



Liberty Commons Apartments and Townhomes **180 Carl Avenue, Battle Creek, Michigan 49037**

Volunteers of America Michigan thanks you for your interest in Liberty Commons Apartments and Townhomes located in Battle Creek, Michigan.

Nestled on a wooded hill within one mile of historic downtown Battle Creek, this community boasts 158 one to four bedroom apartments and town homes, in a park-like setting. Amenities include community room, playground and recreation areas for resident's use. Located near Ft. Custer and other employment opportunities. Also close to shopping, transportation, dining and entertainment.

Our community has 1, 2, 3 and 4 bedrooms to choose from. The apartment homes and townhomes range between 550-620 square feet for our one bedroom, 800 sq. ft for two bedroom, 1020 sq. ft for three bedroom and 1320 sq. ft for four bedroom. The apartments and townhomes feature wood flooring, some have intercom entry, window blinds and air conditioning. Some amenities include cable ready apartments, Community Room with kitchen, washer/dryer hookups and full basements in the townhomes, professional management and 24 hour maintenance.

This affordable housing community is funded by the Michigan State Housing Development Authority. The MSHDA Low Income Housing Tax Credit/HUD Section 236 Program provides affordable housing for residents that meet restricted annual income criteria. We have programs available where rent may be 30% of the resident's adjusted gross monthly income (some restrictions apply).

Calhoun County Annual Income Limits	2017
1 Person	\$24,960
2 Persons	\$28,560
3 Persons	\$32,100
4 Persons	\$35,640
5 Persons	\$38,520
6 Persons	\$41,400

If you would like an application package, please feel free to contact us. We will include information that will explain the rules and procedures for applying to be a resident in your new home along with the MSHDA guidelines.

You can also visit our website at www.voami.org to see pictures of Liberty Commons Apartments and Townhomes and other affordable housing Volunteers of America Michigan has to offer. Again we thank you for your interest in Liberty Commons Apartments and Townhomes. Please contact us at 269-962-6209, by fax at 269-962-6312 or email at abullock@voami.org.



Volunteers of America®

LIBERTY COMMONS APARTMENTS/TOWN HOMES

180 Carl Avenue, Battle Creek, MI 49037

T. 269.962.6209 F. 269.962.6312 E. abullock@voami.org

<https://www.voami.org/find-housing>

Rental Application

Thank you for your interest in **Liberty Commons Apartments/Town Homes**, a **Volunteers of America®** community. From our beginnings more than a century ago, we have believed that a home is far more than shelter—we believe in the power of housing as the foundation for life. We guide individuals and families by providing not only safe, affordable housing, but also the vital support services they need to thrive. Wherever there are people who need homes, **Volunteers of America®** will be there, extending a smile and a helping hand.

We are excited to offer you an opportunity to apply for housing. Please read the instructions below for completing the rental application. We welcome your questions and requests. If at any time you require assistance completing the application or have questions, please contact the community administrator at the number or email address above.

Instructions for completing the application:

1. Please complete all sections by printing in blue or black ink. Please do not leave any section blank, even sections which do not apply to you. For instance, if a section asks for driver's license number and you do not have a driver's license, you may write "NONE". If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Please do not use White-out® or any other substance that may obscure your responses.
2. This application must be completed by the Head of Household. Each additional member 18 years of age and older who will reside in the unit must sign the rental application.
3. Rental history must include all places where you and any adult member lived in the past three years including places where your or their name did not appear on the lease and places where you or they used a different name, such as a maiden name. Additionally, you must provide a summary of the complete rental history for all household members, including minors in the spaces provided.
4. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be denied.

Revised June 2015



5. Social Security Numbers are required for all applicants and each household member, including minors. Social Security Numbers are not required for those residents who were age 62 years of age or older and whose initial eligibility for federally-assisted housing programs was begun prior to January 30, 2010. If you and your household members have been assigned a Social Security Number by the United States Department of Health and Human Services, you must disclose and document the number. Applicants who fail to disclose and document SSNs for all household members will have the rental application denied.
6. Form-HUD-27061-H Race and Ethnic Data Reporting Form is attached and considered a part of this Rental Application. Owners and management agents who operate federally-assisted housing are required to offer each applicant an opportunity to complete or reject this form. *The data is gathered for statistical purposes only.* You do not have to complete this form to be considered for housing. You may complete or reject this form. If you choose to complete this form, one form must be completed for each member of the household. If you choose to reject this form, please indicate so on the Rental Application.
7. Form-HUD-92006 Supplement to the Application for Federally Assisted Housing is attached and considered a part of the Rental Application. Owners and management agents who operate federally-assisted housing are required to offer each applicant an opportunity to provide contact information for persons or agencies who, at your request, will assist you while in residence at this community. You may complete more than one form if you have more than one person or agency you wish to assist you during tenancy.
8. The application includes a space for your email address. Email communication may be used as a more efficient means to discuss the application information or to provide a status of your application. You may not submit a rental application using an email address. An original hard copy of your completed application must be hand-delivered or mailed to the property address.
7. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income changes and whenever you need to add a person to your application or remove a person from your application.
9. After we accept your application, we will make a preliminary determination of eligibility based on the information provided on the application. If your household appears to be eligible for housing, your application will be placed on a Waiting List; but this does not mean that your household will be offered a unit. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be denied. We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria posted and available in the management office.
10. It is the policy of **Liberty Commons Apartments/Town Homes** to comply fully with Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, Fair Housing Amendments Act of 1988, Equal Access to Housing in HUD Programs-Regardless of Sexual Orientation or Gender Identity Final Rule and any legislation protecting the individual rights of residents, applicants, and staff which may be subsequently enacted.

