

HIGHGATE APARTMENTS  
73 HIGHGATE DRIVE STE 121  
BARRE VT 05641  
(802) 476-8645 \* FAX (802) 477-1135 \* TDD (800) 439-2370  
E-mail Address: highgate@maloneyproperties.com

Please provide the following information and documentation when applying for an apartment at Highgate Apartments.

1. Rental Application - all pages must be signed and dated by all adults
2. Race & Ethnic Data Reporting Form - one for every person in the household
3. HUD Consent form 9887-A - one for each adult
4. LIHTC Authorization to Release Form - one for each adult
5. Additional Contact Release - one for each adult
6. Photo ID for each adult
7. Social Security card for every person in the household
8. Birth certificate for every person in the household
9. Return your application to:

Highgate Apartments  
73 Highgate Dr., Ste. 121  
Barre, VT 05641

Managed by Maloney Properties, Inc., 27 Mica Lane, Wellesley, MA 02481-1707 \* 781.943.0200

Equal Housing Opportunity/Equal Opportunity Employer

Maloney Properties, Inc. does not discriminate on the basis of handicapped status. Please contact 504 Coordinator, ext. 255





**HIGHGATE APARTMENTS**  
**73 HIGHGATE DRIVE, SUITE 121**  
**BARRE, VT 05641**  
**PH 802-476-8645 \* FAX 802-477-1135 \* VT RELAY 711**

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

Dear Applicant Household:

Thank you for your interest in our apartments. Attached please find the application package that you requested. It is extremely important that you fully understand the application as well as all documents enclosed; therefore, if you should need assistance understanding and/or filling anything out, please contact the management office and we will be happy to assist you. This property is subsidized by the Department of Housing and Urban Development (HUD). If this property is also governed by the Low Income Housing Tax Credit (LIHTC) Program, please be aware that all household members cannot be full-time students (in accordance with the full-time student questions listed in the attached application) unless the household qualifies for an exemption. **Listed below you will find a brief description of all forms that are attached to this application.** Please be aware that if the application is incomplete at submission, it will be rejected, returned to you, and will not be evaluated until all required information has been re-submitted.

The following is included with this package. Please complete and return with your application if specified below:

**Notice of Non-Discrimination and the Right to Reasonable Accommodation for Persons with Disabilities, and the Right to Free Language Assistance for People with Limited English Proficiency; and Reasonable Accommodations Request Form:**

Maloney Properties, Inc. is committed to complying with all applicable Fair Housing laws; making reasonable accommodations which are changes in rules, policies and procedures, and physical modifications to enable applicants and tenants with disabilities to have an equal opportunity to apply to and enjoy their housing; and providing free language assistance to applicants/residents who have limited English proficiency. Please review this important notice, and follow the applicable procedures if you would like to request a reasonable accommodation.

**Form HUD-92006, Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants:** Maloney Properties, Inc. is required by HUD to provide each applicant household member the opportunity to provide supplemental contact information to management. **One form must be completed by each adult household member and returned with this application.** For household members who choose to provide the information, complete the entire form, sign, date and return it with your application. For household members who do NOT choose to provide supplemental contact information, fill in your name at the top, check the box at the bottom of the form directly above the signature area stating that you choose not to provide the contact information, sign, date and return the form with your application.

**1(A) Application Addendum - Demographics Data Collection and Consent Form:**

State agencies that fund and/or monitor state and federal affordable housing programs other than HUD programs must gather information from Owners/Agents to determine the populations who are and are not being served by these programs. This form asks the necessary questions and includes the necessary consent to gather and share this information with state agencies so they can in turn report on the information, as applicable. **Please read this form carefully, complete it in accordance with the instructions on the form and have all adult members of the household sign/date it and return with your completed application.**

**Race and Ethnic Data Reporting Form (HUD-27061-H):** HUD requires that we provide applicants/tenants the opportunity to complete a form titled Race and Ethnic Data Reporting (Form HUD-27061-H) for the sole purpose of gathering race and ethnic data in assisted HUD housing. **This form must be completed for each household member and submitted with this application.** Parents or guardians are to complete the form for children under the age of 18. There is no penalty for persons who do not want to release this information; however, if you choose not to fill out this form you must fill in the top section of the form, write "refuse" across the data reporting table, sign and date the form and send it back with your application. Otherwise, please complete the form, sign and date it and send it back with your application.

**Restriction on Assistance to Noncitizens:** Only U.S. citizens and eligible noncitizens may receive rental assistance in the property you have applied to; therefore, **all applicants, regardless of age, are required to complete the necessary forms as required by the notice enclosed herein and submit with your completed application.** Management has included the following, in reference to this rule:

- "Notice to Applicant Household re: Restriction on Assistance to Noncitizens" which includes general information and instructions for the forms provided, as well as a deadline for submission.
- "Family Summary Sheet" to list all family members who will reside in the assisted unit.
- "Citizenship Declaration Form" for *each* family member to complete, regardless of age.
  - U.S. citizens and/or nationals need only complete the form, select (1), and sign/date on page one in the first declaration area of the Citizenship Declaration Form **and** submit with the Family Summary Sheet.
  - Noncitizens age 62 and older must complete, select (2), and sign/date the signature area at the top of page three in the second declaration area of the Citizenship Declaration Form **and** submit with the Family Summary Sheet; **and**
    - provide a proof of age document.

