

# READ THIS BEFORE YOU BEGIN!!!

(KEEP FOR YOUR RECORDS)

## ITEMS TO SUBMIT WITH YOUR APPLICATION (IF IT APPLIES TO YOU)

COPIES CAN BE MADE IN OUR OFFICE

- 8 MOST RECENT & CONSECUTIVE CHECK STUBS PER JOB
- AWARD LETTER(S) DATED WITHIN THE LAST 30 DAYS FOR:
  - SOCIAL SECURITY
  - DISABILITY
  - SSI
  - VETERAN'S BENEFIT
  - PENSION
- MOST RECENT WE ENERGIES BILL
- VALID ID FOR ALL ADULTS ON APPLICATION
- SOCIAL SECURITY CARDS FOR EVERY PERSON ON THE APPLICATION
- BIRTH CERTIFICATES FOR EVERY PERSON ON THE APPLICATION

### PROPERTY INFO (If ~~strike thru~~, the list is closed)

**Reverend Davila Village** 6th – 7th & Scott & Washington St

**Convent Hill Gardens** 455 E Ogden Ave

You will be placed on the wait list(s) of your choice (that you mark on Pg. 3). If you do not choose a property, your application will be automatically **DENIED** and you will have to complete a new application. **NO EXCEPTIONS!**

Once your name comes to the top of the list is when your application will be determined eligible or ineligible for that property.

Approximate wait times for wait lists and processing CANNOT be given.

Thank you for your patience in waiting on our response.

**READ EACH PORTION OF APPLICATION & QUESTION VERY CAREFULLY!**

**LEASE ADD-ON:** IF YOU'RE COMPLETING THIS TO ADD PERSON(S) TO YOUR LEASE, BE SURE TO INCLUDE ALL WHO ARE CURRENTLY IN YOUR HOUSEHOLD INCLUDING THE PERSON(S) THAT YOU WANT ADDED TO YOUR LEASE.

**FOLLOW THESE INSTRUCTIONS!**

**This will help you to make as less mistakes as possible.**

**PRINT LEGIBLY** I must be able to read your handwriting.

**USE N/A IF SOMETHING DOESN'T APPLY TO YOU—DO NOT LEAVE BLANK**

**ALL ADULTS SIGN YOUR NAME HOW IT IS SIGNED ON YOUR ID**

**DO NOT SCRIBBLE OUT ERRORS** Draw a 1 line thru your error, initial, and correct it.

**DO NOT USE WHITEOUT OR PENCIL**

**ONLY USE BLUE INK**

**ALL QUESTIONS PERTAIN TO EACH ADULT LISTED ON YOUR APPLICATION**

If the answer is "yes" for one adult, but "no" for the other adult, the answer that you should put on the application is "YES"

**CALL TO SPEAK WITH A HOUSING INTAKE SPECIALIST WITH ANY  
QUESTIONS 414-463-3371.**



**\*\*\*For Office Use Only\*\*\***

Date Rev'd \_\_\_\_\_

Time Rev'd \_\_\_\_\_

By \_\_\_\_\_ Dev. \_\_\_\_\_

**APPLICATION FOR OCCUPANCY  
THIS IS NOT A LEASE OR RENTAL AGREEMENT-DO NOT GIVE NOTICE TO MOVE**

**SECTION A- Applicant DO NOT USE WHITE-OUT OR PENCIL OR LEAVE BLANKS**

**Name, last 4 of social security number, and full mailing address is REQUIRED to be considered. Other missing information may deny your application.**

Applicant's Name: \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt.No: \_\_\_\_\_

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

Phone- Day: \_\_\_\_\_ Night: \_\_\_\_\_

Email(will be used to contact): \_\_\_\_\_

Your Age \_\_\_\_\_

Wheelchair accessible unit needed (circle one)? Y N

How many moving in? \_\_\_\_\_ adults \_\_\_\_\_ minors Estimated monthly income \$ \_\_\_\_\_