Revised June 2015



11. **Liberty Commons Apartments/Town Homes** is pledged to the letter and spirit of United States policy for the achievement of equal housing opportunity throughout the nation. VOA encourages and supports an affirmative advertising and marketing program in which there are no barriers to obtaining housing and does not discriminate against anyone based on race, color, creed, religion, marital status, gender, gender identity, sexual orientation, national origin, age, familial status, or disability in the distribution, acceptance, and processing of applications for tenancy or rental assistance. Further, VOA complies with all Federal, state, and local Fair Housing and civil rights laws and with the Department of Housing and Urban Development equal opportunity requirements in the distribution, acceptance, and processing of applications for tenancy and rental assistance.

12. **Liberty Commons Apartments/Town Homes** does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally-assisted programs and activities. The person named below has been designated to coordinate compliance with the non-discrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988):

Karlyne Tucker-Scaggs
Volunteers of America Michigan
21415 Civic Center Drive, Suite 306
Southfield, MI 48076
248.945-0101 T
800.752.6096 TTY

We thank you for this opportunity to serve you at our community.



Volunteers of America®
Helping America's most vulnerable®





Volunteers of America®

NOTICE

to

APPLICANTS AND RESIDENTS OF LIBERTY COMMONS APARTMENTS/TOWN HOMES

Upon request, Liberty Commons Apartments/Town Homes provides translated copies of all vital documents necessary to participate in the U.S. Department of Housing and Urban Development housing program. Liberty Commons Apartments/Town Homes also provides language assistance and interpreter services, upon request, for applicants at application and for residents at annual recertification and all owner/agent sponsored community meetings.

The following translated documents are available in other languages:

- Pre-Application for Rental Housing
- Rental Housing Application
- Document Package for Applicants/Tenants Consent to the Release of Information (HUD 9887/A, Form HUD 9887, Form HUD-9887/A, and relevant verifications)
- Supplement to Application for Federally Assisted Housing (HUD 92006)
- Lease Agreement
- Lease Addendum-Violence Against Women and Justice Department Reauthorization Act of 2005 (HUD 91067)
- Certification of Domestic Violence, Dating Violence or Stalking (HUD 91066)
- Annual Recertification Initial & Reminder Notices
- Notification of Rent Increase Resulting from Recertification Processing
- Interim Adjustment Initial Notice
- Interim Adjustment Termination of Assistance

The following brochures are available in other languages:

- Equal Opportunity for All
- Are You a Victim of Housing Discrimination
- Resident's Rights and Responsibilities



Revised June 2015



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Liberty Commons Apartments/Town Homes

180 Carl Avenue, Battle Creek, MI 49037

For Office Use Only

Date Received: _____

(mm/dd/yyyy)

Time Received: _____ am/pm

(hh:mm)

1. PRIMARY APPLICANT/HEAD OF HOUSEHOLD

Name: _____
 Last First Middle Initial

Have you ever used another name? Yes No If Yes, please provide: _____

Current Address: _____
 Street City State Zip

Telephone: _____ Alternate Telephone: _____

Would you like to receive communications via Email? Yes No

If yes, please provide Email address: _____

2. HOUSEHOLD INFORMATION

A. Beginning with the Head of Household, please list all information for each household member who will occupy the unit.

Name (Last, First, Middle Initial)	Relationship to Head of Household	Veteran? (Y/N)	Social Security Number	Date of Birth (Mo./Day/Yr.)	form HUD- 27061-H Race & Ethnicity Data* C=completed OR R=rejected
	Head of Household	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> C <input type="checkbox"/> R
		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> C <input type="checkbox"/> R
		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> C <input type="checkbox"/> R
		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> C <input type="checkbox"/> R
		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> C <input type="checkbox"/> R
		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> C <input type="checkbox"/> R

B. Questions related to household members' disability are **optional**. It is not necessary to answer the questions below about your disability to qualify for housing unless you are requesting an accommodation.

