



INWOOD HOUSE

10921 INWOOD AVE

SILVER SPRING, MD 20902

(301)649-6595 Office ~ (301)649-5864 Fax ~ 711 TTY

info@inwoodhouse.org

Dear Applicant(s):

Thank you for considering Inwood House as your place of residency!

Inwood House offers one and two bedroom apartment homes for individuals sixty-two (62) years or older at the time of application; or developmentally disabled; or mobility-impaired persons requiring an accessible apartment. The monthly rent is based upon 30% of your household's annual income, and includes all utilities except telephone and cable service. As we participate in a governmentally assisted affordable housing program, provided through the Department of Housing and Urban Development (HUD), applicants must qualify for the rental assistance and qualifications must be verified on an annual basis.

At this time we do not have any available apartments; however we do have an open apartment waiting list. If you would like to add your name to our waiting list please complete the attached application and return it to our office at the above address. Please answer all questions on the application and include a working phone number where you can be reached during normal business hours.

You are welcome to complete this application package at the property's management office or you can complete the application package in advance and bring it or mail it to the management office. The application package can be submitted in an equally effective format, as a reasonable accommodation, if there is the presence of a disability.

If you have trouble understanding this document, please contact the management office.

- Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento. (Spanish)
- Por favor contate o escritório de gerência se deve ajudar entendimento este documento. (Portugese)
- Si vous avez besoin d'aide à la compréhension de ce document, veuillez communiquer avec le Bureau de gestion. (French)
- Souple kontakte Biwo jesyon a si w bezwen èd pou konprann dokiman sa a. (Haitian Creole)
- Xin liên lạc với văn phòng điều hành nếu bạn cần giúp đỡ sự hiểu biết tài liệu này. (Vietnamese)
- Пожалуйста свяжитесь с офисом управления, если Вам нужна помощь в понимании этого документа. (Russian)
- Bitte kontaktieren Sie das Leitungsbüro, wenn Sie helfen müssen, dieses Dokument zu verstehen. (German)
- 이 문서를 이해하는데 도움이 필요한 경우관리 사무소에 문의 하시기 바랍니다. (Korean)
- 請聯絡管理辦公室，如果你需要幫助理解這份文件。(Chinese)
- もしこの文書を理解しているための助けを必要としていれば、経営オフィスと連絡を取ってください。(Japanese)



This property does not discriminate on the basis of disabled 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 nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Attn: 504 Coordinator, 5101 River RD Suite 101, Bethesda, MD 20816, (P)301-941-8040, (F) 301-941-8182, (TTY) 711



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Please note the following before completing and returning this application.

1. Please review each document's instructions **BEFORE** you begin to complete any of the forms. Some of these forms must be copied so that they can be completed and executed for multiple household members.
2. Applicants are added to the waiting list **based on the date and time the complete application package is received** by the owner/agent.
3. **Multiple Applications:** Each adult applicant may submit only one application.
4. **For applicants under the age of 62, included with the application is a VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY.** When returning your application, please be sure to have completed the **first page** of this form and to include the name and address of a doctor or qualified professional who can verify your disability.
5. **IMPORTANT...IMPORTANT...IMPORTANT**
Completing the Application Documents: The application and all attachments should be filled out very carefully. The owner/agent will not review an application until all application documents are complete, signed as appropriate and submitted to the owner/agent.

If the household includes multiple members, the owner/agent will not review an application for any household member until all application documents for all members are complete, signed as appropriate and submitted to the owner/agent.

Failure to answer all questions on the application may result in disqualification. If information does not apply, please use N/A (Not Applicable) as your response.

DO NOT USE WHITE-OUT OR LIQUID PAPER anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) initial near the change.

6. **Income Limits:** Income limits vary by household size. The owner/agent will provide applicants a copy of the income limits for the property area upon request. In addition, applicants can review the current income limits by accessing the following web site. www.huduser.org/datasets/il.html

HUD requires that property managers incorporate the most recently published income limits when determining eligibility. Income limits are updated annually (usually around March). This property serves households whose income meets the **low, very-low, and extremely-low** income limit.

If you need further assistance or information, please call our business office Monday through Friday between the hours of 8:30a.m. through 5:00p.m.

Sincerely,

The Inwood House Team



INWOOD HOUSE
 10921 INWOOD AVE
 SILVER SPRING, MD 20902
 301-649-6595 FAX: 301-649-5864
 TTY 711

FOR OFFICE USE ONLY:
 Received By: _____
 Time: _____ Date: _____
 Placed on waiting list by: _____

MANAGING AGENT:
QUANTUM REAL ESTATE MANAGEMENT, LLC
 5101 RIVER ROAD SUITE 101
 BETHESDA, MD 20816
 301-941-8040
 WWW.QPMGMT.COM

WEBSITE
APPLICATION FOR RESIDENCY
PLEASE PRINT

1 BR _____ **1 BR-TUB** _____ **2 BR** _____ **2 BR-TUB** _____

Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview may be rejected for housing. All questions must be answered; for those questions that do not apply the applicant is required to indicate so by answering "not applicable" or "N/A".

