

Notice of Rule Change  
River Run Apartments  
Smoke – Free Community

Date:

Dear Applicants:

Effective April 1, 2014, the Owner/Managing Agent adopted a Smoke-Free Policy. This new policy prohibits smoking in any interior common areas, including but not limited to community rooms, community bathrooms, lobbies, reception areas, hallways, laundry rooms, stairways, offices, and elevator, within all living units and within 25 feet of building(s) including entry ways, windows, porches, balconies, and patios. Smoking will only be permitted in a **designated outside area**. The policy applies to all residents, guests, visitors, service personnel and employees.

The term "smoking" means the combustion, vaporization, inhaling, exhaling, breathing, carrying, or possessing any lighted product (ie: cigarette, pipe, cigar, other tobacco product containing any amount of tobacco, marijuana, like-substance or any derivative of thereof or other product which produces smoke. The use of electronic cigarettes and the like shall be deemed smoking.

All current and future residents will be required to sign off on receipt of the property's House Rules which state residents will not smoke anywhere in or on the property including within their apartment. Please consider this letter as notice of changes that took place April 1, 2014. We hope this policy will help everyone breathe easier and live healthier.

If you agree to this policy change and would like to be put on the property's waitlist, this letter must be signed, dated and returned to the property within 30 days of the date of this letter.

Sincerely,

River Run Apartments

By signing below I acknowledge that I have been informed of the rule change regarding smoking.

\_\_\_\_\_  
Applicant Name (Please Print Clearly)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date





**Mary A. Buben, COS, CRSC**

**Site Manager**

River Run Apartments

600 Main Street

Dalton, Ma. 01226

t. 413-684-0043 f. 413-684-2271 TDD:  
\*771

email: Mbuben@SimonCompanies.com

To applicant:

If under the age of 62 and not requesting a 3BR family unit, our Tenant Selection Plan requires that we get a Disability Verification back also.

In our 1 and 2 bedroom units in the main building the head or co-head has to have a disability.

The form that is attached to the application can be completed by a physician, psychologist, clinical social worker, other licensed health care provider or the Veterans' Administration.

Thank you and we look forward to receiving your application.

Mary A. Buben, COS, CRSC



River Run does not discriminate on the basis of disability status in the admission or access to or treatment or employment in its federally assisted programs or activities.



**VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR QUALIFICATION  
FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY**

FOR USE WITH ALL PROGRAMS EXCEPT SECTION 202/8,  
SECTION 202 PAC, SECTION 202 PRAC, AND SECTION 811 PRAC

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

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM: River Run Apartments  
600 Main Street  
Dalton, MA 01226  
413-684-0043 Fax: 413-684-2271 TTY: \*771  
Attn: Mary A. Buben, Site Manager

**RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE**

SUBJECT: Verification of Disability for  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owners to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

**INFORMATION BEING REQUESTED**

For each number item below, mark an "X" in the applicable box that accurately describes the person listed above

1.    ☐ YES    ☐ NO    Has a disability, as defined in 42 U.S.C. 423, which means;
- a. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or
  - b. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.



For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

2. ☐ YES ☐ NO

Has a physical, mental, or emotional impairment that:

- a. Is expected to be of long-continued and indefinite duration;
- b. Substantially impedes his or her ability to live independently; and
- c. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

3. ☐ YES ☐ NO

Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001 (8)), i.e., a person with a severe chronic disability that:

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the person attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitation in three or more of the following areas of major life activity:
  - 1. Self-care,
  - 2. Receptive and expressive language,
  - 3. Learning,
  - 4. Mobility,
  - 5. Self-direction,
  - 6. Capacity for independent living, and
  - 7. Economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

4. ☐ YES ☐ NO

Is the above a person whose disability is based solely on any drug or alcohol dependence?

**Signed under the pains and penalties of perjury.**

\_\_\_\_\_  
Name and title of person  
Supplying the information

\_\_\_\_\_  
Firm/Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

---

**Signature**

---

**Date**

---

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action of 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 42 USC 208(f) (g) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f) (g) and (h).