Do you or any household member claim a disability? Yes No

Do you need an accommodation to help you complete the application process? Yes No

Does any member of the household have a need for accessible features? (e.g. grab bars, a barrier-free unit, etc.) Yes No If yes, please explain: _____



- C. Are there any household members who are full-time or part-time students at an institution of higher education? Yes No If yes, please identify: _____
- D. Do you anticipate a change in household composition during the next 12 months? Yes No
- E. Will any of the above household members live anywhere except in the unit? Yes No
- F. Are any household members seeking to be housed temporarily due to displacement as a result of a Presidentially-declared Disaster? Yes No
- If yes to any of the above questions, please explain: _____

3. RESIDENTIAL HISTORY

- A. Have you ever been evicted from a place of rental? Yes No If yes, when? _____
Please explain: _____
- B. Please detail the last three (3) years of rental history for the household. If additional space is needed attach a separate sheet.

Current Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____ Monthly Amount \$ _____			
Landlord's Name: _____			
Landlord's Address: _____			
Street	City	State	Zip
Landlord's Telephone: _____		Dates of Residency: _____ <small>(mo./yr.) TO (mo./yr.)</small>	
Is this an affordable housing or Section 8 community? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____ Monthly Amount \$ _____			
Landlord's Name: _____			
Landlord's Address: _____			
Street	City	State	Zip
Landlord's Telephone: _____		Dates of Residency: _____ <small>(mo./yr.) TO (mo./yr.)</small>	
Is this an affordable housing or Section 8 community? <input type="checkbox"/> Yes <input type="checkbox"/> No			

- C. In the space below, please provide ALL previous locations where the Head of Household and all other household members have ever lived. Please complete as much of the rental history as you can.

Household Member Name (Last, First)	Previous Address (City, State)	Dates of Residency (mo./yr) TO (mo./yr.)
		--
		--
		--
		--



4. EMPLOYMENT AND WAGE INCOME

A. Include current employers for all adult household members. If more space is needed, please attach a separate sheet. If no employer, please indicate "None."

Present Employer: _____					
Employer Address: _____					
Street	City	State	Zip		
Employer Contact: _____			Title: _____		
Employer Telephone: _____			Email: _____		
Occupation: _____		Dates of Employment: _____			
		(mo./yr.) TO (mo./yr.)			
Gross Salary: \$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice monthly <input type="checkbox"/> month <input type="checkbox"/> year					
<input type="checkbox"/> Full-Time (at least 40 hrs. weekly) <input type="checkbox"/> Part-Time How many hours weekly? _____					
Are you eligible for overtime pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours weekly? _____					
(Please check one.)					
<input type="checkbox"/> Second Employer, or					
<input type="checkbox"/> Co-Head/Spouse Employer, or					
<input type="checkbox"/> Other Adult Employer: _____					
Employer Address: _____					
Street	City	State	Zip		
Employer Contact: _____			Title: _____		
Employer Telephone: _____			Email: _____		
Occupation: _____		Dates of Employment: _____			
		(mo./yr.) TO (mo./yr.)			
Gross Salary: \$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice monthly <input type="checkbox"/> month <input type="checkbox"/> year					
<input type="checkbox"/> Full-Time (at least 40 hrs. weekly) <input type="checkbox"/> Part Time How many hours weekly? _____					
Are you eligible for overtime pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours weekly? _____					

B. Please list the total estimated annual employment income of all other household members, regardless of age.

Name of Household Member	Gross Wage	Full-Time or Part-Time	Part-Time Hours (weekly)	Overtime Hours (weekly)	Tips, Bonuses, or Commission
	\$	<input type="checkbox"/> FT <input type="checkbox"/> PT			\$
	\$	<input type="checkbox"/> FT <input type="checkbox"/> PT			\$
	\$	<input type="checkbox"/> FT <input type="checkbox"/> PT			\$



5. BENEFITS INCOME

- A. Does any household member currently receive income from any of the following sources? If an order of child support, divorce decree or separation agreement exists but payments are not received, please list the court-ordered amount.

Benefit Type		Gross Amount Received	Per Week, Month, etc.	Household Member Receiving Benefit (Last, First)
Social Security/SSI (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Social Security/SSI (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
SSI (Quarterly)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Disability or Death Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Veterans Affairs	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Public Assistance (AFDC, TANF)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

6. OTHER INCOME

- A. Does any household member currently receive income from any of the following sources? If yes, please state the amount, frequency, and the household member receiving the income.

