

Dear Applicant,

We, the staff, at Wallace Court Apartments would like to welcome and thank you for considering our community as your future home!

**Please read the following instructions below before filling out the application or signing any documents:**

Attached you will find a Rental Application and required application documents. Please make sure all documents are completely read, filled out and signed before returning them. If a question on the application does not apply to you, please mark N/A. No questions or spaces should be left blank. ***An incomplete application packet will not be accepted, this includes returning the application with all required identifying documents.*** If you refuse to give us any documents needed to process your paperwork, your application could be denied.

***If there will be more than one (1) adult household member, please inform the leasing office at the time of application pick up, as additional forms are needed.***

**When returning your application, we are required to verify a state photo ID for all adult members of the household. For all members of the household, we will need to verify birth certificates and social security cards.  
**NO PHOTOCOPIES WILL BE ACCEPTED.****

***\*\*APPLICATION MUST BE RETURNED IN PERSON BY THE INDIVIDUAL(S) INTERESTED IN HOUSING\*\****

When picking up your application, please inform the Community Manager how many adult household members will be on the application so that you receive the proper amount of required paperwork.

When everything has been filled out completely and signed, return all papers to the leasing office.

Our application process is as follows:

1. Once we receive your application and application fee (**fee is not required for Project Based Section 8 or Rural Development to go on the waiting lists**), your name will be added to the waiting list.
2. When your name comes up on the list, we will complete a credit & criminal background check.
3. If credit is approved, you will be contacted so the necessary paperwork can be completed to complete your certification package. If credit is declined, you will receive a certified letter in the mail.
4. Once all your income and assets are verified and meet the requirements, your certification package will be approved for move-in.

If you have any questions, please feel free to contact the leasing office, Monday through Friday, via phone at 717-762-7115 or via email at [wallace@hrehllc.com](mailto:wallace@hrehllc.com).

Thank you for your interest in Wallace Court Apartments!

Respectfully,  
Wallace Court Apartments  
Humphrey Management

Wallace Court  
Application for Housing

Please complete one application per household

Unit Size Requested? \_\_\_\_\_

When would you like to move in? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

OFFICE USE ONLY, DATE & TIME RECEIVED:

HHID:

Initials:

Contact Information

Primary Mailing Address:

Primary Email Address

Street Address

Apt #

Primary Phone Number

Cell Home Work  
Circle One

City

State

Zip

Secondary Phone Number

Cell Home Work  
Circle One

Household Composition

Please refer to the Program Eligibility Income Requirement section of the Resident Selection Criteria and list all persons who will live in the unit, and those who will be counted for determining income limits who are not living in the unit.

| Name | Relationship to head | Marital Status | Birth Date<br>MM/DD/YYYY | Age | Social Security number | Student<br>Y/N |
|------|----------------------|----------------|--------------------------|-----|------------------------|----------------|
|      | Head of Household    |                |                          |     |                        | Y N            |
|      |                      |                |                          |     |                        | Y N            |
|      |                      |                |                          |     |                        | Y N            |
|      |                      |                |                          |     |                        | Y N            |
|      |                      |                |                          |     |                        | Y N            |
|      |                      |                |                          |     |                        | Y N            |
|      |                      |                |                          |     |                        | Y N            |

Use the following codes for marital status:

NM – Single and Never Married M – Married D – Divorced L – Legally Separated E – Estranged W – Widowed

**No one else can join the household without prior management approval**

Is this the entire household to occupy the unit? ☐ Yes ☐ No

If no, please explain:

Do you plan to have anyone living with you in the future who is not listed above (pregnancies, etc.)? ☐ Yes ☐ No

If yes, please explain:

Do you anticipate any other changes to your household in the next 12 months? ☐ Yes ☐ No

If yes, please explain:

Do you have full custody of your child(ren)? ☐ N/A ☐ Yes ☐ No

If no, please explain:

Are any household members foster children or foster adults? ☐ Yes ☐ No

If yes, who?



Are any household members temporarily absent? *(Examples: temporary, out-of-state work assignment; in hospital or rehab facility for limited or fixed duration; in a correctional facility)* ☐ Yes ☐ No

If yes, who?

For how long?

Are any household members permanently confined to a hospital or nursing home? ☐ Yes ☐ No

If yes, who?

Will anyone in your household require a live-in care attendant? ☐ Yes ☐ No

If yes, who?