I would like to receive a copy of the owner/agents resident selection criteria. Yes No
If yes, which option do you prefer? Paper Copy Electronic Copy *(provide email below)*

Full Name <i>Applicant/Head</i>		Full Name <i>Co-Applicant</i>	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
E-Mail		E-Mail	

Please indicate emergency contact(s) on the attached "SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING" (HUD form 92006). Use additional sheets as necessary.

List all individuals, including yourself, who will occupy the unit.

	Relation <i>(i.e. Head, *Co-head, *Spouse, Child, Other adult, Foster adult/child, Live-in Aide**)</i>	Last Name	First Name + Middle Initial	Sex (M/F) <i>optional</i>	Social Security Number REQUIRED***	Birthdate (mm/dd/yy)	Student (Y/N)
1.	HEAD						
2.							
3.							
4.							

**You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.*

***Live in aides complete a different application and must be approved before move in.*

****All household members must disclose Social Security Numbers (SSN) except household members who do not contend eligible immigration status. This does not apply to applicants who are age 62 or older as of 01/31/2010, and do not have a SSN, if they were receiving HUD rental assistance at another location on 01/31/2010; or a child under the age of 6 years added to the applicant household within the 6-month period prior to the household's date of admission.*

The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants. You are not required to answer, nor does your answer affect your position on our waiting list or your eligibility for housing.

Race of Head of Household White Black Asian/Pacific Islander American Indian/Native American
 Ethnicity of Head of Household Hispanic Non-Hispanic
 Are you a Non-Citizen Student? Yes No
 Are you a United States Citizen? Yes No
 If no, are you a Non-Citizen with eligible alien status? Yes No

Citizenship or Eligible Alien Status must be verified by an acceptable document recognized by the Federal government.

Additional Information

- Yes** **No**
- Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility (Shower Unit), hearing or visual impairments?
- Do you or anyone else in your household qualify for housing because of a handicap or disability?
- Do you plan to house an animal in the unit? If yes, is this animal required to alleviate the symptom(s) of a disability for a household member? Yes No
- Will anyone else live in the unit on either a full-time or part-time basis?
- Do you have sole legal and physical custody of your children? If no explain: _____
- Are you now living or have you lived in a government-subsidized development? If yes, when: _____
 Name of Development: _____
 Address: _____ State: _____ Zip: _____
- Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, for drug-related criminal activity or for any other reason? If yes, explain: _____
- Have you ever filed for Bankruptcy? If yes, date discharged _____
- Have you ever been evicted?
 If yes, explain _____

____ Applicant Initial

If you believe you have been discriminated against, you may call the Fair Housing and Equal Housing Opportunity National Toll-Free Hotline at 800-424-8590.

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (<i>includes roaches, bed bugs, rodents, etc.</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or any member of your household ever been arrested or convicted of a felony, or a misdemeanor other than a traffic violation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or any member of your household subject to a lifetime registration under the State sex offender registration program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or any member of your household use an illegal drug or other illegal controlled substance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a victim of a recent presidentially-declared disaster? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or any member of your household ever used different names from the names given in this application? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or any member of your household ever used social security numbers different from those listed in this application? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or any member of your household lived in any other state beside your current state of residence? If yes, indicate on attached form. |

Current Housing Status

Are you currently homeless? Yes No *If yes, please skip to "Previous Housing."*

Address _____ City _____ State _____ Zip _____

Name of Landlord _____ Phone# _____

Landlord's Address _____

How long have you resided at your current address? From _____ To _____

Previous Housing

If less than 2 years provide additional information on an additional sheet.

Address _____ City _____ State _____ Zip _____

Name of Landlord _____ Phone# _____

Landlord's Address _____

How long did you reside at this address? From _____ To _____

Have you or a member of your household ever lived at this or any other Quantum-managed property? _____ Yes _____ No

If "YES," which property? _____

How did you hear about our apartment communities? _____ newspaper _____ apartment guide _____ friend/family _____ other

HOUSEHOLD EMPLOYMENT INFORMATION

(Use additional sheets if necessary)

Household Member: _____

Are you employed? Yes No If yes, please provide the name and address of your present employer below.

Employer Name	
Address	
City, State, Zip	
Phone/Fax/Email	
How much employment income do you expect to receive in the next 12 months?	\$ _____

Do you have more than one job? Yes No _____ If "yes", list on separate sheet.