Income Type	Income Received?	Gross Amount Received	Per Week, etc.	Household Member Receiving Benefit (Last, First)
Income from self-owned business (daycare, babysitting, cosmetics, taxi driver, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Recurring cash contributions or gifts from persons outside household, including rent or utility payments	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Unemployment benefits	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Severance Pay	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Payments from Insurance Policies	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Retirement Benefits/IRA	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Pension Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Educational Grants/ Scholarships	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Capital Gains from Stock	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Military Reserves/National Guard	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
GI Bill Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Periodic Payments or Installments from Lottery winnings	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Member of an Native American Tribe receiving gaming payments	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Any Other Income: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		



B. Do you have any Rental Property or Business Property income? Yes No If yes, give the name and address of the renter or the business owner who leases the property you currently own:

Name: _____

Address: _____

Amount of rent or income per month: \$ _____

7. ASSET INCOME

A. Does any household member own any of the following types of assets? If yes, please provide the current value or balance of the asset, the name of the banking institution where it is held, and the name of the household member whose name appears on the account.

Type of Asset	Own?	Current Value or Balance	Name of Financial Institution	Household Member (Last, First)
Checking Account (6-months avg)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Savings Account	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Cash (at home)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	N/A	
Social Security Direct Express® or other Prepaid or Debit Cards	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Stocks/Bonds	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Treasury Bills	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Money Market Funds	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Certificate of Deposit	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Whole or Universal Life Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Real Estate/Mortgages/Land Contracts	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Safe Deposit Box	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Deeds or Trust	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Annuities	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Own a Mobile Home	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
IRA or Keogh Account	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Mutual Funds	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Personal Property held for investment purposes (antiques)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

B. Has any household member disposed of or sold any of the above assets at less than fair market value during the past two years? Yes No If yes, please explain: _____



8. EXPENSES

- A. Do you pay for child care (for children ages 12 years or younger) while a household member goes to work, looks for work, or attends school? Yes No If yes, please complete the following:

Amount Paid:\$ _____ per week bi-weekly twice monthly month

Child Care Provider/Center: _____

Child Care Provider Location/Address: _____

Child Care Provider Telephone: _____

- B. Do you pay for dependent care for a disabled household member or other expenses related to a disability that allow a household member to work? Yes No If yes, please complete the following:

Amount Paid:\$ _____ per week bi-weekly twice monthly month

Dependent Care Provider: _____

Dependent Care Provider Location/Address: _____

Dependent Care Provider Telephone: _____

- C. Do you receive and pay for medical assistance through the state or the U.S. Department of Health and Human Services, i.e. **Medicare, Medicaid or SCHIP**? Yes No

If yes, amount paid:\$ _____ per week bi-weekly twice monthly month

- D. Do you pay private or any other medical insurance or hospitalization premiums? Yes No

If yes, amount paid:\$ _____ per week bi-weekly twice monthly month

- E. Do you receive and pay for medical assistance, such as a **home health aide**? Yes No

If yes, amount paid:\$ _____ per week bi-weekly twice monthly month

- F. Do you have any outstanding medical bills which you are currently paying? Yes No

If yes, amount paid:\$ _____ per week bi-weekly twice monthly month

- G. Do you pay for prescription drugs? Yes No

If yes, amount paid:\$ _____ per week bi-weekly twice monthly month

- H. Do you anticipate any health care related expenses for the next twelve (12) months which are not covered by health insurance, i.e. **non-prescription or over-the-counter drugs required by a physician or other health care professional**? Yes No

If yes, please provide a brief description of the expenses: _____

Amount paid:\$ _____ per week bi-weekly twice monthly month



9. MISCELLANEOUS

- A. Are you or any household member currently expecting a child? Yes No
If yes, what is the estimated due date: _____
- B. Do you have any pets? Yes No If yes: Breed: _____ Weight: _____ lbs Age: _____ yrs
- C. Have you or any other adult household member ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes No
If yes, name(s) of household member(s): _____
Please explain: _____
- D. Have you or any adult household member ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No
If yes, name of household member: _____
Please explain: _____
- E. Have you or any household member ever been evicted from federally-assisted housing for drug related criminal activity? Yes No
If yes, name of household member: _____
Please explain: _____
- F. Has any household member ever been convicted of any drug offense? Yes No
If yes, name of household member: _____
Please explain: _____
- G. Has any household member ever been convicted of a criminal offense? Yes No
If yes, name of household member: _____
Please explain: _____
- H. Have you or any household member ever been convicted or adjudication other than acquittal of a sexual offense? Yes No
If yes, name of household member: _____
Please explain: _____
- I. Are you or any household member listed on a state or federal lifetime sex offender registry?
 Yes No If yes, name of household member: _____
Please provide the location (state) where required to register: _____
- J. Have you or any household member ever been convicted or adjudication other than acquittal for domestic violence, dating violence, sexual assault, or stalking? Yes No
If yes, name of household member: _____
Please explain: _____
- K. Does any household member currently have any pending criminal charges? Yes No
If yes, name of household member: _____
Please explain: _____



10. VEHICLE INFORMATION

A. Please provide the following information for any vehicles owned or operated by household members that will reside at the community.