**RIVER RUN APARTMENTS**  
**600 MAIN STREET**  
**DALTON, MASSACHUSETTS 01226**  
**413-684-0043**  
**413-684-2271 (FAX)**  
**TDD \*771**

**APPLICATION FOR HOUSING**

**FOR OFFICE USE ONLY**

*Date Received:* \_\_\_\_\_  
*Time:* \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_  
*# of BR's:*    1    2    3  
*Control #:* \_\_\_\_\_

**EFFECTIVE 4/1/2014**  
**RIVER RUN APARTMENTS**  
**BECAME SMOKE-FREE**

**1) FULL NAME:**

**First, Middle, Last** \_\_\_\_\_  
**STREET** \_\_\_\_\_  
**CITY** \_\_\_\_\_  
**STATE** \_\_\_\_\_  
**ZIP** \_\_\_\_\_  
**TEL. #** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_  
**S.S. #** \_\_\_\_\_

**MAILING ADDRESS, IF DIFFERENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**BUS. TEL. #** \_\_\_\_\_

If you are collecting benefits under another social security number, please list the claim number here: \_\_\_\_\_

Does your disability require a Reasonable Accommodation? YES \_\_\_ NO \_\_\_

**2) Racial and Ethnic Designation (Optional)**

**Race:**    White \_\_\_    American Indian \_\_\_    Asian \_\_\_  
            Black or African American \_\_\_    Alaska Native \_\_\_    Native Hawaiian or other Pacific  
Islander \_\_\_    Other \_\_\_\_\_

**Ethnicity:**                      Hispanic \_\_\_ or Latino \_\_\_    "Not-Hispanic \_\_\_ or Latino" \_\_\_

**Note:** Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert), which summarized the tenant application process, including eligibility and screening requirements for occupancy in the Development.

**2a) Are you seeking Temporary Housing because of a Presidentially-declared disaster? Yes \_\_\_ No \_\_\_**

**3) Current Landlord:**

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Monthly Rent:** \_\_\_\_\_  
**Utilities:** \_\_\_\_\_





4) Previous Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5) Previous Landlord: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 \_\_\_\_\_

6) Members of Household: Please list everyone to live in household. Stating sex is only required for families. It is needed to determine how many bedrooms are needed. Otherwise please state (M), (F), or (P)refer not to disclose.

<u>Name</u>	<u>S.S. #</u>	<u>Relation</u>	<u>Sex</u>	<u>Date of Birth</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6a) Do all members of your household have a Social Security Number? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If NO, please list member name and explain \_\_\_\_\_  
 \_\_\_\_\_

6b) Are you or any member of the household a student? If so please note whether fulltime or part-time.  
 Fulltime \_\_\_\_\_ Part-time \_\_\_\_\_

6c) Are you or any member of the household a U.S. Military veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

6d) Are you currently fleeing from a Domestic Violence situation? Yes \_\_\_\_\_ No \_\_\_\_\_

6e) Is a change in household expected? ☐ Yes ☐ No

If yes, what type of change: \_\_\_\_\_  
 \_\_\_\_\_

7) Income. Please list all money to be earned or received in the next twelve months by each household member who is 18 years of age or older; including full time students, such as salaries, wages, social security/SSI, pension, AFDC, public assistance, unemployment, disability benefits, child support, or alimony.

<u>Name of Person Receiving Income</u>	<u>Type of Income</u>	<u>Name/Address of Employer if Applicable</u>	<u>Gross Monthly Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____





8) All assets of any family member must be reported. Please check any applicable to your household: IF YOU HAVE NO ASSETS, COMPLETE PAGE 6.

☐ Savings      ☐ Checking      ☐ CD's  
☐ Bonds      ☐ Real Estate      ☐ Other

Provide name of banks or any applicable companies and approximate value/amount of asset.

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Have you ever sold any property or disposed of any assets for less than fair market value in the last two years? ☐ Yes ☐ No

Type of Asset	Date of Disposal	Fair Market Value	Amount Received
_____	_____	_____	_____
_____	_____	_____	_____

9) Personal reference (no relatives).