- Noncitizens under the age of 62 must complete, select (2), and sign/date the signature area at the top of page three in the second declaration area of the Citizenship Declaration Form; **and** submit with the Family Summary Sheet; **and**
  - attach/provide documentation of one of the DHS-approved documents listed in the “Acceptable DHS Documents” section of the Citizenship Declaration Form; **and**
  - sign a “Verification Consent Form” (instructions below).
- Noncitizen applicants may select the “Request for Extension” on page three of the Citizenship Declaration Form which will allow Management to grant an extension to the applicant for not more than 30 days after the date specified on the “Notice to Applicant Household re: Restriction on Assistance to Noncitizens” included in the application to document their declaration.
- Noncitizens who do not wish to contest eligible immigration status must select (3), and sign/date on page three in the third declaration area of the Citizenship Declaration Form **and** submit with the Family Summary Sheet.
- The “Verification Consent Form” must be signed by each noncitizen family member under the age of 62 who declared eligible immigration status on page two of the Citizenship Declaration Form.
  - Noncitizen applicants who sign this form must attach/provide documentation of one of the DHS-approved documents listed in the Citizenship Declaration Form.
  - Noncitizens not claiming eligible immigration status do not sign this form and may elect to sign a statement that they acknowledge their ineligibility for assistance and that they further understand that their household rent may be prorated or their application denied as a result.

**NOTE: Student Status Requirement when a student (full or part-time) enrolled in an institution of higher education (other than correspondence schools) applies independent of his/her “parent(s)”** –A household is not eligible for Section 8 assistance if a student is 18-23 years of age unless he/she is a veteran, married, or has a dependent child, or the student’s parents are also income eligible or if the student is determined independent from his/her parents.

### **Social Security Number Disclosure Requirements**

Applicants do not need to disclose or provide verification of a SSN for all non-exempt household members at the time of application and for placement on the waiting list.

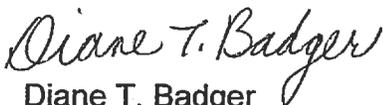
However, applicants must disclose and provide verification of a SSN for all non-exempt household members before they can be housed.

Within 30 days of receiving a complete application submission, Management will send written notification informing you as to the status of your application, i.e., the approximate wait for an apartment as well as your placement on the waiting list, if applicable.

When you reach the top of the waiting list, we will contact you for an interview. At that time, the head, spouse, co-head, and all adult members of the family will be asked to sign the required individual verification forms authorizing management to verify family income, assets, expenses, and other eligibility factors throughout the application process.

We look forward to hearing from you! Please feel free to contact Highgate Apartments if you have any questions and please let us know if we can be of any assistance in explaining or filling out your application. You may contact the management office in-person or by phone at 802-476-8645 / US Relay 711.

Sincerely,



Diane T. Badger  
Sr. Property Manager  
Maloney Properties Inc.

Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711 or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.



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1(A)

## APPLICATION FOR HOUSING

The information requested in this form is required by the gov't. agency regulating this project.

Low-Income Housing Tax Credit Property  
And/or  
HUD Subsidized Property

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

**Please Print Clearly**

Applications are placed in the order specified in the Tenant Selection Plan located at the management office. An applicant may be interviewed only after the receipt of this tenant application.

Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Thank you for your assistance.

### A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State Zip

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  Yes  No

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested:  Studio  One BR  Two BR  Three BR

The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing we can't satisfy your needs. *This application includes a notice of the right to request a Reasonable Accommodation (Attachment A).*

1. Do you need a fully accessible unit for someone with a mobility impairment?  Yes  No  
Note: If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.

2. Do you need only certain accessible features of a unit?  Yes  No If

yes, please list the features that you need to be accessible:

\_\_\_\_\_

3. Do you need a unit with special features for someone with a hearing and/or visual impairment?

Yes  No

4. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you?  Yes  No

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

**B. HOUSEHOLD COMPOSITION & STUDENT STATUS ELIGIBILITY**

List ALL persons who will live in the apartment. List the head of household first.

1.	Name	Relationship to Head of Household	Birth Date	Age (optional)	Social Security #	Student Status (F1) (Must Circle as Applicable to EACH Member)
Head		HOH				Full-time / Part-time / Not Student
Co-T						Full-time / Part-time / Not Student
3.						Full-time / Part-time / Not Student
4.						Full-time / Part-time / Not Student
5.						Full-time / Part-time / Not Student
6.						Full-time / Part-time / Not Student
7.						Full-time / Part-time / Not Student
8.						Full-time / Part-time / Not Student

2. Do you anticipate any additions to the household in the next twelve months?  Yes  No

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### C. INCOME

List ALL sources of gross income anticipated to be received by any/all household members in the next 12 months as requested below. If an income source doesn't apply, cross out or write N/A over that source name.