Applicant's License Number/State ID # _____	State Issued: _____
Co-Applicant's Driver's License Number/State ID # _____	State Issued: _____
Vehicle #1: Year _____ Make _____ Model _____ Color _____	
License # _____	State _____
Vehicle #2: Year _____ Make _____ Model _____ Color _____	
License # _____	State _____

11. EMERGENCY CONTACT

A. Please provide the following information for two emergency contacts.

Name of Primary Contact: _____	_____	_____	_____	_____
	Last	First		
Current Address: _____	_____	_____	_____	_____
	Street	City	State	Zip
Daytime Phone Number: _____	_____	Evening Phone Number: _____		
Relationship: _____				
Name of Secondary Contact: _____	_____	_____	_____	_____
	Last	First		
Current Address: _____	_____	_____	_____	_____
	Street	City	State	Zip
Daytime Phone Number: _____	_____	Evening Phone Number: _____		
Relationship: _____				

12. MARKETING INFORMATION

A. How did you hear about the property for which you are completing this application?

Newspaper Radio Rental Magazine HUD Website Volunteers of America® Website

Other: (Please explain): _____



13. PROGRAM INFORMATION & SIGNATURES

ELDERLY/DISABLED HOUSEHOLD STATUS: We are required by the U.S. Department of Housing and Urban Development (HUD) to request the following information for the purpose of determining eligibility for admission to our subsidized program and/or to give special considerations with regard to allowances in determining rent. Please check the box or boxes that apply.

- 62 years of age or older
- Disabled
- Neither 62 years of age or older nor Disabled

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all information provided on this application and my/our signature is our consent to obtain such verification. I /We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility.

I/We authorize any person, or credit checking agency having any information on me/us to release any and all such information to the owner/management or their agents or credit checking agents. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a credit bureau contracted with the apartment community. I understand that a check will be made of the sex offender registry in states in which I have resided.

I/We certify that I/We have been offered an opportunity to complete or reject the HUD-27061-H-Race and Ethnic Data Reporting Form. I/We understand that if this document is not completed or rejected by me/us, that my/our application is not complete and cannot be added to the waitlist or considered for occupancy at VOA. **I/We have chosen to complete / reject the HUD-27061-H Race and Ethnic Data Reporting Form.** _____ Initials of Head of Household

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government HUD and any other 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 a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the Social Security number are contained in the Social Security Act at **208(a)(6), (7) and (8)**. Violations of these provisions are cited as violations of 42 U.S.C **408(a) (6), (7) and (8)**.

SIGNATURES: (All adult household members, age 18 and above, must sign.)

_____/_____/_____
Applicant- Head of Household Date

_____/_____/_____
Additional Adult Household Member Date

_____/_____/_____
Additional Adult Household Member Date



FOR MANAGEMENT USE ONLY

Pre-Application Date: _____
(if applicable) (mm/dd/yyyy)

APPLICATION DISPOSITION:

Approved: _____
(mm/dd/yyyy)

Approved by: _____
(Signature)

Title: _____

Disapproved: _____
(mm/dd/yyyy)

Disapproved by: _____
(Signature)

Title: _____

Reason(s) for Disapproval: _____

Applicant Notified in Writing on: _____
(mm/dd/yyyy)

Applicant Appealed Decision on: _____ (Written notification attached.)
(mm/dd/yyyy)

Applicant Appeal Reviewed by: _____ Date: _____
(Signature) (Title)

Appeal Decision: _____ **Approved** _____ **Disapproved**

Applicant Notified in Writing on: _____
(mm/dd/yyyy)

Checklist of Items Received from Applicant or Actions Performed by CA

- _____ Driver's License or State-issued ID
- _____ Social Security Card or Other Acceptable Documentation
- _____ Birth Certificate
- _____ Citizenship Declaration(s)
- _____ Credit History
- _____ Criminal History
- _____ Sex Offender Registry

Notes:



U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

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

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.): HUD 99 Monroe Avenue, NW, Suite 402 Grand Rapids, MI 49503-2633	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Liberty Commons 180 Carl Avenue Battle Creek, MI 49015	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): MSHDA, PO Box 30044 Lansing, MI 48909
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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 HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

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-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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.

