



**Umpress Terrace  
Apartments**  
7242 Umpress Road  
Dallas, TX 75217  
(214) 391-9000



Dear Applicant,

Thank you for your interest in our apartment community. The documents attached to this letter are the application package. Every form must be completed, signed and dated by every adult. Make sure you initial the top right hand corner of each page of the 10 page application. **If the package is not filled out completely and all the supporting documents not included, the application cannot be processed** and your name will not be placed on our waiting list.

In order for the application package to be complete, you must provide us with copies of the following for admission:

- 1. Social Security cards**
- 2. Birth Records (birth/baptismal certificate or DD214)**
- 3. Current picture identification (18 years of age or older in household)**
- 4. Income verification for each person applying for admission**
- 5. Bank information for each person applying (most recent 6 consecutive months of bank statements).**

When you have completed the application package and have all required documents, **please call the office to set an appointment for the application interview.** When the package is returned to the office, it will be checked for completion and to make sure all of the required documents are provided. At this time, you must sign third party verification forms to be sent to verify income, assets, landlord history, criminal record, etc.

Thank you for your cooperation in this matter. If you have any questions, please call the office at the number above during business hours, Monday through Friday, 9:00am – 4:00pm.

Sincerely,

A handwritten signature in black ink that reads "Lisa Mays".

Lisa Mays  
Manager



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(214) 391-9000



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

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

**APPLICATION CHECKLIST**

<b>REQUIRED DOCUMENTS</b>	<b>RECEIVED</b>	<b>COMMENTS</b>
Application Cover Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Complete 10 page Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sign 9887 & 9887 A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner's Notice #1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Summary	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Declaration (1 ea)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Certification Disposed Assets	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TSP Summary Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HUD 1141	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HUD Fact Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
EIV & You Brochure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Receipt Acknowledgment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HUD 92006 Supplemental	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cert. Questionnaire	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race & Ethnic Data (1 ea)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Criminal History Request (Adults)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Criminal History Printout all Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dru Sjorn sex Reg. Search (All)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
EIV Existing Tenant Search	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Picture ID (Adults)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Birth Records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>VERIFICATIONS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asset	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Expense	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**VERIFICATION TRACKING INFORMATION**

<b>TYPE</b>	<b>SENT TO</b>	<b>1ST NOTICE</b>	<b>RETURN</b>	<b>2ND NOTICE</b>	<b>RETURN</b>

Umpress Terrace Apartments does not discriminate against persons with disabilities in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Stacy Hitt has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Stacy Hitt, 4833 West Lawther, Dallas, TX 75214 or (972) 755-1828.



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**TTY/TDD call 711**

**Umpress Terrace Resident Selection Plan**  
**Summary Sheet**

1. Contact Information for help Understanding this document – pg. 1
2. Business Relationship – pg. 2
3. Smoke Free Housing – pg. 3
4. Use of Marijuana – pg. 3
5. Pets – pg. 3
6. Assistance Definition – pg. 3
7. Subsidy – pg. 4
8. Utilities – pg. 4
9. Housing Choice Vouchers – pg. 4
10. Fair housing – pg. 4
11. Title VI of the Civil Rights Act of 1964 – pg. 4
12. Section 504 of the Rehabilitation Act of 1973 – pg. 5
13. Coordinating Efforts to Comply with Section 504 Requirements – pg. 5
14. Requests for Reasonable Accommodation or Modification – pg. 5
15. Compliance with Requirements Violence Against Women Reauthorization Act of 2013 – pg. 5
16. Certification and Confidentiality – pg. 5 & 6
17. Lease Addendum – pg. 6 & 7
18. Availability of Assistance for Persons with Limited English Proficiency – pg. 7
19. Protections provided based on Sexual Orientation, Gender Identity or Marital Status – pg. 7
20. Eligibility Requirements – pg. 7
21. Income Limits – pg. 7 & 8
22. Occupancy Standards – pg. 8
23. Program Eligibility – pg. 8
24. Disclosure and Verification of Social Security Number – pg. 9 & 10
25. Citizenship/Immigration Status Requirements – pg. 10 & 11
26. Single Resident/Subsidy Criteria – pg. 11 & 12
27. Eligibility of Students – pg. 12 & 13
28. Procedures for Taking Applications – pg. 13 & 14
29. Determination of Applicant Eligibility – pg. 14-21
30. Appeal Process – pg. 21 & 22
31. Screening of Dual Hud Subsidy Assistance – pg. 22
32. Rejecting Ineligible or Unqualified Applicants – pg. 24
33. Waiting Lists – pg. 24-26

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- 34. Unit Transfer Preference – pg. 26
  - 35. Split Household Preference – pg. 27
  - 36. Offering an Apartment – pg. 28
  - 37. Offering Accessible Units – pg. 29-31
  - 38. Unit Transfer Policies – pg. 31-32
  - 39. Security Deposit Requirements – pg. 32
  - 40. Pet Deposit – pg. 32
  - 41. Security Deposits, Pet Deposits, & Unit Transfers – pg. 33
  - 42. Security Deposits, Pet Deposits, & Household Splits – pg. 33
  - 43. Change in Household Composition – pg. 33 & 34
  - 44. Apartment Inspections – pg. 34 & 35
  - 45. Annual Recertification Requirements – pg. 35 & 36
  - 46. House Rules & Policies – pg. 36 & 37
  - 47. Changes to the Residents Selection Plan – pg. 37
- Applicants will be notified in writing when the resident selection plan undergoes significant change, or when preferences are added or removed.

**At that time, applicants will be:**

- 1. Given an opportunity to review the new plan
- 2. Notified of changes to preferences
- 3. Asked if they wish to remain on the waiting list

If the applicant household does not respond, that household will be deemed ineligible and removed from the waiting list. The current resident selection plan, in place at the time of final eligibility determination, will be used to make a final decision to approve or reject the application.

- 48. Appendix A – Request for Reasonable Accommodations or Modification – pg. 38 & 39
- 49. Appendix B – Verification of Household Composition – pg. 39-42
- 50. Appendix C – Dual Subsidy Notice – pg. 42 & 43

I understand that my application for residency at Umphress Terrace with all household members has met preliminary eligibility requirements. I have indicated, on the application, that:

- 1.  I am not currently receiving HUD assistance in another unit.
- 2.  I am currently receiving HUD assistance in another unit.

According to the current HUD lease, I am living in a community and receiving HUD project-based assistance. I must provide a 30-day notice to the agent managing the property where assistance is currently provided.

*If the owner/agent discovers that any household member failed to move out of a HUD assisted residence before moving to **Umphress Terrace**, no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after the move out is complete.*

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Household members who signed the lease will be responsible for paying the market rent until qualified to receive HUD assistance on this property. Any assistance paid in error must be returned to HUD.