Household Member Name	Source of Income	Gross Monthly Amount
1.	Social Security F12	\$
	Social Security F12	\$
	Social Security F12	\$
2.	SSI Benefits F12	\$
	SSI Benefits F12	\$
	SSI Benefits F12	\$
3.	SSP (State Supplement Program) Payments F9a&b	\$
4.	Pension F13 List source:	\$
5.	Veteran's Benefits F8 List claim #:	\$
		\$
6.	Unemployment Compensation F11	\$
	Unemployment Compensation F11	\$
7.	Worker's Compensation F11	\$
8.	Title IV/TANF/TAFDC/Public Assistance F9	\$
9.	Interest Income F19 List source:	\$
10.	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.)? <b>Verify as applicable</b> List source:	\$
11.	*Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc.) F1 <b>Addendum &amp; F2</b> List source:	

\*Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc): **Only** counted for Sec. 8 and/or LIHTC members with Section 8 assistance if the individual is applying separate from his/her parent(s) and he/she isn't 24+ with a dependent child.

Household Member Name	Source of Income	Monthly Amount
12.	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
13.	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
14.	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
15.	<b>Alimony F15, F16</b>	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
16.	<b>Child Support F15, F16</b>	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
17. Are any adult members 18 or older and not employed but are receiving unearned income such as Social Security, SSI, Public Assistance, Unemployment, etc.? F4: Section B Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are any adult members 18 or older, not employed and not receiving any unearned income from any source? F4: Section A Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
19. TOTAL GROSS ANNUAL INCOME (All Monthly Amounts Listed Above x 12)		\$
20. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Based on Last Tax Year)		\$
21. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		
22. Do you file income tax returns? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide prior year's taxes with W-2(s), 1099(s) etc. for all members 18 and older with application.		

### D. ASSETS

If your assets are too many to list here, please request an additional form. If a section doesn't apply, cross out or write N/A.

Household Member Name: \_\_\_\_\_

<b>1. Checking Accts F19</b>		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
<b>2. Savings Accts F19</b>		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
<b>3. Direct Express Debit Card (SSA only) Current Stmt/ATM receipt</b>	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			Balance: \$
<b>4. Other Debit Acct Cards Current Stmt/ATM receipt</b>	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			Balance: \$
<b>5. Cash on Hand F30</b>				Amount \$
<b>6. Trust Account F22</b>		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
<b>7. Certificates of Deposit F19</b>		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
<b>8. Savings Bonds F19</b>		Maturity Date		Value \$
		Maturity Date		Value \$
<b>9. Life Insurance Policy F20</b>		Ins. Co:	Acct:	Cash Value \$
<b>10. Life Insurance Policy F20</b>		Ins. Co:	Acct:	Cash Value \$
<b>11. Mutual Funds F19</b>	Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Bank Name:			
<b>12. Stocks F19</b>	Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Bank Name:			
<b>13. Bonds F19</b>	Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Bank Name:			
<b>14. Annuities, 401(k), IRA, Keogh F21</b>	Name:			Value \$
	Source:			
<b>15. Investment Property F23</b>	Name:			Appraised Value \$
	Source:			
<b>16. Real Estate Property: <i>Does any household member own any property?</i> F24, F25</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. <i>If yes</i> , Name of Household Member:			b. Type of property:	
c. Location of property:				
d. Appraised Market Value:				\$
e. Mortgage or outstanding loans balance due:				\$
f. Amount of annual insurance premium:				\$
g. Amount of most recent tax bill:				\$

Application

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Page 5 of 8

17. <i>Has any household member sold/disposed of any property in the last 2 years?</i> F17		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Name of Household Member:		Type of property:	
Market value when sold/disposed		\$	
Amount sold/disposed for		\$	
Date of transaction			

18. <i>Has any household member disposed of any other assets in the last 2 years?</i> (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? F17, F2		<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, Name of Household Member:		b. Describe Asset:	
c. Date of disposition:			
d. Amount disposed		\$	
e. Does any member have any other assets not listed above (excluding personal property)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list:	Household Member Name:	Type of Asset:	

### E. ADDITIONAL INFORMATION

1. How were you referred to this property?		
<b>Notice for the following question:</b> We do not discriminate based on Section 8 Voucher/Certificate holder status. These questions are asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have Project Based Section 8; or (2) to advise applicant households who are applying for a unit with Project-based Section 8 that if they move into such a unit that already has Section 8 with the unit, they will be required by their voucher agency to give up their mobile voucher.		
2. Do you currently have a mobile Section 8 Voucher/Certificate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Failure to respond to the questions below may jeopardize approval of your application.</b>		
3.a. Are you, or any member of your household (including any live-in aide) listed in Section B above, currently illegally using a controlled substance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.b. Do you, or any member of your household (including any live-in aide) listed in Section B above, have a pattern of illegal drug use or abuse of alcohol that has threatened or would threaten the health, safety and right to peaceful enjoyment of others?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.a. Have you, or any member of your household (including any live-in aide) listed in Section B above, been convicted of a felony in the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.b. Are you or, any household member (including any live-in aide) listed in Section B above, subject to any State Sex Offender Lifetime Registration requirement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to 4(a or b), specify whether (a) and/or (b) along with applicable member name(s) and describe. Attach additional page(s) if necessary:</i>		
5. Provide a <u>complete list of ALL States</u> in which any applicant household member (including any live-in aide) has ever resided:		
6. Are you an owner, developer or sponsor of this project (or officer, employee, agent or consultant of the owner, developer or sponsor)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

7 a. Has any landlord ever had to take legal action against you, or another household member (except any live-in aide) listed in Section B above, for non-payment of rent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7b. Has any landlord ever had to take legal action against you, or another household member (including any live-in aide) listed in Section B above, for any other material non-compliance with your lease that resulted in your appearance in court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If yes, please describe:*

8. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*If yes, describe:*

9. Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

*Briefly describe your reasons for applying:*

**F. REFERENCE INFORMATION**

**You must provide all full addresses resided at in the past five years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary to include all landlords in the last 5 years.)**

1. Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____
2. Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____

3. In case of emergency notify:

Address:

Relationship:

Phone #:

4. In case of emergency notify:

Address:

Relationship:

Phone #:

### G. CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is accurate and complete to the best of my/our knowledge and I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. All adult household members, 18 or older, must sign the application. Further, any head, co-head or spouse, who is an emancipated minor, must also sign below.