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 PRAC
Section 202/162 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 circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

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

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

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

Name of Applicant or Tenant (Print)

Signature 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.

Anna Bullock, Agent for Liberty Commons

Name of Project Owner or his/her representative

Community Administrator

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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



HOUSING REQUIREMENTS QUESTIONNAIRE

Please read the following regarding this questionnaire:

This questionnaire is administered to every applicant at **Liberty Commons Apartments and Townhomes**. It is used to determine whether your family needs special features in their apartment. The need for special adaptations must be verified in order to assure that the limited number of apartments with special features go to families that actually need the features.

Completing this questionnaire is optional on your part. If you choose not to complete this form, please check the box that indicates that choice, sign and date the form, and return it to the management. The choice not to complete this questionnaire will not in any way affect the processing of your application for an apartment.

If you choose to complete this form, please check the box that indicates your choice to complete this form, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form, and return it to the management staff.

Applicant election to provide special needs information:

I choose to complete this form. I choose NOT to complete this form.

Information relative to the housing requirements of the applicant's family:

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

<input type="checkbox"/> A separate bedroom	<input type="checkbox"/> Apt for vision-impaired	<input type="checkbox"/> One-level apartment
<input type="checkbox"/> Apt for hearing-impaired	<input type="checkbox"/> Special parking space	<input type="checkbox"/> A barrier-free apartment
<input type="checkbox"/> Bedroom/Bath on 1 st floor	<input type="checkbox"/> Physical modifications to a typical apartment	
<input type="checkbox"/> Other _____		
2. If you checked any of the above-listed categories, please explain exactly what you need to accommodate your situation. _____
3. What is the name of the family member who needs the feature(s) identified above? _____
4. Do you or any of your family members need special features to go up and down stairs other than traditional railings? yes no If "yes", please indicate how we may accommodate your family. _____
5. Will you or any of your family members require a live-in aide to assist you? yes no
6. Who should be contacted to verify your need for the features you have identified above or for the need for a live-in aide (i.e., a doctor or social service agency)?

Name _____	Telephone _____
Address _____	

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

Signature of Applicant

Date

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

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

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)

Liberty Commons 047-01-NI 180 Carl Avenue, Battle Creek, MI 49037

Name of Property Project No. Address of Property

Volunteers of America LIHTC/RAD

Name of Owner/Managing 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	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories 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 the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is 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 to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents 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 (Tenant 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.

VOLUNTEERS OF AMERICA MICHIGAN

Property: Liberty Commons Apartments and Townhomes

AGENCY DISCLOSURE

Volunteers of America Michigan and its representatives are acting as agents for the Owner and not as agents for the Tenants. This information is provided to all prospective Applicants/Tenants prior to their disclosure of any confidential information.

ACKNOWLEDGEMENT

I (We) acknowledge receiving a copy of the following documents on the date listed below.

Rental Application

Resident Selection Criteria/Waiting List Policy (**Only if requested by Applicant**)

If there are any questions concerning the information on these documents, please contact our office.

_____/_____/_____
Applicant's Signature-Head of Household Date

_____/_____/_____
Applicant's Signature Date

_____/_____/_____
Agent's Signature Date





APPLICATION ASSISTANCE AND INFORMATION STATEMENT

If you are disabled, or have difficulty completing this application; please advise us of your needs when you receive this application, or call to schedule assistance. Our phone number is 1-586-329-2114. Call between the hours of 9:00 am and 5:00 pm. If you have a hearing impairment, our TDD number is 1-800-649-3777 (via Michigan Relay Center), during the same hours. **Appropriate assistance will be provided in a confidential manner and setting.**

Answering questions on your application:

Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition, or prior resident history is grounds for rejection. Additionally, you should be aware that Section 1001 of Title 18 of the U S Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

Answering questions relating to disability:

Answers to questions on your application concerning disability status are optional. But please note that families with members who are disabled may be entitled to (1) certain deductions from income that affect rent, or (2) apartments which have been architecturally altered to accommodate persons with special needs. Without this information, we may not be able to calculate your rent correctly or verify your eligibility to live in an accessible apartment.

If you answer the questions relating to disability, we will need to verify that you or a family member is disabled. We do not need to know the nature, extent, or current condition of the disability. But, we will need to know that you meet the federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on handicap or disability status will be treated as confidential by management. In accordance with program regulations, information may be released to appropriate federal, state, or local agencies.

Housing Requirements Questionnaire:

Please complete the Housing Requirements Questionnaire that accompanies your application. This information is needed so that we may assign you a apartment appropriate to any needs that exist for your family. Your answers will be verified. If, however, there are no family members with a handicap or disability, or if you do not wish to complete the document for any reason, simply indicate that choice in the space provided at the top of the document. The choice not to complete this document will not in any way affect the processing of your application for an apartment.