3.  I am the recipient of a housing voucher.

I understand that HUD prohibits residents from benefiting from Housing Voucher assistance in a unit assisted through HUD's 202 PRAC program.

I understand that HUD prohibits tenants from benefiting from Housing Voucher assistance in a unit assisted through HUD's 202 PRAC program. When the application is submitted, the household will be added to the waiting list. A unit will be offered in accordance with the Resident Selection Plan. If the family later moves out of the project, the project subsidy will not move with the family as it does with a voucher. If you wish to participate in the voucher program after move-out, you will need to reapply to the PHA to receive another voucher. All household members must be removed from or forfeit the voucher before receiving HUD assistance for a unit on this property. If the owner/agent discovers that any household member failed to give up current HUD assistance before moving to **Umphress Terrace**, no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after the move out is complete. Household members who signed the lease will be responsible for paying the market rent until qualified to receive HUD assistance on this property. Any assistance paid in error must be returned to HUD.

This information will be verified using the Existing Tenant Report in EIV. If EIV indicates a conflict and verification information indicates that the information provided is not true, and the EIV information is verified, then the owner/agent will reject the application based on misrepresentation of information.

**Sign below as applicable to the need for the requirements of Appendix C**

I acknowledge that I have been offered a copy of the entire Resident Selection Plan, and **I DO**  or **DO NOT**  require a 41 page copy of the Residents Selection Plan.

Signature

Date

---

Applicant Signature

Date

---

Manager Signature

Date

---

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Head of Household's Initials \_\_\_\_\_



# HOUSING APPLICATION

Property Name: Umphress Terrace	Reference # _____
	Applicant Name _____
	Interviewer _____
Address: 7242 Umphress Road Dallas, TX 75217	Date Received _____
	Time Received _____
	Date Interviewed _____
Telephone: (214) 391-9000	Action _____
TTY/TDD: 1-800-RELAY TX (735-2989)	Preference _____
<b>Office use only</b>	Bedroom _____

### INSTRUCTIONS FOR HEAD OF HOUSEHOLD

Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you or which you choose not to answer. Applications will not be considered unless they are fully completed.

For financial information, please use pages 8 and 9 to write the names and addresses of people who can verify the information you provide. (For example, for employment income, write your employer's address for medical expense, write the address of your doctor). Please use the backs of the pages to record additional information if there isn't enough room for an entry.

Before we offer you a unit, we will give you a Consent Form (HUD 9887 & 9887A "Consent to the Release of Information"); this lets us check the information you give us. Have each adult family member sign this form and return it to us as soon as possible. If there are not enough copies in the application, additional forms will be provided during the application interview. Until you return the Consent Form to us, we cannot offer you a unit.

### GENERAL FAMILY INFORMATION

*Complete this information once for the entire family.*

*Review the information you have provided and initial every page at the top.*

- Name of Head of Household: \_\_\_\_\_
- Gender  Male  Female Birth Date: \_\_\_\_\_ Social Security#: \_\_\_\_\_  
*(do not mark if prefer not to answer)*
- What is your present address? \_\_\_\_\_  
What is your present address? \_\_\_\_\_  
Phone#: \_\_\_\_\_ Message/Alternate Phone#: \_\_\_\_\_  
Work Number \_\_\_\_\_ May we contact you at work?  Yes  No  
Please list an email address (optional): \_\_\_\_\_
- In the event of an emergency, who should we contact?  
(Primary) Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_  
(Secondary) Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

5. Do you live or have you ever lived in subsidized housing, any Housing Authority, rental assistance project Section 8, HUD Assisted housing, etc.?  Yes  No

If yes, where?\_\_\_\_\_

When did you live there? From:\_\_\_\_\_To:\_\_\_\_\_

Were you evicted  Yes  No      If yes, did you owe rent?  Yes  No  
If yes, how much did you owe? \$\_\_\_\_\_

6. Do you owe any current or previous landlords money from when you left, or have any outstanding balances owed to previous rental properties?  Yes  No

If yes, where?\_\_\_\_\_

When did you live there? From:\_\_\_\_\_To:\_\_\_\_\_

Were you evicted  Yes  No      If yes, did you owe rent?  Yes  No  
If yes, how much did you owe? \$\_\_\_\_\_

7. Were you ever asked to allow or participate in extermination of pests, other than regular scheduled pest control services? (includes roaches, bed bugs, rodents, etc.)  Yes  No

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

8. Have you given your current landlord notice that you will be moving?  
 Yes  No    If no, explain:\_\_\_\_\_

9. Have you ever lived or applied at this Apartment community before?  Yes  No  
If yes, when and/or with whom did you live/apply here?\_\_\_\_\_

10. Do you have any pets?  Yes  No  
*Note: If you answer yes, please contact the manager about the Properties Pet Policy. Assistance/Support animals are not considered pets. You may be required to provide additional information later in the application.*

If yes, what kind? \_\_\_\_\_Weight\_\_\_\_\_Height\_\_\_\_\_

11. How many vehicles does the family own? \_\_\_\_\_  
List make, color, year, license plate number and state for each:  
\_\_\_\_\_  
\_\_\_\_\_

12. If a Live-In attendant is required for an elderly, handicapped, or disabled member, please enter the name of the attendant, and the name and address of the doctor who can verify the need for het attendant. \*Name of attendant\_\_\_\_\_

Name of address of doctor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Be aware that your Live-In attendant will be required to do a criminal/background check before they are allowed to move in with you. If this person does not pass our check, they will not be allowed to live or work on the property.*

13. How many people live in your household now? \_\_\_\_\_  
 How many people will live in the unit you are applying for? \_\_\_\_\_  
 Will anyone also live in the apartment on either a full-time or part-time basis?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

Do you expect any of the above to change in the future?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

14. If you are now renting, who is your landlord? IF not renting, who do you currently live with?  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone# \_\_\_\_\_  
 Current rent \$ \_\_\_\_\_ Security deposit \$ \_\_\_\_\_

15. List the name, address, and phone number of the previous landlords or persons you have lived with, and the dates you lived there. NO LESS THAN 5 YEARS REQUIRED. Use the back of the page if you need more space.