SIGNATURE(S):

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

Attachments: Application Cover Letter, as applicable, based on program,(s) at property  
Application Attachments, as applicable, based on program(s) at property

Attachment A: Notice of Nondiscrimination, Right to a Reasonable Accommodation and Free Language Assistance for People with LEP

Attachment B: Form HUD-92006, Supplemental and Optional Contact Information for HUD Assisted Housing Applicants

Attachment C: 1(A) Application Addendum - Demographics Data Collection & Consent

Attachment E: HUD Form-27061-H – Race and Ethnic Data Reporting Form

Attachment F: NC1 Owner's Notice of Restriction on Assistance to Non-Citizens



Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711 or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.



Application

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Page 8 of 8

## HUD ADJUSTED INCOME QUESTIONNAIRE AT APPLICATION AND RECERTIFICATION INTERVIEW

For our HUD-assisted properties: Used to notify households and collect pertinent information from the household for the purposes of calculating their allowable deductions at application and recertification interview.

Dear Applicant/Resident:

The following questions are asked for the sole purpose of determining your household's adjusted income (income after permitted deductions are taken). Some of these questions ask information that requires you to disclose whether a family member has a disability (not the nature or severity). We don't discriminate in any way on the basis of disability. We are only asking these questions to determine if your household is eligible for certain income deductions. You don't have to disclose whether or not any household member has a disability if you don't want to. However, if you don't disclose the information requested we can't provide you with the applicable deduction. The program you've applied to has a number of deductions: 1) A dependent deduction, a child care deduction, deduction for disability assistance expense, medical expense deduction, and elderly family deduction. Some of these deductions are easier to understand than others.

- 1) **Elderly Family Deduction:** if the head, co-head or spouse in your household is 62 years of age or older, you household will receive one deduction for \$400. This deduction is capped at this amount even if more than one household member is elderly. Please answer the following question so we can determine if your household is eligible for this deduction.

- Is the head, co-head or spouse in your household 62 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

2) **The Dependent Deduction:** A household receives a deduction of \$480 for each family member who is under 18 years of age, a person with a disability, or a full-time student of any age, provided he/she isn't the head, co-head or spouse, or a foster child, unborn child, a child who hasn't yet joined the household, or a live in aid. The following information is used to determine the number of dependent deductions your household is entitled to.

- Please list any family member who isn't the Head, Co-head, Spouse, foster child, unborn child, or live-in aide, that is: 1) under the age of 18; 2) a full-time student; or, 3) has a disability

Name of family member	Check here if this person is under 18	Check here if this person is a full-time student	Check here if this person has a disability	Check here if you share custody of the family member and the person you share custody with also lives in assisted housing	Relationship to Head of Household

- 3) **Child Care Deduction:** Anticipated expenses for the care of a child under the age of 13 (including foster children) may be deducted from annual income if: 1) the care is necessary to enable you to work, seek employment, or to further your education; there isn't an adult family member who can take care of the children; the expenses are reasonable; and the expenses are not reimbursed by an agency or individual outside the family. To assist us in determining this deduction please answer the following question:

- a. Do you pay for the care of a child under the age of 13 to enable you to work, seek employment or further your education? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please list the names of all family member(s) age 13 or below and provide the type of care provided and the amount you pay for the care to a non-household member if applicable, provided you aren't already being reimbursed for these expenses. If the childcare allows you to work please list only the amount of expenses incurred during the hours you work. Child care expenses incurred to enable a household member to work can't exceed the amount the person earns. In the case of a full-time student who is not the head, co-head or spouse and working and has child care expenses, the deduction can't exceed \$480.00.

Household Member Name	Type of Care	Amount	Frequency
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other

4) **Attendant Care/Disability Assistance Expense Deduction:** households are entitled to un-reimbursed costs for attendant care or auxiliary apparatus for any family member (not foster children, foster adults or live-in aides) with a disability that are necessary to enable any family member 18 years of age or older (including the person with the disability) to work. Verified expenses that exceed 3% of gross annual income may be deducted from total household income. Attendant care includes, but isn't limited to: reasonable expenses for home medical care, nursing services, housekeeping and errand services, interpreters for hearing-impaired, and readers for persons with visual disabilities. Auxiliary apparatus includes such items as wheelchairs, ramps, adaptations to vehicles, or special equipment to enable a sight-impaired person to read or type, payments on a specially-equipped van to the extent they exceed the payments that would be required on a car purchased for transportation of a person who doesn't have a disability, the cost of maintenance of an auxiliary apparatus (e.g. veterinarian costs and food costs of a service animal; the cost of maintaining the equipment that is added to a car, but not the cost of maintaining a car...). The amount(s) paid must allow a family member age 18 or older to work and the amount paid cannot be paid to a family member. To assist us in determining this deduction please answer the following question:

- a. Do you have un-reimbursed costs for attendant care or auxiliary apparatus for any family member (not foster children, foster adults or live-in aides) with a disability that are necessary to enable any family member 18 years of age or older (including the person with the disability) to work?  
 Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please complete the following chart:

Name of Household Member with a disability who needs the attendant care/auxiliary apparatus	Name of Household member(s) who is enabled to work because of the attendant care/auxiliary apparatus	Check here if the person working is 18 years of age or older	Type of Attendant Care/auxiliary apparatus	If it is an auxiliary apparatus, is it used solely by the person with the disability? If no, please state the percentage of time the apparatus is used only by this person.	Amount	Frequency
						<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
						<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
						<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other

Also, please answer the following question:

b. Did you or any family member have any one-time nonrecurring expenses for auxiliary apparatus that you didn't report at an interim during the last recert year? Y \_\_\_ N \_\_\_ If yes, please answer the following:

Name of family member who needed the auxiliary apparatus	Name of family member who was enabled to work as a result of purchase of auxiliary apparatus	Check here if the person Enabled to work is 18 years of age or older	One time, non-recurring auxiliary apparatus	Cost of auxiliary apparatus

5. **Medical Expense Deduction:** If the head, co-head or spouse is at least 62 years of age or older, or is a person with a disability the household is eligible for a medical expense deduction. Verified, un-reimbursed medical expenses of all household members that exceed 3% of gross annual income may be deducted from total household income. These include, but aren't limited to: services of doctors and health care professionals, services of health care facilities, medical insurance premiums or costs of an HMO, prescription/nonprescription medicines that have been prescribed by a physician, transportation to treatment, dental expenses, eyeglasses, hearing-aids, batteries, live-in or periodic medical assistance such as nursing services, or costs for an assistance animal and its upkeep, monthly payments on accumulated medical bills, medical care of a permanently institutionalized family member if his/her income is included in annual income long term care insurance premiums, and any regular payments over time on a bill for a past one-time medical expense provided the family hasn't received a deduction for the full amount of a medical bill it is paying over time.

a) Is the Head of Household, Co-Head or Spouse 62 years of age or older and/or disabled? Y \_\_\_ N \_\_\_

If yes, please list any un-reimbursed medical expenses you anticipate for all family members (including non-elderly adults and children living in the house – not foster children, foster adults or live-in aides). Please list the family member’s name, the type of unreimbursed medical expense and an estimate of the annual expense. This information is used to determine eligibility for a household elderly/disability allowance and any corresponding household medical expenses.

Household Member Name	Type of Expense	Estimated Annual Expense

b) Did you or any family member have any one-time nonrecurring medical expenses that you didn’t report at an interim during the last recert year? Y\_\_\_N\_\_\_ If yes, please answer the following:

Name of family member	One time, non-recurring medical expense	Cost of medical expense

Past one-time nonrecurring medical expenses that have been paid in full may be included in the calculation of the medical expense deduction for current tenants at an initial, interim or annual recertification, but not at move-in.

Please note that if your family is eligible for disability assistance and medical expense deductions, we must make sure that no expense has inadvertently been included in both categories and we are required to apply a special calculation to ensure that your family’s 3% income expenditure is applied only one time.

I certify that the information provided is true and correct and that management has explained all possible deductions available to my household:

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

\_\_\_\_\_  
Date of Signature



Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities.



Maloney Properties, Inc. also provides people whose primary language isn’t English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties’ compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties’ compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711 or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.

U.S. Department of Housing and Urban Development

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

**This Package contains the following documents:**

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

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

## HUD-9887/A Fact Sheet

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

### What Verification Involves

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

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

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.  
**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.  
**Example:** Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

### Customer Protections

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

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

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

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

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

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

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

### Consequences for Not Signing the Consent Forms

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

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

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

### Programs Covered by this Fact Sheet

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

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

Attachment to forms HUD-9887 & 9887-A (02/2007)

# Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division): U.S. Department of HUD 275 Chestnut Street Manchester, NH 03101	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Highgate Housing Limited Partnership 73 Highgate Drive, Ste. 121 Barre, VT 05641	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): Vermont State Housing Authority One Prospect Street, Montpelier, VT 05602
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**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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

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

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

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

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

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

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

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

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

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

Signatures:

Additional Signatures, if needed:

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

Date \_\_\_\_\_

Other Family Members 18 and Over \_\_\_\_\_

Date \_\_\_\_\_

Spouse \_\_\_\_\_

Date \_\_\_\_\_

Other Family Members 18 and Over \_\_\_\_\_

Date \_\_\_\_\_

Other Family Members 18 and Over \_\_\_\_\_

Date \_\_\_\_\_

Other Family Members 18 and Over \_\_\_\_\_

Date \_\_\_\_\_

Other Family Members 18 and Over \_\_\_\_\_

Date \_\_\_\_\_

Other Family Members 18 and Over \_\_\_\_\_

Date \_\_\_\_\_

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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