First choice = 1  
Second choice = 2  
Third choice = 3

**1 bedrooms**

\_\_\_\_\_ Convent Hill Gardens

Must be age 62+

**3 bedrooms**

\_\_\_\_\_ Rev. Davila Village

**4 bedrooms**

\_\_\_\_\_ Rev. Davila Village

**SECTION B- Housing History Current & Previous DO NOT USE WHITE-OUT OR PENCIL**

List the **current & previous** housing information for **ALL adult** household members. List at least 3 years of history. **Begin with your current housing.**

BUILDING INFORMATION	LANDLORD INFORMATION
From: _____ To: <u>CURRENT</u> Who lives here: _____ Address: _____ _____ Apartment Name: _____ Rent: \$ _____ I want to move because: _____ Does the landlord know you live here? Yes No Are you currently being evicted? Yes No	Name: _____ Phone: _____ Fax: _____ Email: _____ Address: _____
From: _____ To: _____ Who lived here: _____ Address: _____ _____ Apartment Name: _____ Rent: \$ _____ I moved because: _____ Did the landlord know you lived here? Yes No Were you evicted? Yes No	Name: _____ Phone: _____ Fax: _____ Email: _____ Address: _____
From: _____ To: _____ Who lived here: _____ Address: _____ _____ Apartment Name: _____ Rent: \$ _____ I moved because: _____ Did the landlord know you live here? Yes No Were you evicted? Yes No	Name: _____ Phone: _____ Fax: _____ Email: _____ Address: _____
From: _____ To: _____ Who lived here: _____ Address: _____ _____ Apartment Name: _____ Rent: \$ _____ I moved because: _____ Did the landlord know you live here? Yes No Were you evicted? Yes No	Name: _____ Phone: _____ Fax: _____ Email: _____ Address: _____
From: _____ To: _____ Who lived here: _____ Address: _____ _____ Apartment Name: _____ Rent: \$ _____ I moved because: _____ Did the landlord know you live here? Yes No Were you evicted? Yes No	Name: _____ Phone: _____ Fax: _____ Email: _____ Address: _____

**Explanation or other significant information you want us to know:**

---



---



---



---



---



---



---



---

1. Will this be your first time ever renting your own residence? \_\_\_ Yes \_\_\_ No
2. Are you currently receiving rent assistance? \_\_\_ Yes \_\_\_ No **If yes**, what kind? \_\_\_ city \_\_\_ county How many bedrooms? \_\_\_\_\_ When does your contract expire? \_\_\_\_\_
3. Are all in the household United States citizens? \_\_\_ Yes \_\_\_ No If no, are you a Non-Citizen with eligible alien status? \_\_\_ Yes \_\_\_ No Are you a Non-Citizen Student? \_\_\_ Yes \_\_\_ No **Citizenship and/or Eligible Alien Status must be verified by, and you must possess an acceptable document recognized by, the Federal government. (Not applicable to Section 202 Program)**
4. When would you be available to move? \_\_\_\_\_
5. Do you currently live with anyone else who is not listed on this application? \_\_\_ Yes \_\_\_ No If so, who and why aren't they on this application: \_\_\_\_\_
6. Do you expect to add anyone to your household? \_\_\_ Yes \_\_\_ No If so, who & when? \_\_\_\_\_
7. Will anyone live with you on a part time basis? \_\_\_ Yes \_\_\_ No, If yes, explain: \_\_\_\_\_
8. Do you have sole legal and physical custody of your children? \_\_\_ Yes \_\_\_ No If no, please explain: \_\_\_\_\_
9. Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing, or visual impairment? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_
10. How did you hear about us? \_\_\_\_\_
11. Are you now living or have you lived in a government subsidized development? \_\_\_ Yes \_\_\_ No If yes, when: \_\_\_\_\_ Name and address of development \_\_\_\_\_ Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, or for any other reason? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_
12. Has an eviction ever been filed on you? \_\_\_ Yes \_\_\_ No
  - a. **If yes**,  
when: \_\_\_\_\_ address: \_\_\_\_\_ why: \_\_\_\_\_
13. Are there any past due balances owed to previous or current landlord(s)? \_\_\_ Yes \_\_\_ No **If yes**, name the landlord & phone number \_\_\_\_\_
14. Are there any past due balances owed to the gas and/or electric company with no payment agreement? \_\_\_ Yes \_\_\_ No
15. Do you have a pet? \_\_\_ Yes \_\_\_ No If yes, what kind? \_\_\_\_\_ If you are not allowed to take your pet with you, what would you do with the animal? \_\_\_\_\_
16. Do you have a waterbed? \_\_\_ Yes \_\_\_ No
17. Will this be your only place of residence? \_\_\_ Yes \_\_\_ No **If no**, please explain: \_\_\_\_\_
18. Will a business be run out of your home? \_\_\_ Yes \_\_\_ No **If yes**, please explain: \_\_\_\_\_