Name of Landlord	Address	Phone	From	To

**NOTE: Failure to disclose this information could result in your application being rejected.**

16. Are you or anyone in your household required to register as a sex offender?  Yes  No  
 If Yes, please list the person here: \_\_\_\_\_

17. Have you or any member of your household been charged/convicted of a felony or a misdemeanor other than a traffic violation?  Yes  No  
 If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

18. How did you hear about this property?  Newspaper  Friend  Drive By  Resident  
 Other: \_\_\_\_\_



19. Do you or any member of your household use an illegal drug or other illegal substances?  
 Yes  No If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

20. Have you or any member of your household ever been arrested for or convicted of the illegal use, distribution, or manufacture of an illegal drug or other controlled substance?  
 Yes  No If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

21. Have you or your spouse/co-applicant ever used different names from the names given in this application?  Yes  No If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

22. Have you or any family member of your household ever used social security numbers different from those listed in this application?  Yes  No If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

23. Have you, or your spouse/co-applicant, ever been evicted, or is your current landlord attempting to evict you or another person living with you, otherwise involuntary removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or any other reason?  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

24. Have you ever been asked to sign a repayment agreement to return money to HUD?  
 Yes  No If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

25. Check **ALL** States you or your spouse/co-applicant or any other adult have previously lived in.

<input type="checkbox"/> Alabama	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New Mexico	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Alaska	<input type="checkbox"/> Idaho	<input type="checkbox"/> Michigan	<input type="checkbox"/> New York	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arizona	<input type="checkbox"/> Illinois	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Texas
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Indiana	<input type="checkbox"/> Mississippi	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Utah
<input type="checkbox"/> California	<input type="checkbox"/> Iowa	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Vermont
<input type="checkbox"/> Colorado	<input type="checkbox"/> Kansas	<input type="checkbox"/> Montana	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Virginia
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Oregon	<input type="checkbox"/> Washington
<input type="checkbox"/> Delaware	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Nevada	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Florida	<input type="checkbox"/> Maine	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Georgia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New Jersey	<input type="checkbox"/> South Carolina	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Washington D.C. (District of Columbia)				

13. How many people live in your household now? \_\_\_\_\_  
 How many people will live in the unit you are applying for? \_\_\_\_\_  
 Will anyone also live in the apartment on either a full-time or part-time basis?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

Do you expect any of the above to change in the future?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

14. If you are now renting, who is your landlord? IF not renting, who do you currently live with?  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone# \_\_\_\_\_  
 Current rent \$ \_\_\_\_\_ Security deposit \$ \_\_\_\_\_

15. List the name, address, and phone number of the previous landlords or persons you have lived with, and the dates you lived there. NO LESS THAN 5 YEARS REQUIRED. Use the back of the page if you need more space.

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 If Yes, please list the person here: \_\_\_\_\_

17. Have you or any member of your household been charged/convicted of a felony or a misdemeanor other than a traffic violation?  Yes  No  
 If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

18. How did you hear about this property?  Newspaper  Friend  Drive By  Resident  
 Other: \_\_\_\_\_

19. Do you or any member of your household use an illegal drug or other illegal substances?  
 Yes  No If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

20. Have you or any member of your household ever been arrested for or convicted of the illegal use, distribution, or manufacture of an illegal drug or other controlled substance?  
 Yes  No If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

21. Have you or your spouse/co-applicant ever used different names from the names given in this application?  Yes  No If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

22. Have you or any family member of your household ever used social security numbers different from those listed in this application?  Yes  No If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

23. Have you, or your spouse/co-applicant, ever been evicted, or is your current landlord attempting to evict you or another person living with you, otherwise involuntary removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or any other reason?  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

24. Have you ever been asked to sign a repayment agreement to return money to HUD?  
 Yes  No If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

25. Check **ALL** States you or your spouse/co-applicant or any other adult have previously lived in.

<input type="checkbox"/> Alabama	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New Mexico	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Alaska	<input type="checkbox"/> Idaho	<input type="checkbox"/> Michigan	<input type="checkbox"/> New York	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arizona	<input type="checkbox"/> Illinois	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Texas
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Indiana	<input type="checkbox"/> Mississippi	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Utah
<input type="checkbox"/> California	<input type="checkbox"/> Iowa	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Vermont
<input type="checkbox"/> Colorado	<input type="checkbox"/> Kansas	<input type="checkbox"/> Montana	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Virginia
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Oregon	<input type="checkbox"/> Washington
<input type="checkbox"/> Delaware	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Nevada	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Florida	<input type="checkbox"/> Maine	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Georgia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New Jersey	<input type="checkbox"/> South Carolina	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Washington D.C. (District of Columbia)				

**MEMBER INFORMATION**

Head of Household's Initials \_\_\_\_\_

Please list each member who will live in the unit. The bottom of the page explains what to put in each column.

Member Name (Last, First, Initial)	Social Security Number	Date of Birth	Relationship to Head	Sex (M/F)	Race (See Below)	Hispanic	Citizen	Full-Time Student	Pregnant/ Adopting/ Legal Guardian	Handicapped/ Disabled
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INSTRUCTIONS FOR HEAD OF HOUSEHOLD**

Complete this page for each individual who will live in the unit, who is a full-time student, handicapped, disabled, pregnant, or in the legal process of adopting or becoming a legal guardian. If none of the categories on this page applies to any Household Member, it is not necessary to complete this page. Simply enter N/A here \_\_\_\_\_, initial the upper right-hand corner of the page, and proceed to the next page.

Member's Name: Enter the last name, first name, then the middle initial.

Social Security Number: If a member has a social security number, you must enter it if the member is age 6 or older, or if the member has an income. If a member does not have a social security number, but has an alien number, enter the alien number. If a member has neither a social security number nor an alien number, write None.

Date of Birth: Enter the month, day, and year. Example: 6/13/55

Relationship to Head: Indicate how this member is related to the Head. Examples: Spouse, Co-head, Son, Daughter, Foster-child.

Sex: Enter M for male or F for female.

Race: Enter one of the following:

- 1. White
  - 2. Black
  - 3. Asian/Pacific Islander
  - 4. American Indian/Alaskan Native
- (This information is for statistical purposes only, and your answer does not affect your position on our waiting lists or your chances of getting a unit.)

Hispanic: Enter Yes or No. (This information is for statistical purposes only, and your answer does not affect your position on our waiting lists or your chances of getting a unit.)

Citizen: Are you a citizen of the United States of America, Yes or No?

Full-Time Student: Answer this only for members who are ages 18 or older. Enter Yes if the member is a full-time student, and No if the member is not. If you answer Yes, provide the required information on the Verification Information sheet.

Pregnant/Adopting/Legal Guardianship: If a member is pregnant or in the legal process of adopting or becoming a legal guardian, enter the number of additional members expected because of the pregnancy or adoption or legal guardianship. Typically if someone is pregnant or adopting, you would answer 1, you would answer 2 if a person were pregnant with twins or if 2 children were being adopted. Leave this entry blank if it doesn't apply to this member. If you do not enter a number, complete the corresponding information on the Verification Information sheet.

Handicapped/Disabled: You don't have to claim handicapped/disabled status for any member, but doing so may place you in a higher position on some waiting lists, or give you a lower rent if you are accepted as a tenant. If you wish to be considered for these preferences and you indicate that a member is handicapped or disabled, please complete the corresponding information on the Verification Information sheet.