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

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

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

## Instructions to Owners

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

## Instructions to Applicants and Tenants

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

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

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

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

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

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

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

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

**Failure to Sign the Consent Form**

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

**Conditions**

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

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

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

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

**Penalties for Misusing this Consent:**

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

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

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

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

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

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

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

\_\_\_\_\_  
Name of Applicant or Tenant (Print)

\_\_\_\_\_  
Signature of Applicant or Tenant & Date

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

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

\_\_\_\_\_  
Title

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

**HIGHGATE APARTMENTS**  
**73 HIGHGATE DRIVE, SUITE 121**  
**BARRE, VT 05641**  
**PH 802-476-8645 \* FAX 802-477-1135 \* VT RELAY 711**

**LOW-INCOME HOUSING TAX CREDIT**  
**AUTHORIZATION TO RELEASE INFORMATION**

RE: Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_  
 Property Name: HIGHGATE APARTMENTS  
 Address: 73 HIGHGATE DRIVE, SUITE 121  
BARRE, VT 05641

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

Authorized Signature <b>Sherri Fredette</b>	<b>Occupancy Assistant</b> Title
Print Name	Date

***Release by Applicant/Tenant***

I hereby authorize the release of the requested information. Information contained 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. Please complete this form in full and return it to the management office as soon as possible.

Signature	Date
-----------	------

*Verification form is attached.*



Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x214, Ma Relay #711or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.





**Race and Ethnic Data Reporting Form**

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

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

**Highgate Apartments 0264405**

73 Highgate Dr., Ste. 121, Barre, VT 05641

Name of Property

Project No.

Address of Property

**HHLP/Maloney Properties, Inc.**

**Section 8**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

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

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

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

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

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

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

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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

### A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**1(A) Application Addendum**  
**Demographics Data Collection & Consent Form**  
Use an additional form for households with 6 or more members

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**Purpose:** The information requested below is being gathered by State Agencies to determine the populations who are and are not being served by state and federal housing assistance programs in the state. State agencies will evaluate and report on this data to state legislature (and other interested parties in a manner consistent with all applicable privacy laws) to ensure that housing choice, equitable housing opportunities, and inclusive patterns of housing are available across the state in an effort to affirmatively further fair housing.

**Instructions:** This form must be completed and signed/dated by the head of household, all adult members of the household and the Owner/Agent. The designation of a specific race, ethnicity and whether a household member has a disability that meets the Fair Housing Act definition for handicap/disability (definition detailed below) are completely voluntary; however, if any household member chooses not to disclose race, ethnicity and/or disability status for any member, the applicable "I do not wish to disclose" box under the Race, Ethnicity and Disability Status sections for each member must be checked.

**Fair Housing Act Definition for Handicap/Disability**

The member has a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment, or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at

[http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhu\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhu_100-201).

"Handicap" does not include current, illegal use of or addiction to a controlled substance.

An individual shall not be considered to have a handicap solely because that individual is a transvestite."

1. **Full Name of Head of Household:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Race of Head of Household**

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Other
- I do not wish to disclose

**Ethnicity of Head of Household**

- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to disclose

**Disability Status of this Member that Meets the Fair Housing Act Definition Above:**

- Member has a disability
- Member does not have a disability
- I do not wish to disclose the disability status.

2. Full Name of Household Member: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Race of this Household Member**

**Ethnicity of this Household Member**

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Other
- I do not wish to disclose.

- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to disclose.

**Disability Status of This Member That Meets the Fair Housing Act Definition on Page 1:**

- Member has a disability
  - Member does not have a disability
  - I do not wish to disclose the disability status.
- 

3. Full Name of Household Member: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Race of this Household Member**

**Ethnicity of this Household Member**

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Other
- I do not wish to disclose.

- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to disclose.

**Disability Status of This Member That Meets the Fair Housing Act Definition on Page 1:**

- Member has a disability
- Member does not have a disability
- I do not wish to disclose the disability status.

4. Full Name of Household Member: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Race of this Household Member**

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Other
- I do not wish to disclose.

**Ethnicity of this Household Member**

- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to disclose.

**Disability Status of This Member That Meets the Fair Housing Act Definition on Page 1:**

- Member has a disability
  - Member does not have a disability
  - I do not wish to disclose the disability status.
- 

5. Full Name of Household Member: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Race of this Household Member**

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Other
- I do not wish to disclose.

**Ethnicity of this Household Member**

- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to disclose.

**Disability Status of This Member That Meets the Fair Housing Act Definition on Page 1:**

- Member has a disability
- Member does not have a disability
- I do not wish to disclose the disability status.

**Certification and Consent by Applicant(s)/Resident(s):**

**I/We, the adult members of the household, do hereby give consent to the Owner/Manager to share with state agencies and offices of the state and federal governments, and their designated subcontractors and agents, the information I/we have supplied above, as well as demographic and other information about my household (income, age of members, family composition, use of Section 8 assistance, and monthly rental payments) in accordance with the Housing and Economic Recovery Act (HERA) of 2008 and in a manner that is compliant with federal and state privacy laws and regulations. I/We, the adult member(s) of this household, understand there is no penalty if I/we chose to not disclose the race, ethnicity and/or disability status of household member(s).**

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Co-Head, Spouse or Other Adult Member

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Management Agent

\_\_\_\_\_  
Date Signed



Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711 or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.



## Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Date of Birth
Head				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				



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EQUAL HOUSING OPPORTUNITY



## Citizenship Declaration

**INSTRUCTIONS:** Complete a separate Declaration for each member of the family listed on the Family Summary Sheet.

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

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

SAVE VERIFICATION NO. \_\_\_\_\_  
(To be entered by owner if and when received.)

*INSTRUCTIONS: Complete the Declaration below by: 1) printing or typing the person's first name, middle initial, and last name in the space provided; 2) reviewing Option Blocks #1, #2 and #3; 3) checking off the applicable declaration Option Block #1, #2 or #3 that accurately completes your declaration statement; 4) following the additional instructions within the option block chosen (for completion of form and submission of documents, if/as applicable); 5) signing/dating within the lower portion of selected Option Block; and 6) if signing on behalf of a child, the adult who will be residing in the unit who is responsible for the child must sign their own adult name (not the child's), date the form, check off the space below the signature to confirm adult signature on behalf of a child and print adult's first name, middle initial and last name clearly.*

### DECLARATION

I, \_\_\_\_\_, hereby declare,  
(print or type first name, middle initial, last name)

under penalty of perjury, that I am:

#### OPTION BLOCK #1

\_\_\_\_\_ 1. A citizen or national of the United States.

*If this is checked, you must sign and date below and return this form to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit who is responsible for the child must sign their own adult name, date the form, check the space stating he/she signed for a child and print his/her full adult name.*

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

\*Check Here if Adult signed for a child: \_\_\_\_\_ \*Print Full Name of Adult Signing for Child: \_\_\_\_\_

NC1

Family Member Name: \_\_\_\_\_ HOH Name: \_\_\_\_\_

## OPTION BLOCK #2

**2. A noncitizen with eligible immigration status as evidenced by one of the documents listed in "a" or "b" below:**

*Instructions: You must check off "a" or "b", as applicable, and follow corresponding instructions.*

\_\_\_\_\_ a) I am **62 years of age or older** as evidenced by the attached proof of age document.

*Instructions: Sign/date below and submit with birth certificate, certificate of naturalization or valid passport.*

\_\_\_\_\_ b) I am **under 62 years of age** and understand I must submit evidence of my declared eligible immigration status for verification with DHS as follows:  
*Instructions: Check off (i) and (ii); and check the applicable DHS-approved document from list under (ii) below, that you are submitting to establish your eligible immigration status:*

\_\_\_\_\_ i) **Signed/dated Verification Consent Form; and**

\_\_\_\_\_ ii) **One of the following DHS-Approved Documents:**

a. \_\_\_\_\_ Form I-551, *Permanent Resident Card*.

b. \_\_\_\_\_ Form I-94, *Arrival-Departure Record*, with one of the following annotations:  
***If this is checked, you must also check off the annotation below that appears on your I-94:***

- 1) \_\_\_\_\_ "Admitted as Refugee Pursuant to section 207";
- 2) \_\_\_\_\_ "Section 208" or "Asylum";
- 3) \_\_\_\_\_ "Section 243(h)" or "Deportation stayed by Attorney General"; or
- 4) \_\_\_\_\_ "Paroled Pursuant to Sec. 212(d)(5) of the INA."

c. \_\_\_\_\_ If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following:  
***If this is checked, you must also check off & submit one of the following 4 accompanying documents:***

- 1) \_\_\_\_\_ A final court decision granting asylum (but only if no appeal is taken);
- 2) \_\_\_\_\_ A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
- 3) \_\_\_\_\_ A court decision granting withholding or deportation; or
- 4) \_\_\_\_\_ A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

d. \_\_\_\_\_ A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.  
***If this is checked, you must also check off "a", "b" or "c" above, as applicable.***

e. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

***If this Option Block #2 is checked in upper left corner (and throughout form, as applicable) you must sign and date below; and submit this signed Citizenship Declaration form, the documentation required above that you have checked off/ identified as establishing your eligible immigration status and the signed/dated Verification Consent form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit who is responsible for the child must sign their own adult name, date the form, check the space stating he/she signed for a child and print his/her full adult name. If for any reason, the documents identified above in subparagraph 2.b.ii (a-e) are not currently available, complete the Request for Extension block on next page.***

NC1

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

\*Check here if adult signed for a child: \_\_\_\_\_ \*Printed Full Name of Adult Signing for Child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

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

*If this block is checked on behalf of a child, the adult who will reside in the assisted unit who is responsible for the child must sign their own adult name, date the form, check the space stating he/she signed for a child and print his/her full adult name.*

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

\_\_\_\_\_  
Date

\*Check Here if Adult Signed for a Child: \_\_\_\_\_ \*Printed Full Name of Adult Signing for Child: \_\_\_\_\_

**OPTION BLOCK #3**

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

*If you checked this Option Block #3, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit who is responsible for the child must sign their own adult name, date the form, check the space stating he/she signed for a child and print his/her full adult name.*

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

Date \_\_\_\_\_

\*Check Here if Adult Signed for a Child: \_\_\_\_\_

\*Printed Full Name of Adult Signing for Child: \_\_\_\_\_

## Verification Consent Form

**INSTRUCTIONS:** Complete this form for each noncitizen family member who declared eligible immigration status in Option Block #2 on the Citizenship Declaration.

If this is being completed and signed on behalf of a child, the adult who will reside in the assisted unit who is responsible for the child must sign their own adult name, date the form, check the space stating he/she signed for a child and print his/her full adult name.