Does anyone in the household need any specific features or unit designs such as wheelchair accessibility, visual aids (Braille) or Apparatus for hearing assistance? ☐ Yes ☐ No

If yes, describe:

Would any household members benefit from or require a reasonable accommodation or modification? ☐ Yes ☐ No

If yes, describe:

## Income

To be clear about program definitions, we will now go over a checklist of household income. Program rules require you to disclose the following income:

- ✓ All income for the head of household, co-head, or spouse, regardless of age
- ✓ Earned (employment) income of household members age 18 and older
- ✓ Unearned income (Social Security, etc.) for everyone in the household, regardless of age
- ✓ The first \$480 of annual earned income for full-time students age 18 and older

Report all income and management will determine whether it should be counted for certification purposes.

**Contributions from Friends & Relatives** Please keep these answers in mind when completing the income checklist.

Do friends, relatives or other outside sources other than government entities:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Give anyone in the household money on a regular basis?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Make payments or pay bills on behalf of anyone in the household on a regular basis?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Give anyone in the household necessities ( <b>excluding food</b> ), and other regularly consumed items?<br><i>(Such as clothing, diapers, household products, alcohol, cigarettes, etc.)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Various types of income are listed on the following page. If anyone in the household receives a type of income listed below, please check yes and provide an estimated amount and frequency for each member who receives that type of income. Specify household members by labeling the top of each column. Use one column per member. If more than five household members, it is acceptable to list two household members with no income together in a column.

**Do not leave any of the income types blank.**

**By checking no, you are certifying that no one in the household receives that type of income.**

Household Member:

|  |                              |                             |    |    |    |    |    |    |    |
|--|------------------------------|-----------------------------|----|----|----|----|----|----|----|
|  |                              |                             |    |    |    |    |    |    |    |
| Contributions from Friends/Relatives   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Supplemental Security Income (SSI)     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Social Security Disability Ins. (SSDI) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Social Security                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Employment                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Unemployment                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| TANF/Public Assistance                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Child Support                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Alimony                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Pension/Annuity                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Workman's Compensation                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Veterans Benefits                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Military Pay                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Net Income from Business               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Disability                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Other Income                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Education Grants or Scholarships*      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

\* Do not include Student Loans

### Assets

If anyone in the household owns an asset listed below, please check yes and provide the name of the member(s) who own the asset(s) and the name of the bank or financial institution the asset is with. **Do not leave any of the asset types blank.**

|                                      | HH Member(s):  | Financial Institution: |
|--------------------------------------|--|------------------------|
| Checking Accounts                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Savings Accounts                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Money Market Accounts                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Certificates of Deposit              | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Retirement Accounts: 401K, IRA, etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Stocks                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Bonds                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Mutual Funds                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Trust Accounts                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Whole or Universal Life Insurance    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |

Does anyone in the household own and/or receive benefits or wages on prepaid debit cards? ☐ Yes ☐ No

If yes, please indicate, if any, which benefits (*TANF*, *Social Security*) or wages are paid through debit cards:

Does anyone in the household own a house, condo or other form of real estate? ☐ Yes ☐ No

If yes, please explain:

If yes, does anyone in the household receive rental income from real estate? ☐ Yes ☐ No



Has anyone in the household sold or disposed of any real estate in the last 2 years?

*\*Do not include foreclosures, short sales or bankruptcies.*

☐ Yes ☐ No

If yes, please explain:

Has anyone in your household disposed of any other assets in the last 2 years? (Examples: Given away money to relatives, irrevocable trust account). *\*Do not include normal sale of items for market value*

☐ Yes ☐ No

If yes, please explain:

Excluding necessary personal property such as cars, furniture, clothing, etc., does anyone in your household have any other assets (items of value held as an investment that may be turned into cash) not listed above?

☐ Yes ☐ No

If yes, please list:

## Deductions

### Elderly/Disabled Family Deduction

Is the head, spouse or co-head 62 years old or older?

☐ Yes ☐ No

Is the head, spouse or co-head disabled?

☐ Yes ☐ No

**\*Note:** if any of the above listed members are receiving or eligible to receive Social Security Disability (SSDI) or Supplemental Security Income (SSI) payments, the household is eligible to check the disabled box and claim this deduction.

### Medical Expense Deduction

Complete the following section ONLY IF you answered yes to EITHER of the above questions.

Do any household members have any of the following medical expenses, which are not reimbursed by an outside party such as insurance?