**MEMBER INFORMATION (CONT)**

Head of Household's Initials \_\_\_\_\_

Please list any member that does not have a Social Security Number. Check option 1 or 2 to claim exempt.

NAME	RELATIONSHIP TO HEAD	EXEMPT REASON
		<input type="checkbox"/> 1 – You are an ineligible non-citizen <input type="checkbox"/> 2 – You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010
		<input type="checkbox"/> 1 – You are an ineligible non-citizen <input type="checkbox"/> 2 – You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010
		<input type="checkbox"/> 1 – You are an ineligible non-citizen <input type="checkbox"/> 2 – You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010
		<input type="checkbox"/> 1 – You are an ineligible non-citizen <input type="checkbox"/> 2 – You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010

Is the Head-of household or co-head/spouse 62 or older?  Yes  No

If the head-of household or co-head/spouse is **NOT** 62 or older, do you claim eligibility because the head-of household, co-head/spouse has one or more disabilities?  Yes  No (Does not apply to 202 PRAC)

**UTILITY PROVIDERS**

Where applicable, you may not live in the Unit unless you can establish utilities in the unit.

Do you have any current outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be able to establish utilities in your unit?	
Electric.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

**REFERENCES**

Please give three (3) references (other than family).

NAME	ADDRESS <small>(include street, city, state, zip)</small>	EXEMPT REASON

**Please Note:** Failure to provide complete name, addresses, and phone numbers will delay or stop the application process.

## VERIFICATION INFORMATION

Head of Household's Initials \_\_\_\_\_

Complete this page for each individual who will live in the unit, who is a full-time student, handicapped, disabled, pregnant, or in the legal process of adopting or becoming a legal guardian. If none of the categories on this page applies to any Household Member, it is not necessary to complete this page. Simply enter N/A here \_\_\_\_\_, initial the upper right-hand corner of the page, and proceed to the next page.

### Full-Time Student Information

Member Name (Last, First, Initial)	Name and Address of the School or Vocational Facility

Handicap or Disability Information: This information is voluntary. However, there are certain program benefits which are available to applicants and residents who are handicapped or disabled. If you do not wish to be considered for these benefits, or they do not apply to you, please enter N/A here \_\_\_\_\_, initial the upper right-hand corner of the page, and proceed to the next page.

Member Name (Last, First, Initial)	Handicap or Disability (optional) (if claiming, select definitions from below)

### Pregnancy or Adoption Information

Member Name	Name and Address of Doctor or Organization who can verify Information

Handicap or Disability Information: This information is voluntary. However, there are certain program benefits which are available to applicants and residents who are handicapped or disabled. If you do not wish to be considered for these benefits, or they do not apply to you, please enter N/A here \_\_\_\_\_, initial the upper right-hand corner of the page, and proceed to the next page.

Member Name (Last, First, Initial)	Does any member have special housing needs which require any of the following? (Check applicable items)	Name and Address of Doctor or Organization who can verify Information
	<input type="checkbox"/> Separate Bedroom <input type="checkbox"/> Barrier-free apartment <input type="checkbox"/> Unit for hearing impaired <input type="checkbox"/> BR/Bath on 1st floor	
	<input type="checkbox"/> Unit for vision impaired <input type="checkbox"/> One-level unit <input type="checkbox"/> Unit for mobility impaired <input type="checkbox"/> Other	

## EXPLANATIONS OF COLUMNS

**Handicapped:** A physical, mental, or emotional impairment that is expected to be long-continued and indefinite duration, substantially impedes the person's ability to live independently, and is such that the person's ability to live independently could be improved by more suitable housing conditions.

**Disabled, USC:** A physical or mental impairment that manifested itself before age 22 and that results in functional living limitations and that requires some type of individually planned care or special services.

**Chronic Mental Illness:** A severe and persistent mental or emotional impairment that seriously limits ability to live independently and that could be improved by more suitable housing conditions.

**Disabled, SSA:** A physical or mental impairment that makes the person unable to participate in a substantially gainful activity that he or she was able to do before. If the disability is blindness, the person must be 55 years old or older to qualify under this definition.

## FINANCIAL INFORMATION

Head of Household's Initials \_\_\_\_\_

Complete these pages for each member who will live in the unit who has any income or assets, or who causes any medical, handicap, or child-care expenses.

**You do not need to complete these pages for a live-in attendant. Please provide information requested in #12 of this application. You may photocopy these pages if necessary.**

**Income:** List all employment and non-employment for all household members. Include Salary and Wages (Gross Amount), Social Security (Green Check), Supplemental Income (Gold Check), IRA, Keogh, V.A., Pension, other pensions and annuities, General Assistance (Welfare), ANFC, Child Support, and any other source of income.

MEMBER NAME (LAST, FIRST, INITIAL)	TYPE OF INCOME AND WHO PAYS IT	EST. TOTAL INCOME (CHECK ONE)	ADDRESS OF INCOME SOURCE	CONTACT PERSON NAME AND TELEPHONE
		\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly		
		\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly		
		\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly		
		\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly		
		\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly		
		\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly		

**Assets:** List assets of all household members, including savings and checking accounts, certifications of deposit, stocks, bonds, mutual funds, credit union shares, land, real estate (including your home, if you own it), and any other assets.

Member Name (Last, First, Initial)	Account Number	Description of Asset (Checking, Savings, IRA, Annuity, Trust, Stocks, etc.)	Current Value of Asset	Interest Rate Annual Income	Bank Credit Union Appraiser	Address

**FINANCIAL INFORMATION (CONT)**

Head of Household's Initials \_\_\_\_\_

**Expenses:** List any medical, handicap, or child-care expenses that are paid because of this household member. (For example, list child-care expenses for the child who needs the care, not for the person who pays for the care.)

MEMBER NAME (LAST, FIRST, INITIAL)	*TYPE OF EXPENSE			EST. TOTAL INCOME (CHECK ONE)	DOCTOR OR PROVIDER WHO CAN VERIFY INFORMATION (NAME AND ADDRESS)
	Working <input type="checkbox"/> Job Search <input type="checkbox"/> School	<input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> H	\$ _____		
	<input type="checkbox"/> Working <input type="checkbox"/> Job Search <input type="checkbox"/> School	<input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> H	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	
	<input type="checkbox"/> Working <input type="checkbox"/> Job Search <input type="checkbox"/> School	<input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> H	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	
	<input type="checkbox"/> Working <input type="checkbox"/> Job Search <input type="checkbox"/> School	<input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> H	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	
	<input type="checkbox"/> Working <input type="checkbox"/> Job Search <input type="checkbox"/> School	<input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> H	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	
	<input type="checkbox"/> Working <input type="checkbox"/> Job Search <input type="checkbox"/> School	<input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> H	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	

\* M - Medical C - Child Care H - Handicapped

List any assets you have disposed of, transformed, given away, or sold for less than the market value during the last 2 years, e.g. a house, car, or cash.