Household Member: _____

Are you employed? Yes No If yes, please provide the name and address of your present employer below.

Employer Name	
Address	
City, State, Zip	
Phone/Fax/Email	
How much employment income do you expect to receive in the next 12 months?	\$ _____

Do you have more than one job? Yes No _____ If "yes", list on separate sheet.

Please include employment information for any other household members currently employed on a separate sheet.

____ Applicant Initial

HOUSEHOLD INCOME INFORMATION - (All information will be verified by a third party)

For each household member (including family members temporarily absent), list current and anticipated income for twelve-month period commencing on anticipated date of occupancy. Include all full-time, part-time and seasonal. If a household member has more than one source of income, use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE:	Yes	No	Monthly Amount
1. Wages, salaries, (includes overtime, tips, bonuses, commissions, self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. Does any member work for someone who pays them in cash?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. Regular pay for a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. Welfare or disability benefits (Examples: MFIP, SSI, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. Worker's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6. Unemployment benefits, or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7. Child support? (If court ordered, include even if it is not being received)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8. Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
9. Social Security payments (include unearned income of minor children)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
10. Pensions (PERA, railroad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
11. Retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
12. Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
13. Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
14. Lump sum payment(s) (i.e., inheritance, insurance settlements, lottery winnings, capital gains)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
15. Net income from rental property?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
16. Regular cash contributions or gifts from individuals not living in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
17. Any assistance in paying your utility bills other than through HHS (LEAP)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
18. Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

HOUSEHOLD ASSETS - (All information will be verified)

DO YOU HAVE MONEY HELD IN:	Yes	No	Current Balance		Yes	No	Current Balance
1. Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	9. 401K*	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	10. IRA/KEOGH Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. Stocks	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	11. Certificate of Deposits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. Capital Investments	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	12. Pension/Retirement Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. Bonds/Securities	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	13. Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6. Trusts*	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	14. Treasury Bills	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7. Whole Life Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	15. Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8. Insurance Settlements	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	16. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

* Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death.

	Yes	No	Value
17. Do you own Real Estate? If Yes, list address(es), expenses paid and income received: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
18. Do you hold a contract for deed?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
19. Do you have any burial plots, coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and other personal jewelry do not count)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
20. What assets are held jointly with another person? List person and asset(s). _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

List below all items from above that were checked "YES"

# from Above	Name of company, financial institution or source	Mailing address of company, financial institution or source	Phone Number of company, financial institution or source

I/We hereby certify that I/we have ___ have not ___ sold or disposed of any assets for less than Fair Market Value during the two year (24 month) preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

_____Applicant Initial

Household Member	Asset & Estimated Amount	Date sold/disposed	Amount Received
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

HOUSEHOLD ALLOWANCE INFORMATION - (All information will be verified)

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, costs of assistive devices, cost of attendant care and any other medical and dental costs NOT covered by an outside source; e.g., insurance, Medicare, state agency or charitable organization.

	Yes	No	Amount
1. Child care, which enables you or another household member to work, go to school or to seek employment?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. Attendant care for a handicapped or disabled household member, so that an adult household member can work, seek employment, or go to school?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. Medicare premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. Other medical insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. Outstanding medical bills on which you are currently paying?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6. Cost of assistive devices for a handicapped or disabled household member?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7. Do you receive medical assistance through a public assistance agency/program?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8. Do you expect to have any additional medical expenses during the next twelve (12) months?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

If yes, please explain: _____

Important- Please Read Carefully

APPLICANT(S) STATEMENT: I understand that any or all of the information given herein may be used by the Landlord and/or its Agent to determine my previous performance as a tenant, including my reputation for meeting my financial obligations, my respect for other people's property and any other conduct relevant to my tenancy. I hereby authorize any present or former landlord to give any information he/she may have regarding me in my capacity as a tenant. Further I hereby release such landlord and his representatives or agents from any and all liability for any damage or injury whatsoever for providing same.

The undersigned persons(s) represent that all of the above statements are true and complete and hereby authorize verification through consumer reports, rental history, employment, criminal reports, and any other means necessary to obtain information shall entitle owner to (1) reject application, (2) retain application as liquidated damages for the time and expense of processing this application and (3) terminate applicant's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about lease obligation performance, which may include both favorable and unfavorable information. Cost of said credit report (if any) is to be paid by the agency asking for this report.

The truth of the information contained herein is essential and if the Landlord and/or Agent determine that any answer or statement contained herein is false, misleading, or incomplete, any lease granted by virtue of this application may be canceled at the option of the Landlord and/or Agent. This application shall become part of any lease agreement executed between the Landlord and/or Agent and the applicant(s) and any false or misleading statement shall be considered a breach of said lease.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

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

All adult members of the household (anyone 18 years of age or older) must sign this application certifying the information pertaining to them is true and correct.