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_  
 BUSINESS NUMBER \_\_\_\_\_

10) Expenses: Do you pay for child care for any children under the age of 13, a care attendant or any equipment for a handicapped household member, which enables you or another family member to work or go to school? ☐ Yes ☐ No

11) Have you or any member of your household ever received Section 8 assistance? ☐ Yes ☐ No

If yes, name of head of household at that time: \_\_\_\_\_  
 Relation to present applicant: \_\_\_\_\_  
 Name of Housing Authority or Agency: \_\_\_\_\_  
 Address of subsidized Unit: \_\_\_\_\_  
 City, State: \_\_\_\_\_  
 Date Moved Out: \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_  
 Did you leave us a tenant in good standing: ☐ Yes ☐ No  
 If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





12) If you answered yes to question 11, has your assistance ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures? ☐ Yes ☐ No

13) Have you or any member of your household ever been arrested or convicted of a crime?  
☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

14) How did you hear of this apartment complex? \_\_\_\_\_

15) Pets are allowed in these developments in accordance with the River Run Apartment's pet policy. If you have a pet or will have a pet please check here and we will send you a copy of the pet policy.

\_\_\_\_\_ Apartments are financed by the Massachusetts Housing Finance Agency and/or the U.S. Department of housing and Urban Development and are rented without regard to race, color, religion, actual or perceived sexual orientation, gender identity, marital status, or national origin, handicap or familial status. Federal law prohibits the discrimination against individuals with handicaps. Upon request, reasonable accommodations will be made to rules, policies, practices and services making them accessible and permit assistive animals when they provide tenants with equal housing opportunities.

I understand that this application is not an offer of housing. I understand that it is my responsibility to notify River Run Apartments in writing of any change or address, income or family composition. By signing this application I am giving permission for River Run Apartments' staff to verify any information in this application, perform a credit and criminal record check. Additional information will be provided if requested. I certify that the information I have given in this application is true and correct. I understand that any false statements or misrepresentation may result in the cancellation of this application. I understand that if I am contacted regarding these programs and I do not respond, my name will be removed from the waiting list.

Signed under the pains and penalties of perjury:

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 RELATIONSHIP

\_\_\_\_\_  
 Address

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

\_\_\_\_\_  
 TELEPHONE NUMBER





## River Run Apartments

600 Main Street, Dalton, MA 01226

Tel: 413-684-0043 Fax: 413-684-2271 TDD: \*71

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

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

THIS WILL CERTIFY THAT I HAVE NO ASSETS OF ANY KIND. IF I DO ACQUIRE ANY ASSETS SUCH AS SAVINGS, CHECKING, STOCKS, BONDS, REAL ESTATE, OR ANY OTHER ASSETS, I WILL NOTIFY THE RIVER RUN APARTMENTS LEASING OFFICE IMMEDIATELY.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

IF YOU DO HAVE AN ACCOUNT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

BANK NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_





**RIVER RUN APARTMENTS  
600 MAIN STREET  
DALTON, MA 01226**

**Phone: 413-684-0043 Fax: 413-684-2271 TDD: \*771**

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

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

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE** (or other instruction to the third party to assure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to the release of information shown below:

- Employers
- Public Benefits (DET, DTA, Social Security, VA benefits)
- Other Federal, State, or Municipal Pensions
- Pharmacies (regarding co-pays)
- Financial Institution accounts
- Interest on Accounts
- Dividends on Investments
- Income from Trust Funds
- Credit Report/Criminal Record Check
- Lottery Proceeds
- Child Support Payments/Alimony
- Income from Annuities, Private Pensions, IRA's or 401K Plans
- Past and Present Landlords
- Prior standing in Federal or State housing programs
- Workmen's Comp or other health/accident payments in lieu of earnings
- Regular allowance, gifts, or monetary contributions to household
- Student Status/Scholarship Information from Schools
- Income from self-employed business or profession





\_\_\_\_\_  
Name and Title of Person Supplying Information

\_\_\_\_\_  
Firm/Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*(Please see back for signature of applicant/resident)*

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PENALTIES FOR MISUSING THIS CONSENT:**

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





## DRUG, CRIMINAL BACKGROUND AND SEX OFFENDER REGISTRATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

**River Run Apartments will deny the application or any applicant who does not provide complete and accurate information on this form or does not consent to a background check.**