NOTICE TO ALL APPLICANTS OPTIONS FOR APPLICANTS WITH DISABILITIES

This property is managed by Volunteers of America Michigan Housing Corporation. The Owner Corporation provides assisted housing to the general public under (code number) **202 PRAC / Section 8**. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status, or disability. In addition, we have an obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. Compliance actions may include reasonable accommodations as well as structural modifications to the apartment or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- Making reasonable alterations to an apartment so it could be used by a family member who uses a wheelchair;
- Installing strobe type, flashing-light smoke detectors in an apartment for a family member with a hearing-impairment;
- Permitting a family to have a Guide dog to assist a family member with a vision-impairment where existing pet rules would not allow pets;
- Making large type documents or a reader available to an applicant with a vision-impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing-impairment applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

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



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Resident Rights



& Responsibilities



Secretary of HUD

This brochure does not apply to the Public Housing Program, the Section 8 Moderate Rehabilitation Program (except for multifamily housing projects that are insured by HUD), and the Housing Choice Voucher Program (except when a voucher is used in a multifamily housing project with a HUD-insured mortgage).

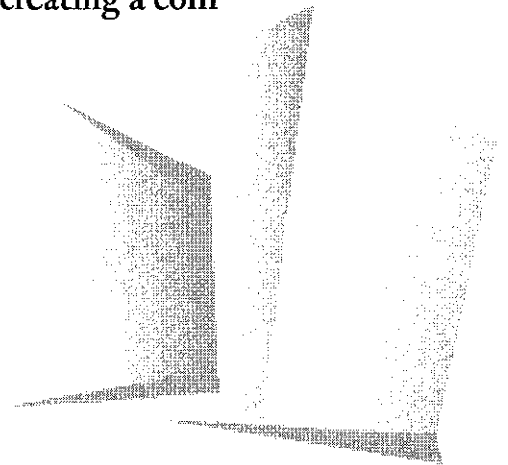
You, as a resident (tenant), have rights and responsibilities that help make your HUD-assisted housing a better home for you and your family.

This brochure is being distributed to you because the United States Department of Housing and Urban Development, which has ultimate jurisdiction over the project in which you live, has provided some form of assistance or subsidy for this apartment building. As part of its dedication to maintaining the best possible living environment for all residents, your HUD field office encourages and supports the following:

- Management agents and property owners communicate with residents on any and all issues.
- Owners and managers give prompt consideration to all valid resident complaints and resolve them as quickly as possible.
- Residents' right to organize and participate in the decisions regarding the well-being of the project and their home.

Along with your owner/management agent, you play an important role in making your place of residence—the unit (apartment), the grounds, and other common areas—a better place to live and in creating a community you can be proud of.

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



Your Rights

As a resident of a HUD-assisted multifamily housing project, you should be aware of your rights.

Rights

Involving Your Apartment

- The right to live in decent, safe, and sanitary housing that is free from environmental hazards such as lead-based paint hazards.
- The right to have repairs performed in a timely manner, upon request, and to have a quality maintenance program run by management.
- The right to be given reasonable notice, in writing, of any nonemergency inspection or other entry into your apartment.

Rights

Involving Resident Organizations

- The right to organize as residents without obstruction, harassment, or retaliation from property owners or management.
- The right to post materials in common areas and provide leaflets informing other residents of their rights and of opportunities to involve themselves in their project.
- The right, which may be subject to a reasonable, HUD-approved fee, to use appropriate common space or meeting facilities to organize or to consider any issue affecting the condition or management of the property.
- The right to meet without the owner/manager present.
- The right to be recognized by property owners and managers as having a voice in residential community affairs.

Rights

Involving Nondiscrimination

The right to equal and fair treatment and use of your building's services and facilities, without regard to race, color, religion, gender, disability, familial status (children under 18), national origin (ethnicity or language), or in some circumstances, age.

Your Responsibilities

As a resident of a HUD-assisted multifamily housing project, you also have certain responsibilities to ensure that your building remains a suitable home for you and your neighbors. By signing your lease, you and the owner/management company have entered into a legal, enforceable contract. You and the owner/management company are responsible for complying with your lease, house rules, and local laws governing your property. If you have any questions about your lease or do not have a copy of it, contact your management agent or your local HUD field office.

Responsibilities

to Your Property Owner or Management Agent

- Complying with the rules and guidelines that govern your lease.
- Paying the correct amount of rent on a timely basis each month.
- Providing accurate information to the owner at the certification or recertification interview to determine your total tenant payment, and consenting to the release of information by a third party to allow for verification.
- Reporting changes in the family's income.