DESCRIPTION OF ASSET	DISPOSAL DATE	FAIR MKT. VALUE	DIVESTITURE COSTS (EX. REALTOR, PENALTIES)	AMOUNT RECEIVED	BANK, INSTITUTION, REAL ESTATE AGENT OR APPRAISER WHO CAN VERIFY (NAME AND ADDRESS)

Do you expect any changes in your income, assets, or expenses during the next twelve months?  Yes  No

If Yes, please explain (use back of this page if necessary). \_\_\_\_\_



## APPLICANT SIGNATURE AND CERTIFICATION

We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. We understand that any false information may make us ineligible for a unit.

We certify that all information given in this application and in the attached member, financial, and verification forms is true, complete, and accurate. 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 Rental Agreement.

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.

If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, which they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We have read and understand the information in this application, in particular the information in the Instructions for Head of Household on page 1, and we agree to comply with such information.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

We also understand that all adult members of the household must sign the HUD required Consent Form (HUD 9887 & 9887A "Consent to the Release of Information") before we can be offered a unit. Furthermore, we understand that if we are offered a unit and someone in the household turns 18, they are required to sign the Consent Form within 10 days of turning 18 years old.

I would like to request a complete copy of the owner/agents resident selection criteria.

Yes    No             Paper Copy             Electronic Copy



Head of House	Date	Co-Applicant	Date
Spouse or Co-Applicant	Date	Co-Applicant	Date
Co-Applicant	Date	Co-Applicant	Date

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the Social Security number are contained in the Social Security Act of 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).

Crestview Apartments and Prak Property Management, Inc. do not discriminate against persons with disabilities in the admission or access to, or treatment or employment in, its federally assisted programs and activities Brad Prak has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR part 8 dated June 2, 1988). Brad Prak P.O. Box 990, Seguin, TX 78156. 830-372-2600.



# APPLICANT DECLARATION FORMAT



## INSTRUCTIONS

Complete this format for each member of the household listed on the Family Summary Sheet.

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

Relationship to head of household: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Alien Registration #: \_\_\_\_\_

Admission #: \_\_\_\_\_  
*(this is an 11-digit number found on INS Form I-94, Departure Record)*

Nationality: \_\_\_\_\_  
*(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)*

SAVE Verification #: \_\_\_\_\_  
*(To be entered by owner if and when received)*

## INSTRUCTIONS

Complete the Declaration below by printing or typing the person's first name, middle initial, and the last name, in the space provided. Then review the blocks designated below and either complete block 1, 2, or 3.

## DECLARATION

I, \_\_\_\_\_  
*Print or type first name Middle initial Last name*

hereby declare, under penalty of perjury, that I am:

1. A citizen or national of the United States.

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child.

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the Social Security number are contained in the Social Security Act of 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).

Umpress Terrace Apartments does not discriminate against persons with disabilities in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Stacy Hitt has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Stacy Hitt, 4833 West Lawther, Dallas, TX 75214 or (972) 755-1828.

2. A noncitizen with eligible immigration status in the category checked below:

- \_\_\_\_\_ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1001 (a) (20) and 1101 (a) (15), respectively, [immigrants] (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- \_\_\_\_\_ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of the discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- \_\_\_\_\_ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a) (7) of the INA (8 U.S.C. 1153 (a) (7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion, or because of being uprooted by catastrophic nation calamity;
- \_\_\_\_\_ (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182 (d) (5)) [parole status];
- \_\_\_\_\_ (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or
- \_\_\_\_\_ (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A]

If you check this block, you should submit the following documents:

a. Verification Consent Form

AND

b. One of the following documents:

(1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);

(2) Form I-94, Arrival-Departure Record, with one of the following annotations:

(i) "Admitted as Refugee Pursuant to section 207";

(ii) "Section 208" or "Asylum"

- (iii) "Section 243 (h)" or "Deportation stayed by Attorney General";
  - (iv) "Paroled Pursuant to Sec. 212 (d) (5) of the INA";
- (3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
- (i) A final court decision granting asylum (but only if no appeal is taken);
  - (ii) A letter from an INS district grant asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
  - (iv) A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- (4) Form I-688, Temporary Resident Card, which must be annotated "section 245A" or "section 210";
- (5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a. 12 (11)" or "Provision of Law 274.a 12";
- (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.
- (7) Form I-152, Alien Registration Receipt Card

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the format.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

---

Signature

---

Date

Check here if adult signed for a child.

## Request for Extension

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

---

Signature

---

Date

Check here if adult signed for a child.

**3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance.**

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below, and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult living in the unit and responsible for the child should sign and date below.

---

Signature

---

Date

Check here if adult signed for a child.

Alamo Apartments and Prak Property Management, Inc. do not discriminate against persons with disabilities in the admission or access to, or treatment or employment in, its federally assisted programs and activities Brad Prak has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Brad Prak P.O. Box 990, Seguin, TX 78156, (830) 372-2600. TTY/ TDD 800-545-1833, ext 921.



Umphress Terrace Apartments does not discriminate against persons with disabilities in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Stacy Hitt has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Stacy Hitt, 4833 West Lawther, Dallas, TX 75214 or (972) 755-1828.



# CERTIFICATION/ RECERTIFICATION INTERVIEW QUESTIONNAIRE



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

<input type="checkbox"/> Applicant	<input type="checkbox"/> Move In	<input type="checkbox"/> AR	<input type="checkbox"/> IR
------------------------------------	----------------------------------	-----------------------------	-----------------------------

(For Office Use Only)

Resident/Applicant: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## HOUSEHOLD MEMBERS

Member#	Member's Full Name	Male/Female	D.O.B.	Relation to Head
1				
2				
3				
4				
5				
6				
7				
8				

Are any members a student enrolled at an institute of higher education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes which member(s)?	<input type="checkbox"/> F/T <input type="checkbox"/> P/T
Do you or any member of the family receive financial aid for education assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any member been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which member(s)?	<input type="checkbox"/> Felony
What was conviction for?	<input type="checkbox"/> Misdemeanor
Are any members included on any sexual offender registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes which member?	
Would you like to update the HUD 920006 - Supplemental to Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any member's active duty or retired military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all states you have ever lived in.	

## PETS & ASSISTANCES/COMPANION ANIMALS

Please review the properties Animal Rules & Policies. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to keep the animal in the unit?  Yes  No

If No, please move on to the next section. If Yes, please provide the following information:

ANIMAL TYPE (Dog, cat, turtle, etc.)	BREED (If Applicable)	HEIGHT	WEIGHT	VACCINATION DATE	HOUSE TRAINED

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?  
 Yes  No

**NOTE:** Copies of up to date/current vaccination records will be required for the residents file. Additionally, an initial and periodic photograph thereafter will be taken of all animals in your unit.