WAIVER TO RELEASE POLICE RECORD

LAST NAME FIRST NAME MIDDLE NAME (Full)
WRITE N/A if does not apply

OTHER NAMES KNOWN BY (ex. Maiden name or Aliases)

SOCIAL SECURITY NUMBER

RACE DATE OF BIRTH

CURRENT ADDRESS (NO POB):
ZIP CODE

"I the undersigned, do hereby authorize the City of Milwaukee Police Department to release any information they may have in their records under my name and date of birth to the present, releasing said law enforcement agency from liability for damage resulting from unauthorized use of said information."

Signature Date

<<<<FOR ADDITIONAL ADULT ON APPLICATION>>>>

LAST NAME FIRST NAME MIDDLE NAME (Full)
WRITE N/A if does not apply

OTHER NAMES KNOWN BY (ex. Maiden name or Aliases)

SOCIAL SECURITY NUMBER

RACE DATE OF BIRTH

CURRENT ADDRESS (NO POB):
ZIP CODE

"I the undersigned, do hereby authorize the City of Milwaukee Police Department to release any information they may have in their records under my name and date of birth to the present, releasing said law enforcement agency from liability for damage resulting from unauthorized use of said information."

Signature Date

<<<<FOR ADDITIONAL ADULT ON APPLICATION>>>>

LAST NAME FIRST NAME MIDDLE NAME (Full)
WRITE N/A if does not apply

OTHER NAMES KNOWN BY (ex. Maiden name or Aliases)

SOCIAL SECURITY NUMBER

RACE DATE OF BIRTH

CURRENT ADDRESS (NO POB):
ZIP CODE

"I the undersigned, do hereby authorize the City of Milwaukee Police Department to release any information they may have in their records under my name and date of birth to the present, releasing said law enforcement agency from liability for damage resulting from unauthorized use of said information."

Signature Date

**WAITING LIST PLACEMENT**

**--Initial below--**

\_\_\_\_\_ I understand that by the end of the application process there may not be a unit available for me, however, I would like my name to remain on the waitlist(s) of which I qualify for.

\_\_\_\_\_ I understand if I don't keep my contact information updated and I am unable to be contacted when a unit becomes available, my name will be removed from the waitlist(s) and I will have to re-apply.

\_\_\_\_\_ I understand that there may be additional fees requested to qualify for certain properties. However, I will have the chance to decline and it will not affect my place on other waitlist(s).

---

The following questions pertain to yourself and each member of your household who will occupy the unit. Indicate either YES or NO in response to each question. **Explain any YES answers** in the space given.