- 
1. Have you been evicted from a federally-assisted site for drug-related criminal activity within the past three years? ( ) yes ( ) no
  2. Do you currently use illegal drugs or abuse alcohol? ( ) yes ( ) no
  - 2a. Do you currently used marijuana (either medical or recreational)? ( ) yes ( ) no  
**Neither are allowed in Federal Housing.**
  3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? ( ) yes ( ) no
  4. Have you ever been convicted of any drug-related crime within the past five years? ( ) yes ( ) no
  5. Have you been convicted of any crime in the last five years? Was it a felony or misdemeanor?  
(-)yes \_\_\_\_\_ ( ) no
  6. Have you been convicted of any crime involving fraud or dishonesty within the past five years?  
( ) yes ( ) no
  7. Have you been convicted of any crime involving violence within the past five years? ( ) yes ( ) no
  8. Are you currently charged with any of the above criminal activities? ( ) yes ( ) no
  9. Please list all states in which you have lived or have held licenses to drive (include driver's license numbers.)
  10. Have you ever used or been known by any other name? ( ) yes ( ) no

If yes, please list names used

---

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize the Leasing staff of River Run Apartments to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to River Run Apartments, to a public housing authority, or to an agency contracted by River Run Apartments to conduct criminal background checks. This is signed under the pains and penalties of perjury.

Applicant Signature: \_\_\_\_\_ Print Name Here: \_\_\_\_\_







## RIVER RUN APARTMENTS

600 Main Street  
Dalton, MA 01226  
413-684-0043 Fax: 413-684-2271 TTY: \*771

### ASSET DIVESTITURE CERTIFICATION

I, \_\_\_\_\_, certify that:

- ( ) During the past 2 years, I have not sold or given away any assets for less than fair market value.
- ( ) During the last 2 years, I have sold or given away only the assets listed below for less than fair market value.

Description	Date Disposed of	Amount Sold for	Market Value	Cash Value*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*Cash Value is the Market Value of the Asset minus reasonable costs incurred in selling or converting the asset to cash.

Such reasonable costs include:

1. Penalties for withdrawing funds before maturity,
2. Broker/legal fees for the sale or conversion of assets,
3. Settlement costs for real estate transactions.

I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 5 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact: (Check all that apply)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

--	--

**Signature of Applicant**

**Date**

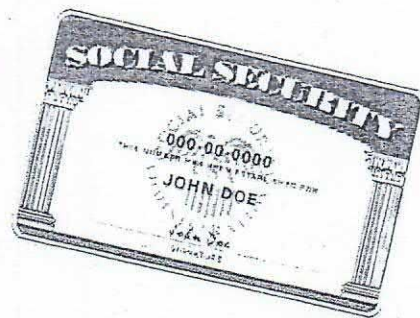
The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions,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

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



# Do you have a Social Security Number (SSN)?

**If you do not disclose a SSN, you may not be able to receive housing assistance.**



The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.

## **The SSNs of all members of my household have been provided. What do I do?**

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.

## **I have not provided SSNs for all of my household members to the property owner/manager. What do I do?**

Does everyone in your household have a SSN?

### **Yes**

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.

### **No**

1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

**Note:** If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.



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



# Have you reported your Social Security Number (SSN)?

**Failure to do so may eventually result in the termination of your tenancy.-**



The federal government now requires all tenants of HUD-assisted properties except those 62 and older as of January 31, 2010, whose initial determination of eligibility for assistance began prior to January 31, 2010, to report their SSN to the owner/property manager at the time of their next regularly scheduled recertification. This requirement affects all U.S. citizens, U.S. nationals and eligible noncitizens.

**? The SSN for each member of my household has been reported to the property owner/manager. What do I do?**

Nothing further is required. The property owner/manager will contact you if there is a problem with the SSN for any member of your household.

**? I have not provided SSNs for all of my household members to the property owner/manager. What do I do?**

Does everyone in your household who is required to have a SSN have one?

## **Yes**

1. Ensure the correct SSN for each household member is reported to the property owner/manager by your next recertification.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.

## **No**

1. Each household member required to have a SSN who does not have one must submit a completed SS-5 form to the Social Security Administration. For a SS-5 form and/or assistance, contact your property owner/manager.
2. Provide documentation of previously unreported or invalid SSNs to the property owner/manager by your next recertification.



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





## RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# EIV & You

### ENTERPRISE INCOME VERIFICATION



If You are App[ ] or are Receiving

### What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



### What income information is in EIV and where does it come from?

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

### What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

### Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

### Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

### What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.





### Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

### Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
  - Child support
  - AFDC payments
  - Social security for children, etc.

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition,

immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.



### What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

### What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

### What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

### Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved

to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



### Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: [www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm](http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm).



JULY 2009