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Services of doctors and health care professionals   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Services of health care facilities  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medical insurance premiums or costs of an HMO   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prescription/nonprescription medicines that have been prescribed by a physician                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Transportation to treatment   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dental Expenses   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eyeglasses, hearing aids, batteries for medical devices   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Live-in or periodic medical assistance such as nursing services or costs for an assistance animal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Monthly payments on accumulated medical bills   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medical care of a permanently institutionalized household member                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Child Care Expense Deduction

Does the household have child care expenses for the care of children under the age of 13?

☐ Yes ☐ No

Complete the following section ONLY IF you answered yes to the above question.

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Is the care necessary to enable a household member to (you may select more than one if applicable): |                              |                             |
| Work  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Seek employment   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Further his/her education (academic/vocational)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the child care expense reflect reasonable charges for child care?                              |                              |                             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |                              |                             |
| Is the expense reimbursed by an agency or individual outside the family?                            |                              |                             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |                              |                             |
| Are any adult household members capable of providing care during the hours needed?                  |                              |                             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |                              |                             |
| Are the expenses paid to a household member living in the unit?                                     |                              |                             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |                              |                             |

## Disability Assistance Expense Deduction

Are any household members employed?

☐ Yes ☐ No

Are any household members disabled?

☐ Yes ☐ No

Complete the following section ONLY IF you answered yes to BOTH questions above.

Does the household have unreimbursed costs for attendant care or “auxiliary apparatus” for a household member with disabilities, which are necessary to enable any adult family member to be employed?

☐ Yes ☐ No

## Dependent Deduction

Excluding the head of household, spouse, co-head, foster children, unborn children, children who have not yet joined the household and live-in aides, are any household members a person with a disability?

☐ Yes ☐ No

**\*Note:** if any household members are receiving or eligible to receive Social Security Disability (SSDI) or Supplemental Security Income (SSI) payments, the household is eligible to check “yes” and claim this deduction.

If yes, please list each disabled household member:

Are any adult household members a full-time student, as defined as one who is carrying a full time subject load at an institution with a degree of certificate program, including high school. A full-time load is defined by the institution where the student is enrolled.

☐ Yes ☐ No

If yes, please list each household member who meets the definition above:

## Residential History & Verification References

A verification of residency must be available for all addresses lived in by all adult applicants for 36 months prior to the application date. Please use the additional address spaces to provide information on previous addresses within the past 36 months or for separate addresses of other adults.

### Current Address

Are any household members currently residing in subsidized housing?

☐ Yes ☐ No

Who resided at this address:

Name of Housing Complex or Specify if Privately Owned/Rented:

Month/Year Tenancy Began:

Street Address:

Apt #:

Landlord's Name:

City:

State:

Zip:

Landlord's Phone & Fax Number:

### Additional Address

Who resided at this address:

Name of Housing Complex or Specify if Privately Owned/Rented:

Month/Year Tenancy Began:

Month/Year Tenancy Ended:

Street Address:

Apt #:

Landlord's Name:

City:

State:

Zip:

Landlord's Phone & Fax Number:

**Additional Address**

Who resided at this address:

Name of Housing Complex or Specify if Privately Owned/Rented:

Month/Year Tenancy Began:

Month/Year Tenancy Ended:

Street Address:

Apt #:

Landlord's Name:

City:

State:

Zip:

Landlord's Phone &amp; Fax Number:

**Additional Address**

Who resided at this address:

Name of Housing Complex or Specify if Privately Owned/Rented:

Month/Year Tenancy Began:

Month/Year Tenancy Ended:

Street Address:

Apt #:

Landlord's Name:

City:

State:

Zip:

Landlord's Phone &amp; Fax Number:

To facilitate verification of the various factors of eligibility please provide the contact information for any employers, sources of contributions or informal support, pension/annuity providers, child care providers, and sources of medical expenses.

If any household members are disabled and are not receiving SSI or SSDI payments please provide contact information for a physician, psychologist, clinical social worker, other licensed health care provider or the Veterans Administration who can verify disability status (we will only verify the individual meets the program definition of disabled, we do not verify the nature or extent of the disability.)

