an active business, or special equipment for use by the disabled.

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than $1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: $_____
(*the difference between FMV and the amount received, for each asset on which this occurred).

3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

4. ☐ I/we do not have any assets at this time.

The net family assets above do not exceed $5,000 and the annual income from the net family assets is

$_____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant Signature	Date	Applicant/Tenant Signature	Date

RIVERVIEW TOWERS

STUDENT CERTIFICATION

This student certification is in connection with the undersigned's application for occupancy

Applicant _____ **SSN**_____

Please **check one** (complete additional information if required) **and sign**:

☐ I have not attended college in the last 12 months; am not currently attending; nor do I plan to attend college in the next 12 months.

☐ I am not certain of my future school status. I realize that it is my responsibility to inform the management office if I enroll in a school so proper paperwork can be done. If not reported I understand that I will be jeopardizing my residency.

☐ I currently anticipate going to school:

☐ FULL-TIME or ☐ PART-TIME

At (school's name):_____

On (date attending school):_____

☐ I am currently attending school:

☐ FULL-TIME or ☐ PART-TIME

At (school's name):_____

I hereby certify that the statements above are true and complete to the best of my knowledge.

I/We the applicants/residents completely understand that in the event the entire household goes to school FULL-TIME we will no longer qualify for the S-42 program unless we meet one of the student status exceptions. If we no longer qualify for the program we understand that we **must** vacate the property. In this event, we understand that we as a household are still liable for the entire lease term and/or until the unit is re-rented to a qualified household which is determined by management. The management office will give us guidelines on this issue and we agree to comply with their instructions.

_____ _____

Applicant / Tenant Signature **Date**

_____ _____

Applicant / Tenant Signature **Date**