Responsibilities

to the Project and to Your Fellow Residents

- Conducting yourself in a manner that will not disturb your neighbors.
- Not engaging in criminal activity in the unit, common area, or grounds.
- Keeping your unit clean and not littering the grounds or common areas.
- Disposing of garbage and waste in a proper manner.
- Complying with local codes that affect the health or safety of the residence.
- Maintaining your apartment and common areas in the same general physical condition as when you moved in.
- Reporting any apparent environmental hazards to the management, such as peeling paint—which is a hazard if it is a lead-based paint—and any defects in building systems, fixtures, appliances, or other parts of the unit, the grounds, or related facilities.

Your Participation is important

Residents in HUD-assisted multifamily housing can play an important role in decisions that affect their project. Different HUD programs provide for specific resident rights. You have the right to know under which HUD program your building is assisted. To find out if your apartment building is covered under any of the following categories, contact your management agent.

If your building was funded under **Section 236, 221 (d)(3)/BMIR, Rent Supplement Program, Section 202 Direct Loan Program, Section 202/811 Capital Advance Programs, or is assisted under any applicable project-based Section 8 programs**, and prior HUD approval is required before the owner can prepay, you have the right to participate in or be notified of, and comment on, the following:

- An increase in the maximum permissible rent.
- Conversion of a project from project-paid utilities to tenant-paid utilities or a reduction in tenant utility allowance.
- Conversion of residential units in a multifamily housing project to a nonresidential use or to condominiums, or the transfer of the project to a cooperative housing mortgagor corporation or association.
- Partial release of mortgage security.
- Capital improvements that represent a substantial addition to the project.
- Nonrenewal of a project-based Section 8 contract.
- Any other action which could ultimately lead to involuntary temporary or permanent relocation of residents.
- Prepayment of mortgage.



Your Participation *continued...*

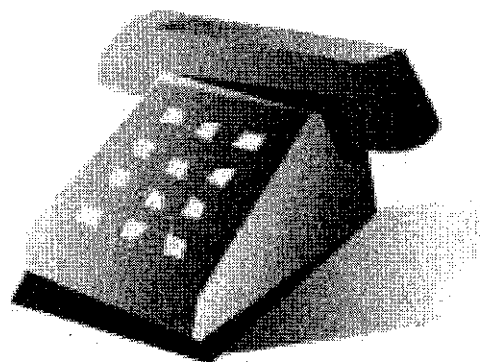
If your unit has a project-based Section 8 contract that is expiring or being terminated and will not be renewed, the assisted family may elect to remain in the same project in which the family was residing on the date of the eligibility event for the project. The family residing in an assisted unit may be eligible for an enhanced voucher. Owners must provide a 1-year notification of their intent to opt out of the Section 8 contract. Residents may use the Section 8 voucher in any building with rents in the allowable range. Eligible tenants can receive enhanced vouchers only if they remain in the same project in which they resided on the date the Section 8 contract was terminated. If an eligible tenant moves, they are eligible for a Section 8 voucher that is not enhanced. You also have the right to Relocation Counseling, where you can learn about housing options available to you.

Residents of HUD-assisted housing are our partners and partners in their communities. HUD regulations give residents the right to press for improved conditions by organizing independent resident associations. These associations encourage residents to become involved in the decisions that affect their homes without harassment or retaliation by property owners or management.

—Secretary of HUD

If you live in a building that is **owned by HUD** and is being sold, you have the right to be notified of, and comment on, HUD's plans for disposing of the building.

Additional **Assistance**



If you need help or more information, you may contact:

- Your property manager or management company.
- The project manager in HUD's Multifamily Hub, Multifamily Field Office, or your local Contract Administrator.
- Your local HUD Field Office - <http://www.hud.gov/local/index.cfm>
- The housing counseling agency in your community (for assistance, call the HUD Housing Counseling Service Locator at 1-800-569-4287).
- HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 to report maintenance or management concerns.
- HUD's Office of Inspector General Hot Line at 1-800-347-3735 to report fraud, waste, or mismanagement.
- Citation to the Multifamily Housing Rule—24 CFR Part 245.
- World Wide Web - <http://www.hud.gov>

If you believe that you have been discriminated against, or would like information on what constitutes housing discrimination, call 1-800-669-9777, or call your local HUD Office of Fair Housing and Equal Opportunity.

Your local government tenant/landlord affairs office, legal services office, and tenant organizations may also provide you with information on additional rights you have under local or state law.

The brochure about your rights and responsibilities as a resident of HUD assisted multifamily housing is available in languages other than English. To find out which language versions are currently in stock, contact HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470.



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

Office of Multifamily Housing Programs

Washington, DC 20410-0000

Official Business

Penalty for Private Use \$300