Warning: Under Section 1001 of Title 10 of the U.S. Code, it is a criminal offense to make willful false statements or misrepresentation of any material fact involving the use or obtaining of Federal funds.

Signature of Head of Household Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult 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 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 USC **408 (a) (6), (7) and (8). **



This property does not discriminate on the basis of disabled 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 nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Attn: 504 Coordinator, 5101 River RD Suite 101, Bethesda, MD 20816, (P)301-941-8040, (F) 301-941-8182, (TTY) 711



_____Applicant Initial

If you believe you have been discriminated against, you may call the Fair Housing and Equal Housing Opportunity National Toll-Free Hotline at 800-424-8590.

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.

To determine if an applicant or any member of an applicant's household is subject to a lifetime registration under any state sex offender registration program, **please check all states in which any household member has resided.**

Applicant #1 Name: _____

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

Applicant #2 Name: _____

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

Applicant #3 Name: _____

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

Applicant #4 Name: _____

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



VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION IS BASED ON DISABILITY

FOR USE WITH SECTION 202 AND 811 PROGRAMS

Date: _____

Applicant: Please write in the name and contact information of the medical professional who is completing this form for you in the spaces below.

To: _____
Address: _____

Fax: _____
Email: _____

From: Inwood House
10921 Inwood Avenue
Silver Spring, MD 20902
Attn: Laura Fangmeyer

Phone: 301-649-6595 Fax: 301-649-5864

RETURN THIS VERIFICATION TO INWOOD HOUSE, LISTED ABOVE

Subject: Verification of Disability Information Supplied by an Applicant for Housing Assistance.

Applicant: Please complete your name, last four digits of your Social Security Number and your address below.

Name: _____
Last four
of SSN: _____
Address: _____

EXPLANATION OF THIS VERIFICATION

Some Assisted Housing Projects limit eligibility to some or all of the units to persons with disabilities. Some of these units may be limited to persons with particular types of disabilities. This verification is needed only when:

- 1) Your eligibility for admission is dependent on your being disabled; or
- 2) You claim eligibility for allowances that are given to persons with disabilities. An owner may only request the minimum information necessary to determine whether you meet the applicable definition of disabled under the program which provides you with housing assistance.

The definitions of disabled will vary depending on the project you are applying for or living in. The owner is required to check the definition or definitions that apply to your situation based on the guidance provided in the HUD Handbook 4350.3 Rev 1.

The third party from whom this verification is being requested has knowledge of whether your disability meets the applicable definition(s) of disabled. The owner must verify this information before deciding on your eligibility for allowances given to persons with disabilities. This verification is not to be used in assigning accessible units.



We Do Business in Accordance With the Federal Fair
Housing Law
(The Fair Housing Amendments Act of 1988)

VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION IS BASED ON DISABILITY

This verification is for (**Owner/manager:** You must check the reason why this inquiry is necessary.):

- Required for determining the applicant's eligibility for a project or units in a project where occupancy is limited to persons who are disabled.
- Required for the applicant/tenant to receive allowances available only to households whose head or spouse is elderly, disabled.

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 help to assure 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 below.

INFORMATION BEING REQUESTED:

For each numbered item below, check the appropriate box that accurately describes the person listed above. **To be completed only by a medical professional (physician, psychologist, psychiatrist, clinical social worker, or other licensed health professional) with knowledge of the applicant's disability.**

1. YES NO Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
2. YES NO Is a person with 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 limitations 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.
3. YES NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
4. YES NO Is a person whose sole impairment is alcoholism or drug addiction?

Physician, psychologist, clinical social worker or other licensed health care professional, please complete the area at the top of the next page.



We Do Business in Accordance With the Federal Fair Housing Law
(The Fair Housing Amendments Act of 1988)

VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION IS BASED ON DISABILITY

Information provided by:

Print Name and Title of Person Supplying the Information	Firm / Organization
Signature	Date

Applicant: Please complete the release below

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
-----------	------

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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 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 USC **408 (a) (6), (7) and (8). **

This property does not discriminate on the basis of disabled 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 nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Attn: 504 Coordinator, 5101 River RD Suite 101, Bethesda, MD 20816, (P)301-941-8040, (F) 301-941-8182, (TTY) 711





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



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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



**What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)**

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?

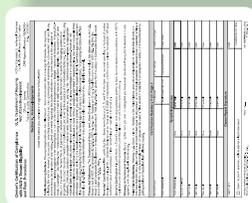
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or 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.



JULY 2009