1. Have you or any member of your household ever been convicted of a felony or a misdemeanor other than a traffic violation within the last 5 years? \_\_\_Yes \_\_\_No
  
2. Do you or any member of your household use an illegal drug or other illegal controlled substance? \_\_\_Yes \_\_\_No
  
3. Have you or any member of your household been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance within the last 5 years? \_\_\_Yes \_\_\_No
  
4. Have you or any member of your household ever used different names from the names given on this application? \_\_\_Yes \_\_\_No
  
5. Have you or any member of your household ever used a social security number different from those listed on this application? \_\_\_Yes \_\_\_No
  
6. Have you or any member of your household lived in any other state within the past 10 years? \_\_\_Yes \_\_\_No If yes, which ones? \_\_\_\_\_
  
7. Have you ever filed for bankruptcy? \_\_\_Yes \_\_\_No
  - a. **If yes,**  
What type? \_\_\_\_\_ When? \_\_\_\_\_ Has it been discharged? \_\_\_Yes \_\_\_No
  
8. Are you or any member of the household a registered sex offender in any state? \_\_\_Yes \_\_\_No **If yes,** which household member and which state? \_\_\_\_\_

**READ THE STATEMENTS BELOW CAREFULLY BEFORE SIGNING THIS APPLICATION:**

**CRIMINAL BACKGROUND CHECK** – I understand that a background check will be conducted. Rejection of the application may occur if there is a history or conviction for: 1. Disturbances of neighbors; 2. Destruction of property; 3. Drug-related criminal activity; 4. Criminal activity involving violence to person or property; 5. Theft or burglary; 6. Felony convictions; 7. Disorderly conduct; or 8. Sexual crimes or registered sex offender.

**MEGAN’S LAW** – You may obtain information about the sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections at [www.widocoffenders.org](http://www.widocoffenders.org) or 877-234-0085 or contact your local law enforcement agency.

**RELEASE OF INFORMATION** - Each adult household member who is making application for a Section 202 PRAC Development and/or a Section 42 Development must sign HUD Forms 9887 and 9887A and/or 9886. Failure to sign constitutes grounds for denying housing.

I/We understand the information in this application will be used to determine eligibility for Section 202 PRAC and/or Section 42 housing and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading, or incomplete, management may decline our application, or, if move-in has occurred, terminate our lease agreement.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state, or local agencies.

I/We understand that a home visit will be conducted.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed on this application will occupy the unit, that it will be my/our only residence, and that there are not other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income, assets, and household composition, within 14 days. If I/we do not notify management of the above changes, my application may be rejected for incomplete/inaccurate information.

**All household members age 18 or older must sign below:**

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

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

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



AHTC Form 305  
TENANT INCOME QUESTIONNAIRE

**To be completed by management:**

Property Name: \_\_\_\_\_ Bldg/Unit#: \_\_\_\_\_  
 \_\_\_\_\_ Initial Certification \_\_\_\_\_ Recertification \_\_\_\_\_ Other

**\*\*\*Applicant/Resident start to complete here:**

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YY)	Social Security or Alien Reg. No.
1			HEAD		
2					
3					
4					
5					
6					
7					
8					
9					
10					

Do you expect any changes to the household in the next twelve months? YES NO

If yes explain: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

**\*\*\*\*\*INCOME INFORMATION** Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months.

1	Y	N	Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation.  Name of Employer(s) _____ _____	\$ _____ \$ _____
2	Y	N	Self employed. (List nature of self employment) _____	(use <u>net</u> income from business) \$ _____
3	Y	N	Cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the unit.	\$ _____
4	Y	N	Unemployment benefits and/or Worker's Compensation	\$ _____
5	Y	N	Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____