## EMPLOYMENT / INCOME

Member Name:		DATE OF HIRE
Employer		
Address		
Address 2		
City, State, Zip		
Phone		
What is your Current income?		\$
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Hourly                   How many hours do you average per week? _____		

Member Name:		DATE OF HIRE
Employer		
Address		
Address 2		
City, State, Zip		
Phone		
What is your Current income?		\$
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Hourly                   How many hours do you average per week? _____		

Please check all boxes that apply to the Head of Household or any other member of the family. Please indicate how much you or any family member expects to receive income. This information will be verified.

<input type="checkbox"/> Social Security?	\$
Which member(s)?	\$
<input type="checkbox"/> Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	\$
<input type="checkbox"/> Any lump sum amounts from delay of payments for SSJ or VA Disability?	\$
<input type="checkbox"/> Retirement Benefits?	\$
Which member(s)?	
<input type="checkbox"/> Do any of your retirement accounts have a Required Minimum Distribution?	\$
<input type="checkbox"/> Unemployment Benefits?	\$
Which member(s)?	
<input type="checkbox"/> Are any members entitled to child support? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	\$
<input type="checkbox"/> Has he/her filed for child support? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
<input type="checkbox"/> Is he/her currently receiving child support? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	\$
<input type="checkbox"/> Are any members entitled to alimony? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	\$
<input type="checkbox"/> Is he/her currently receiving alimony? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	\$
<input type="checkbox"/> Public assistance <span style="float: right;">Type <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps</span>	\$
<input type="checkbox"/> Income from a pension or annuity or other asset?	\$
<input type="checkbox"/> Inheritances, Lottery, Ins. Settlements?	\$
<input type="checkbox"/> Regular contributions from organizations or from individuals not living in the unit?	\$
<input type="checkbox"/> Other income or contributions received from family for rent, child care or other bills?	\$



## ASSETS

Do any members have a bank account?	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank Name and Address		
Are any benefits deposited in to a Direct Express Debit Card Account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member have cash that is not deposited in an account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member have an employment 401K or other employment savings account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member own an IRA or other retirement account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member own a home or other property, including interest in a time share?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member own a business or any member self employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member own stocks/bonds/certificates of deposit (CD)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member own a life insurance policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member own an annuity?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a trust fund in any member name?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member have access to any other assets?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide a description of the asset below:		

## DEDUCTIONS

Household annual income is reduced to adjusted income based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expenses for the following:

<input type="checkbox"/> Child care for a minor 12 years of age or younger: Child care is used to care for the child because the parent/guardian is: <input type="checkbox"/> Employed <input type="checkbox"/> Seeking employment <input type="checkbox"/> Going to school	\$
Provider Name	
Child(ren) Name(s)	
Provider Address	
Provider Address 2	
City, State, Zip	
Phone	
<input type="checkbox"/> Care for a disabled family member?	\$
Provider Name	
Disabled Member Name(s)	
Provider Address	
Provider Address 2	
City, State, Zip	
Phone	
<input type="checkbox"/> Other expenses for auxiliary aides for a disabled family member:	\$

## DEDUCTIONS (CONT)

Households in which the **head-of-household, co-head of household or spouse are disabled or elderly** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you have out-of-pocket expenses for the following. All deductions will be verified Receipts for over-the-counter and personal use items will be required.

<input type="checkbox"/> Health Insurance	\$
<input type="checkbox"/> Dr. visit/medical treatments	\$
<input type="checkbox"/> Unreimbursed mileage to and from medical appointments (if your Health Insurance Carrier provides reimbursement for mileage, you can take this deduction. A mileage log will be required).	\$
<input type="checkbox"/> Prescription Drugs	\$
<input type="checkbox"/> Over-the-counter medical expenses to treat a specific medical condition (i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis).	\$
<input type="checkbox"/> Expenses to maintain a service animal (food, grooming, veterinary bills, etc.)	\$
<input type="checkbox"/> Personal use items	\$
<input type="checkbox"/> Other	\$

**NOTE:** You will need to provide receipts for any over-the-counter medical expenses or expenses related to a service animal.

## ADDITIONAL INFORMATION

If the Head of House and all adult members are claiming they have no income please answer the following questions:

How does this household plan on meeting the following expenses:	
Rent	
Food	
Cleaning Supplies	
Personal Hygiene	
Cell/mobile Phone	
Car Payment, Gas	
Cable or Internet	

*If additional space is needed for any of the above questions please use the back side of each page if necessary.*

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the Social Security number are contained in the Social Security Act of 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 CERTIFICATION

By signing this document, I certify that the unit I/we occupy is my/our only residence I/we understand that the above information is being collected to determine the amount of assistance to be provided by the Department of Housing & Urban Development. I/we authorize the owner/manager/PHA to verify all information provided on this questionnaire and to contact other sources of verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the questionnaire are true and complete to the best of my/or knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

---

Head of Household

---

Date

---

Co-Head of Household

---

Date

---

Other Adult

---

Date

---

Other Adult

---

Date

---

Owner/Manager Representative

---

Date



# CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE



Property Name: Umphress Terrace

Address: 7242 Umphress Road  
Dallas, TX 75217

Head of Household	
Co-Head/Applicant	
Unit Number	

I/We hereby certify that: (check one) I/We did  did not  dispose of 1 or more assets for less than fair market value in the 24 month period preceding \_\_\_\_\_.

If asset(s) were disposed of for less than fair market value, describe below.

	ITEM 1	ITEM 2	ITEM 3
DATE OF DIVESTITURE:			
TYPE OF ASSET:			
CASH VALUE OF:			
FAIR MARKET VALUE:			
AMOUNT RECEIVED:			

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\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Date

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## CRIMINAL HISTORY REQUEST

Head of Household: \_\_\_\_\_ Social Security#: \_\_\_\_\_  
 (Please Print Name)

I hereby authorize Alamo Apartments to obtain all of my criminal history records, if any, from any law enforcement agency. I understand that such records will include arrests and convictions for misdemeanors and felonies, if any, as well as any probation or parole information. Falsifying information on this form constitutes Program fraud under 24 CFR 982.551 (k) and may result in denial or termination of benefits.