**Contact Information for Verification of:**

Name of Business, Professional or Individual:

Street Address:

Phone Number:

Relevant Household Member:

City:

State:

Zip:

Fax Number:

**Contact Information for Verification of:**

Name of Business, Professional or Individual:

Street Address:

Phone Number:

Relevant Household Member:

City:

State:

Zip:

Fax Number:

**Contact Information for Verification of:**

Name of Business, Professional or Individual:

Street Address:

Phone Number:

Relevant Household Member:

City:

State:

Zip:

Fax Number:

**Contact Information for Verification of:**

Name of Business, Professional or Individual:

Street Address:

Phone Number:

Relevant Household Member:

City:

State:

Zip:

Fax Number:

|   |                   |               |
|---|-------------------|---------------|
| <b>Contact Information for Verification of:</b> |                   |               |
| Name of Business, Professional or Individual:   | Street Address:   | Phone Number: |
| Relevant Household Member:                      | City: State: Zip: | Fax Number:   |

|   |                   |               |
|---|-------------------|---------------|
| <b>Contact Information for Verification of:</b> |                   |               |
| Name of Business, Professional or Individual:   | Street Address:   | Phone Number: |
| Relevant Household Member:                      | City: State: Zip: | Fax Number:   |

|   |                   |               |
|---|-------------------|---------------|
| <b>Contact Information for Verification of:</b> |                   |               |
| Name of Business, Professional or Individual:   | Street Address:   | Phone Number: |
| Relevant Household Member:                      | City: State: Zip: | Fax Number:   |

|   |                   |               |
|---|-------------------|---------------|
| <b>Contact Information for Verification of:</b> |                   |               |
| Name of Business, Professional or Individual:   | Street Address:   | Phone Number: |
| Relevant Household Member:                      | City: State: Zip: | Fax Number:   |

### Social Security Number Disclosure Exemption

All applicant household members must disclose and provide verification of the complete and accurate SSN assigned to them except for those individuals who do not contend eligible immigration status or applicants who were age 62 or older as of January 31, 2010, and whose initial determination of eligibility for a HUD rental assistance program was begun before January 31, 2010.

|   |  |
|---|--|
| Were any household members 62 or older as of January 31, 2010 <b>AND</b> their initial determination of eligibility for a HUD rental assistance program was made prior to January 31, 2010? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

### Miscellaneous

|  |  |
|--|--|
| Are any members of the household subject to a Lifetime Sex Offender Registration in any state? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please list all states where any members of the household have resided:                        |  |
| <br>   |  |

### Vehicle & Pet Information

| Please provide the following information for vehicles owned or operated by household members: |              |       |       |               |
|---|--------------|-------|-------|---------------|
| Year  | Vehicle Make | Model | Color | License Plate |
| <br>  |              |       |       |               |

|   |  |
|---|--|
| Does anyone in the household own a pet? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please describe:                |  |
| <br>                                    |  |



## Prospective Resident Consumer Report Authorization

I hereby affirm that my answers on this application to lease are true and correct and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably. I authorize you to secure from **TransUnion**, a consumer reporting agency, an investigative consumer report. This report may contain, but would not be limited to a consumer credit report, a criminal history records investigation, and verification of my residences, employments and income.

I authorize **TransUnion** to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living, and I release all concerned from liability, in right, under the federal Fair Credit Reporting Act (FCRA), Section 606(B) to make written request of you and **TransUnion**, within a reasonable time, for a complete and accurate receipt of the summary of consumer rights required by Section 609 of the FCRA, entitled, A Summary of Your Rights Under the Fair Credit Reporting Act.

## Certification

**Certification by Applicant(s):** I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on the funding program and housing agency's eligibility criteria and this community's resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on the applicant screening criteria listed in the Resident Selection Criteria.

I/We have understood and answered all questions on this rental application. I/We certify that all answers are true to the best of My/Our knowledge and that any misrepresentations of information or any omission of any significant information or false statements are punishable under Federal Law and could be grounds for cancellation of this application or termination of residency after occupancy.

|  |                      |  |                      |
|--|----------------------|--|----------------------|
| _____<br><i>Head of Household's Signature</i>  | _____<br><i>Date</i> | _____<br><i>Other Adult Member's Signature</i> | _____<br><i>Date</i> |
| _____<br><i>Spouse or Co-head's Signature</i>  | _____<br><i>Date</i> | _____<br><i>Other Adult Member's Signature</i> | _____<br><i>Date</i> |
| _____<br><i>Other Adult Member's Signature</i> | _____<br><i>Date</i> | _____<br><i>Other Adult Member's Signature</i> | _____<br><i>Date</i> |

### Wallace Court

125 Brown Street / Waynesboro, PA 17268  
717.762.7115, TTY: 711 / Wallace@hrehllc.com



This community and its Owner Agent does not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities.

**We do business in accordance with the Federal Fair Housing Law**



## Community: Wallace Court Apartments

Federal law requires us to obtain criminal background and sex offender registration information for all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below. The questions regard drug-related, sex offender and other criminal activity that could adversely affect the health, safety or welfare of other residents. Failure to provide complete and accurate information will result in the rejection of the application.