6	Y	N	Social Security payments.	\$ _____
7	Y	N	<u>Unearned</u> income from family members age 17 or under (ex: Social security, Trust Fund disbursements, etc.)	\$ _____
8	Y	N	Supplemental Security Income (SSI)	\$ _____
9	Y	N	Disability or death benefits other than Social Security.	\$ _____
10	Y	N	Public Assistance (examples: TANF, AFDC, W2)	\$ _____
11	Y	N	Periodic payment from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list source _____	\$ _____
12	Y	N	Income from real estate or personal property	\$ _____
13	Y	N	Alimony/spousal maintenance payments	\$ _____
14	Y Y Y	N N N	I am entitled to receive Child Support payments  If yes, then answer the following: a. I am currently receiving child support payments b. I am not receiving any child support payments but it is court ordered that I do. Circle one: 1. I am not pursuing the payments for the following reasons: _____ _____  2. I am making efforts to collect the child support owed to me. List efforts being made: _____	\$ _____
15	Y	N	Section 8 rental assistance.	
16	Y	N	Income from a source other than those listed above List sources (Including Student Grants, Scholarships, etc.): _____ _____	\$ _____

**\*\*\*\*\*ASSET INFORMATION** Identify each asset, its value and rate of interest currently held by the household.

17	Y	N	Checking account(s) If yes, list bank(s): _____ _____	_____%	\$ _____
18	Y	N	Savings account(s) If yes, list bank(s): _____ _____	_____%	\$ _____
19	Y	N	Certificates of Deposit (CD) or Money Market Account (s) If yes, list sources/ bank names: _____ _____	_____%	\$ _____
20	Y	N	Revocable trust(s) If yes, list bank(s): _____	_____%	\$ _____

21	Y	N	Real estate If yes, provide description: _____	_____ %	\$ _____
22	Y	N	Stocks, Bonds, or Treasury Bills If yes, list sources/bank(s) _____	_____ %	\$ _____
23	Y	N	IRA / Lump Sum Pension / Retirement / Keogh /401(K) Account, etc. If yes, list sources/ bank(s): _____	_____ %	\$ _____
24	Y	N	Whole life insurance policy If yes, how many policies _____ If yes, list sources: _____	_____ %	\$ _____
25	Y	N	More than \$500 cash on hand		\$ _____
26	Y	N	Items held as an investment (antique car, coin collection, etc.) If yes, list items: _____		\$ _____
27	Y	N	Safe Deposit box If yes, list sources: _____		\$ _____
28	Y	N	Disposed of assets (i.e. gave away money / assets) for less than the fair market value in the past 2 years.		\$ _____
29	Y	N	Income from assets or sources other than those listed above including Debit cards. If yes, list types below: _____		\$ _____

**\*\*\*\*\*STUDENT STATUS**

30	Y	N	Does the household consist of persons who are all <u>part-time</u> or <u>full-time</u> students (1 <sup>st</sup> grade and higher. Examples: Elementary, High School, College/University, trade school, etc.)? If yes, which members: _____
31	Y	N	Does anyone in your household anticipate becoming a full-time student household in the next 12 months?
32	Y	N	If you answered yes to either question 30 or 31, are you: <ul style="list-style-type: none"> <li>• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)</li> <li>• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program</li> <li>• Married and filing a joint tax return</li> <li>• Are you a single parent who is not claimed as a dependent of any other person?</li> <li>• Are any of the children in the household claimed as a dependent of any person other than the parent(s)?</li> <li>• Any student formally received Foster Care Assistance</li> </ul>
	Y	N	
	Y	N	
	Y	N	
	Y	N	

**ALL adults MUST sign**

**Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.**

\_\_\_\_\_  
Printed Name of Applicant/Tenant                      Signature of Applicant/Tenant                      Date

\_\_\_\_\_  
Printed Name of Applicant/Tenant                      Signature of Applicant/Tenant                      Date

\_\_\_\_\_  
Printed Name of Applicant/Tenant                      Signature of Applicant/Tenant                      Date

\_\_\_\_\_  
Witnessed by (Signature of Owner/Representative)                      Date

## STUDENT DECLARATION

Please complete the following information for ALL family members including yourself:

<b>NAME</b>	<b>AGE</b>	<b>STUDENT Y or N</b>	<b>Full-time or Part-time</b>	<b>Name of School</b>	<b>School Phone #</b>

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

Form HUD- 92006 (05/09)

## **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.

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