My name and other relevant information are set forth below:

Full Name: _____		
Last	First	MI
Other Name(s) Used: _____		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: _____ Date of Birth: _____
		Month/Day/Year
Place of Birth: _____		
Social Security #: _____		Driver's License#: _____
Address Shown on Driver's License: _____		
Address of Current Residence: _____		
Other Cities Lived in During Past 5 Years: _____		
Telephone Numbers (if any) for Home: _____		Work: _____

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I certify that the above information is true and correct, and I authorize Umphress Terrace and/or C. C. Young Memorial Home to receive a copy of my complete criminal history record, if any. This request is being made pursuant to Section 552.023 of the Texas Government Code which grants all citizens a special right of access to confidential information of themselves in the state government files.

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

\_\_\_\_\_  
 Date



# OWNER'S SUMMARY OF FAMILY



Member No.	Last Name	First Name	Relationship to Head of Household	Male or Female	Date of Birth	Declaration				Date Verified
						1	2	3	4	
Head										
2										
3										
4										
5										
6										
7										
8										
9										

**Declaration Legend:** 1 - Citizen/National    2 - Noncitizen Tenant 62 or Older    3 - All Other Noncitizens    4 - Not Contending Eligibility

Occupancy Manager \_\_\_\_\_ Date \_\_\_\_\_

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## OWNER'S NOTICE NO. 1 FOR AN APPLICANT FAMILY



Dear: \_\_\_\_\_ Applicant(s) \_\_\_\_\_

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, Nationals, or certain categories of eligible non citizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payments Programs
- c. Section 2345 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 101/Rent supplement Program

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

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (Attachment 6) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. The Family Summary Sheet, the Declaration Format and any other forms and /or evidence to the name and address are included in the application package and will be submitted as listed below:

### **Return With Application**

This section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact: Rene Gonzalez at 512-745-7152 they will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information to establish eligible status may result in your not being considered for housing assistance.

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

If assistance becomes available and other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

_____ Applicant	_____ Date
_____ Co-Applicant	_____ Date
_____ Manager	_____ Date





## FAMILY SUMMARY SHEET



Member #	Last Name	First Name	Relationship to Head	Sex	Date of Birth
Head					
Spouse/Co-Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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---

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_  
Occupancy Manager



# ZERO INCOME SELF-AFFIDAVIT



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

AR  IR  
(For Office Use Only)

Resident/Applicant: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

HUD requires that we must verify each income and asset source as well as other claims of eligibility. **We must determine this prior to granting eligibility and if such eligibility is granted you will be required to re-apply every 30 days for the Hardship Exceptions Policy and the Zero-Income Self-Affidavit.**

I, \_\_\_\_\_, certify that **I have no income from any sources including my assets. I am not currently working, receiving grants of any kind or have any other sources of income. I plan to pay the following expenses as stated below;**

EXPENSE TYPE	ESTIMATED AMOUNT	SOURCE OF FUNDS <i>(Include person contact info)</i>
Food		
Rent		
Vehicle Payment		
Gas for Vehicle		
Car Insurance		
Other Insurances		
Telephone/Mobile		
Cable/Satellite TV		
Internet Service		
*Cleaning Supplies		
*Personal Care Produces		
Rental Payments		
Credit Card Payments		
Child Support		
Pet Costs		
Other Expenses		

\* Average monthly expense based on JRS standards: 1 member \$118. 2- \$138, 3 - \$166. each additional member odd \$28.

Are you currently looking for work?  Yes  No If No, why not? \_\_\_\_\_

**I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.**

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Date

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# Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204  
(Exp 06/30/2017)

Name of Property Project No. Address of Property

Name or Owner/Manager Agent Type of Assistance or Program Title

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Non-Hispanic or Latino	
Racial Categories*	
Amerian Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

\*Definitions of these catagories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of informations. This information required to obtain benefits and voluntary. HUD may not collect this information and you are not required to complete this form unless it displays a currently valid OMB control number. This information is authorized by the U. S.. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes in Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agent must offer the opportunity to the head and co-head of each household to self certify during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenet Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

# Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

## A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains, tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



**City of Dallas**

**Multi-Tenant Crime Prevention Lease Addendum**

The information on this document is required by Dallas City Code Sec. 27-43 to be provided upon lease or renewal of a lease of a multi-tenant unit in addition to the property lease submitted to Umphress Terrace 7242 Umphress Road, Dallas, TX 75217

Property Name and address

**Applicant**

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

Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

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

**Occupant(s) (if other than applicant)**

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

Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

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

This document notifies the applicant and/or occupant of the Crime Free Lease Addendum. The owner or operator of the multi-tenant property will initiate eviction proceedings if the applicant or tenant, or any guest or co-occupant engages in any abatable criminal activity on the premises of the multi-tenant property.

An abatable criminal activity includes robbery or aggravated robbery; aggravated assault; murder; prostitution; criminal gang activity; discharge of firearms; gambling; manufacture, sale or use of drugs; and manufacture or sale of alcoholic beverages.

Provided by: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Manager/Agent

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

Name of additional Contact Person or Organization: \_\_\_\_\_

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

Telephone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

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



**Umpress Terrace  
Apartments**  
7242 Umpress Road  
Dallas, TX 75217  
(214) 391-9000



## RULES REGARDING INTERIM RECERTIFICATION'S FOR INCOME DECREASES

- ▶ HUD regulations (Handbook 4350.3. Chapter 7, paragraphs 7-1 to 7-13) permit but do not require residents to report interim income decreases to the landlord between annual recertification's. If reported, the landlord must conduct an interim recertification and, if necessary, adjust the resident's rent, unless the income decrease was caused by a deliberate action of the tenant to avoid paying rent. The resident must fully and promptly cooperate with the landlord in furnishing all required information contributing to the interim recertification.
- ▶ Any resulting decrease in the resident's rent will be retroactive to the first day of the month after the event which resulted in the interim recertification, provided the resident timely reported the interim income decrease to the landlord. If the tenant does not timely report the interim income decrease, then when it is reported, any resulting decrease in the resident's rent will be effective the first day of the month after the month in which the interim recertification is conducted.
- ▶ It is the policy of this property that **all resident notifications to the landlord of interim income decreases must be in writing, dated and signed by the resident. No oral notification will be permitted or effective until verified.**
- ▶ It is the policy of this property that in order to be timely for purposes of the above paragraphs, **all resident notifications to the landlord of interim income decreases must be delivered to the landlord within ten (10) calendar days of the event resulting in the Interim recertification. Otherwise such notifications will not be considered to be timely and any resulting rent decrease will not be retroactive.**
- ▶ Finally, it is the policy of this property to more clearly define what is meant by the phrase "an income decrease caused by a deliberate action of the tenant to avoid paying rent." **The phrase "an income decrease caused by a deliberate action of the tenant to avoid paying rent" is defined to include the following:**
  1. If the resident quits or resigns, orally or in writing, from any employment for any reason except if the employer has deliberately or adversely altered the conditions of employment in an effort to force or induce the employee to quit or resign.
  2. Quitting because of Job dissatisfaction or resigning to avoid being fired, whether decided by the employee or suggested by the employer, are included in the definition of "an income decrease caused by a deliberate action of the tenant to avoid paying rent"