---

1. Have you been evicted from a federally-assisted site for drug-related criminal activity within the past seven years?    ☐ Yes    ☐ No
2. Do you currently use illegal drugs or abuse alcohol?    ☐ Yes    ☐ No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?    ☐ Yes    ☐ No
4. Have you been convicted of any drug-related crime within the past seven years?    ☐ Yes    ☐ No
5. Have you been convicted of any felony within the past seven years?    ☐ Yes    ☐ No
6. Have you been convicted of any crime involving fraud or dishonesty within the past seven years?    ☐ Yes    ☐ No
7. Have you been convicted of any crime involving violence within the past seven years?    ☐ Yes    ☐ No
8. Are you currently charged with any of the above criminal activities?    ☐ Yes    ☐ No
9. Please list all states in which you currently and have previously resided.  
  
\_\_\_\_\_  
  
\_\_\_\_\_

10. Have you ever used or been known by any other name?    ☐ Yes    ☐ No  
If yes, please list the name(s) used: \_\_\_\_\_

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### **PENALTY OF PERJURY CLAUSE**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of subsidy, termination of the lease agreement and referral to the U.S. Inspector General's office.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name (Print) \_\_\_\_\_



# 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:<br><b>US Department of HUD<br/>Director Multifamily Division<br/>Liberty Square Building<br/>100 Penn Square East<br/>Philadelphia, PA 19106-3380</b> | O/A requesting release of information (Owner should provide the full name and address of the Owner.):<br><b>Homes for Waynesboro, LLC<br/>318 Sixth Street, Suite #2<br/>Annapolis, MD 21403</b> | 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.):<br><b>PHFA Contract Administrator<br/>211 North Front Street<br/>Harrisburg, PA 17101</b> |
|---|--|--|

**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance. Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

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

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974,

5 U.S.C. 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

 \_\_\_\_\_


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

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev -1, 4571.1, 4571.2 &  
4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887 (02/2007)



Failure to Sign the Consent Form

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

Conditions

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

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed.

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

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

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

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

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

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

Name of applicant or Tenant (Print)

(Signature)

Signature of Applicant or Tenant & Date

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

Humphrey Management Beth Goetz

Name of Project Owner or his/her representative

Community Manager

Title

Signature Date

cc: Applicant/Tenant

Owner file

Penalties for Misusing this Consent:

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

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

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



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: (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Emergency<br/> <input type="checkbox"/> Unable to contact you<br/> <input type="checkbox"/> Termination of rental assistance<br/> <input type="checkbox"/> Eviction from unit<br/> <input type="checkbox"/> Late payment of rent         </div> <div style="width: 50%;"> <input type="checkbox"/> Assist with Recertification Process<br/> <input type="checkbox"/> Change in lease terms<br/> <input type="checkbox"/> Change in house rules<br/> <input type="checkbox"/> Permission to enter apartment in my absence<br/> <input type="checkbox"/> Other: _____         </div> </div>  |                       |
| <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.

## Project Based Section 8 Student Status Affidavit

Wallace Court

As part of the screening process for the Project Based Section 8 program, all adult household members (18 years and older) are required to complete this affidavit. The answers provided on this affidavit are used to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development (HUD). As part of the screening process, any answers or documentation you provide as part of the application or recertification process are subject to verification. Failure to disclose any information and/or answer all questions in the application, including questions on this form, fully and truthfully, may constitute grounds for denial or rejection of your application.

I, \_\_\_\_\_, hereby certify the following:

Are you enrolled as a student at an institution of higher education to obtain a degree, certificate, or other program leading to a recognized educational credential? ☐ YES ☐ NO

**If you answered yes, please complete the following section:**

Are you 24 years old or older? ☐ YES ☐ NO

Are you married? ☐ YES ☐ NO

Are you a veteran of the U.S. military? ☐ YES ☐ NO

Do you have a dependent child or children? ☐ YES ☐ NO

Are you disabled, **and** were you receiving assistance as of November 30, 2005? ☐ YES ☐ NO

Are you living with your parents who are receiving Section 8? ☐ YES ☐ NO

Are you individually eligible to receive section 8 assistance **and** are your parents (either individually or jointly) income eligible to receive section 8 assistance? ☐ YES ☐ NO

Do you receive financial assistance? ☐ YES ☐ NO

If yes, do you receive financial assistance in excess of tuition, required fees and charges? ☐ YES ☐ NO

**Please provide your school's contact information below:**

\_\_\_\_\_  
*Name of Institution of Higher Education*

\_\_\_\_\_  
*Contact Person (if applicable)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Fax Number or Email Address*

I certify under penalty or perjury, that all of the information contained in this affidavit is true and correct. I understand and acknowledge that falsifying information on this affidavit may result in denial of admission into the subsidized housing program or immediate termination of my housing assistance subsidy and/or criminal prosecution.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States Government.**

# Rural Development Student Status Affidavit

Wallace Court

As part of the screening process for the USDA Rural Development program, all adult household members (18 years and older) are required to complete this affidavit. The answers provided on this affidavit are used to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Agriculture (USDA). As part of the screening process, any answers or documentation you provide as part of the application or recertification process are subject to verification. Failure to disclose any information and/or answer all questions in the application, including questions on this form, fully and truthfully, may constitute grounds for denial or rejection of your application.

I, \_\_\_\_\_, hereby certify the following:

Are you enrolled as a student at an institution of higher education to obtain a degree, certificate, or other program leading to a recognized educational credential? ☐ YES ☐ NO

**If you answered yes, please complete the following section:**

Are you 24 years old or older? ☐ YES ☐ NO

Are you married? ☐ YES ☐ NO

Are you a veteran of the U.S. military? ☐ YES ☐ NO

Do you have a dependent child or children? ☐ YES ☐ NO

Are you disabled, and were you receiving assistance as of November 30, 2005? ☐ YES ☐ NO

Have you established a separate residence from your parents for at least a year? ☐ YES ☐ NO

Are you individually eligible to receive USDA assistance and are your parents (either individually or jointly) income eligible to receive USDA assistance? ☐ YES ☐ NO

Do you receive financial assistance? ☐ YES ☐ NO

If yes, do you receive financial assistance in excess of tuition, required fees and charges? ☐ YES ☐ NO

**Please provide your school's contact information below:**

\_\_\_\_\_  
*Name of Institution of Higher Education*

\_\_\_\_\_  
*Contact Person (if applicable)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Fax Number or Email Address*

I certify under penalty or perjury, that all of the information contained in this affidavit is true and correct. I understand and acknowledge that falsifying information on this affidavit may result in denial of admission into the subsidized housing program or immediate termination of my housing assistance subsidy and/or criminal prosecution.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States Government.**

## Family Summary Sheet

List all family members who will reside in the assisted unit.

| <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> |
|-------------------|-----------------------------------|-------------------|--|------------|----------------------|
| <b>Head</b>       |                                   |                   |  |            |                      |
| <b>2</b>          |                                   |                   |  |            |                      |
| <b>3</b>          |                                   |                   |  |            |                      |
| <b>4</b>          |                                   |                   |  |            |                      |
| <b>5</b>          |                                   |                   |  |            |                      |
| <b>6</b>          |                                   |                   |  |            |                      |
| <b>7</b>          |                                   |                   |  |            |                      |
| <b>8</b>          |                                   |                   |  |            |                      |
| <b>9</b>          |                                   |                   |  |            |                      |
| <b>10</b>         |                                   |                   |  |            |                      |
| <b>11</b>         |                                   |                   |  |            |                      |
| <b>12</b>         |                                   |                   |  |            |                      |
| <b>13</b>         |                                   |                   |  |            |                      |
| <b>14</b>         |                                   |                   |  |            |                      |
| <b>15</b>         |                                   |                   |  |            |                      |



## Acknowledgement of Receipt

The purpose of this form is to acknowledge receipt of the documents listed below:

### 1. Wallace Court Resident Selection Criteria

### 2. Resident Rights & Responsibilities (March 2018)

Purpose: The brochure briefly lists some of the most important rights and responsibilities to help you get the most out of your home.

### 3. FACT SHEET for HUD Assisted Residents – Project based Section 8 “HOW YOUR RENT IS DETERMINED,” (September 2010)

Purpose: This fact sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

### 4. EIV & You Brochure (July 2009)

Purpose: What you should know about Enterprise Income Verification if you are applying for or are receiving rental assistance through HUD.

### 5. Applying for HUD Housing Assistance/Is Fraud Worth It? - HUD form 1141 (December 2005)

Purpose: This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

I/We have received a copy of the above informational publications.

\_\_\_\_\_  
*Head of Household's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Spouse or Adult Co-tenant's Signature*

\_\_\_\_\_  
*Date*