I understood and agreed with the rules as part of my lease.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

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**Umpress Terrace  
Apartments**  
7242 Umpress Road  
Dallas, TX 75217  
(214) 391-9000



## FORMS ACKNOWLEDGEMENT RECEIPT

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

Check all that apply:

- Residents Rights and Responsibilities
- HUD Fact Sheet (Indicate Project Type) Section 8
- EIV & You Brochure
- Is Fraud Worth It (HUD - 1141)
- Tenant Grievance Policy
- Rules Concerning Interim Recertification

By signing this form, I acknowledge that I have received all of the forms and/or documents indicated above. I have been given the opportunity to ask questions about the forms.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head of Household

\_\_\_\_\_  
Date

---

### FOR OFFICE USE ONLY

Applicant    Resident   Unit# \_\_\_\_\_   MGR Initials: \_\_\_\_\_

Certification Type:

Application Interview    Move-in    Annual    Interim    Other

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Umpress Terrace Apartments
7242 Umpress Road
Dallas, TX 75217
(214) 391-9000



HARDSHIP EXCEPTIONS POLICY

I understand that the owners must charge households a minimum rent of \$25.00. If a Utility Allowance is available to residents, the \$25.00 may result in the household not paying this minimum amount of rent. Owners must waive this minimum monthly rent requirement to any family unable to pay due to financial hardships. The financial hardship exemption constitutes the only statutory exemption and includes these hardship situations:

Hardship Exceptions: Please check which exception applies.

- checkbox The family has lost Federal, State, or local government assistance or is waiting for eligibility determination (including legal immigrants);
checkbox The family would be evicted if the minimum rent required was imposed;
checkbox The family whose income has decreased due to a change in circumstances, including, but not limited to, loss of employment;
checkbox A death in the family has occurred;
checkbox Other situations as may be determined by the Owner or HUD. Specify: \_\_\_\_\_

I have signed a Zero Income Certification and would like to claim a hardship for the Minimum Rent qualification. I understand that I must request this claim for an exception again every 30 days. I also understand that I may be required to show that I am making a reasonable attempt to find income.

Resident's Signature

Date

Resident's Signature

Date

Manager's Signature

Date

Umpress Terrace Apartments does not discriminate against persons with disabilities in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Stacy Hitt has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Stacy Hitt, 4833 West Lawther, Dallas, TX 75214 or (972) 755-1828.



City of Dallas

### Multi-Tenant Crime Prevention Lease Addendum

The information on this document is required by Dallas City Code Sec. 27-43 to be provided upon lease or renewal of a lease of a multi-tenant unit in addition to the property lease submitted to Umphress Terrace 7242 Umphress Road, Dallas, TX 75217

Property Name and address

#### **Applicant**

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

Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

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

#### **Occupant(s) (if other than applicant)**

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

Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

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

This document notifies the applicant and/or occupant of the Crime Free Lease Addendum. The owner or operator of the multi-tenant property will initiate eviction proceedings if the applicant or tenant, or any guest or co-occupant engages in any abatable criminal activity on the premises of the multi-tenant property.

An abatable criminal activity includes robbery or aggravated robbery; aggravated assault; murder; prostitution; criminal gang activity; discharge of firearms; gambling; manufacture, sale or use of drugs; and manufacture or sale of alcoholic beverages.

Provided by: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Manager/Agent

## **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)

# HUD-9887/A Fact Sheet

## Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

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

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

**1.** HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.

**2.** The O/A must verify the information that is used to determine your eligibility and the amount or rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all or the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

**Example:** Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

### Customer Protections

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

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

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

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

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

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

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

### Consequences for Not Signing the Consent Forms

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

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

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

### Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 611 PRAC  
Section 202 /162 PAC  
Section 221 (d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

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

**Notice and Consent for the Release of Information**

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA).

U.S. Department of Housing and Urban Development  
Office of Housing  
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division): <b>U.S. Dept. of Housing &amp; Urban Development 801 Cherry Street Fort Worth, TX 76102</b>	O/A requesting release of information (Owner should provide the full name and address of the Owner):  <b>Umphress Terrace c/o C. C. Young Attn: Stacy Hitt 4847 W. Lawther Dr., Ste. 100 Dallas, TX 75214</b>	PHA requesting release 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 and X through this entire box).
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**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 HUD 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 2021162 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:

Additional Signatures, if needed:

_____	_____	_____	_____
Head of Household	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Spouse	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date

## Agencies To Provide Information

State Wage Information Collection Agencies (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U S, Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-010 Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

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

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

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**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); The Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

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### Penalties for Misusing this Consent:

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

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

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

# Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information  
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign.  
Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

## Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S. C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent

## Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

## 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 relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAG

Section 2021162 PAC

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

Section 236

HOPE 2 Home Ownership of Multifamily Units

**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.

**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.

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 OIA 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 past 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 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.**

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date  
cc: Applicant/Tenant  
Owner file





**Umpress Terrace  
Apartments**  
7242 Umpress Road  
Dallas, TX 75217  
(214) 391-9000



## RENT COLLECTION POLICY

1. All rents are due and payable on the first (1st) day of each month. A grace period until the fifth (5th) of the month is allowed, but chronic late payment of rent can be cause for termination or non-renewal of your lease.
2. Rent payments are to be made at the office of the apartment complex unless otherwise directed by management. There is a secure drop box at the office for your convenience. Your payment must have your name, apartment number and the month you are paying rent for clearly stated on the payment.
3. Rent payments are to be in the form of checks, cashiers' checks, or money orders made payable to Umpress Terrace. Cash payments will not be accepted. To prevent the possibility of loss due to burglary or robbery, all payments are deposited the day they are received.
4. When two (2) NSF checks have been presented within a six (6) month time, the resident(s) will be required to make all future payments by money order or cashiers' check. Cash payments will not be accepted. Also, any bank fee or NSF charge will also be billed to the resident at that time.
5. Failure to pay rent is cause for Lease termination and eviction. Late notices are sent out on the 6th, 10th, and the 15th day of the month. Legal action is initiated on the 20th day of the month. In the event of unusual circumstances, residents may enter into a payment plan with management provided the cause is reasonable.

### RESIDENT CERTIFICATION

I have read and received a copy of the Rent Collection Policy. I understand that this policy is an extension of my lease and that any violation of this policy may be grounds for lease termination or non-renewal of my lease.

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Management Representative

\_\_\_\_\_  
Date

Umpress Terrace Apartments does not discriminate against persons with disabilities in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Stacy Hitt has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Stacy Hitt, 4833 West Lawther, Dallas, TX 75214 or (972) 755-1828.