### CONSENT:

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

### NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

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

\*Check Here if  
Adult Signed for a Child: \_\_\_\_\_

\*Printed Full Name of  
Adult Signing for Child: \_\_\_\_\_



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**NOTICE OF NON-DISCRIMINATION, THE RIGHT TO REASONABLE ACCOMMODATION  
FOR PERSONS WITH DISABILITIES, AND THE RIGHT TO FREE LANGUAGE  
ASSISTANCE FOR PEOPLE WITH LIMITED ENGLISH PROFICIENCY**

**Non-Discrimination**

Maloney Properties, Inc. does not discriminate on the basis of any status protected by federal, state, or local law, in the admission or access to, or treatment or employment in, its programs, services and activities including, but not limited to, the following: race, color, religion, sex, national origin, familial status, disability, sexual orientation, gender identity or expression, marital status, age, ancestry, genetic information, veteran status, receipt of public assistance, because someone is, has been or is threatened with being the victims of domestic abuse, or has obtained, or sought, or is seeking relief from any court in the form of a restraining order for protection from domestic abuse.

Maloney Properties, Inc. has designated Kathy Broderick to coordinate compliance with applicable federal and state nondiscrimination requirements and to address grievances applicants and residents may have. The following is her contact information:

Maloney Properties, Inc.  
27 Mica Lane  
Wellesley, MA 02481  
Telephone: (781) 943-0200, extension 255; Relay: 711

Also, if you believe you have been discriminated against, you may file a formal complaint with the Department of Housing and Urban Development (HUD) and local Fair Housing Agency. The contact information for HUD's Fair Housing Office and the Fair Housing Agencies in the states where our sites are located is attached to this notice.

**Reasonable Accommodation for People with Disabilities**

If you or any member of your household have a disability and as a result need any of the following in order to have an equal opportunity to apply to or live in our development, or participate in services and programs we offer, please let us know:

- A change in a rule, policy, procedure or service;
- A physical change or modification in your apartment, such as grab bars or lowering the cabinets;
- A specific type of unit such as one that is accessible to individuals with mobility impairments, visual impairments or hearing impairments;
- A physical change or modification in some other part of the housing site; and
- A preferred way for us to communicate with you or give you information, such as Braille, large print or using a hearing interpreter;

These kinds of changes are called reasonable accommodations. We will provide a requested reasonable accommodation if:

- your disability is obvious or you can document that you have a disability;
- the nexus or connection between your disability and the need for the accommodation is obvious or you can document it; and

- your request does not pose an undue financial and administrative burden or fundamental change in the program, which means in simple language if it is not too expensive and too difficult to arrange or do, or does not require us to do something that the housing program is not designed to do or would prevent us from doing what we are required to do.

We will give you an answer as to whether we can provide the accommodation within ten (10) business days unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or documentation from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons. If you want, you may then give us information that addresses the reason why we turned down your request.

A REASONABLE ACCOMMODATION REQUEST FORM is available at the management office listed below. Let us know if you need help filling out the form or if you want to give us your request in some other way. Reasonable Accommodations may be requested orally or in writing. Please do not hesitate to contact the management office.

NOTE: All information you provide will be kept confidential and be used only to enable you to have an equal opportunity to apply to or enjoy your housing, including services and the common areas.

### **Free Language Assistance for People with Limited English Proficiency**

If your primary language is not English and as a result you have difficulty reading, writing or understanding English, we will provide you free language assistance so you can apply to our housing program or communicate with us regarding a housing related matter. If your primary language is not English and as a result you have Limited English proficiency, please put a checkmark next to your primary language on the attached "I SPEAK" form and return the form to the management office as listed below. We will do our best to try to accommodate your request in a timely manner. Please contact the management office if you have any suggestions regarding how we can best meet your language needs or if you have any questions about our free language assistance.

### **Property Contact Information:**

**HIGHGATE APARTMENTS  
73 HIGHGATE DRIVE, SUITE 121  
BARRE, VT 05641  
PH 802-476-8645 \* FAX 802-477-1135 \* VT RELAY 711**

Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711 or at Maloney Properties, Inc., 27 Mica Lane, Wellesley, MA 02481.



## REASONABLE ACCOMMODATION REQUEST FORM

Any applicant or resident with a disability, his/her guardian, or any person legally authorized by an applicant or resident with the disability may fill out this form. Please know that there must be a nexus (connection) between the applicant or resident's disability and the requested change. Please let us know if you need assistance completing the form.

Head of Household: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Person completing this form (Circle as applicable: Applicant / Resident / Guardian / Person Legally Authorized by Applicant or Resident to Contract on his/her Behalf):

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

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

1. Name of applicant or resident who has a disability and for whom this accommodation is being requested:

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

Relation to Head of Household: \_\_\_\_\_

Relation to the Person Completing this Form: \_\_\_\_\_

2. I request the following change or changes because I, or the person on behalf I am making this request, needs this change as a result of a disability in order to have an equal opportunity to apply to or live at the site as the other applicants or residents. Check the kind of change(s) needed.

- a. A unit designed for individuals with vision impairments
- b. A unit designed for individuals with hearing impairments
- c. A fully accessible unit
- d. A unit with the following specific physical modification(s) or design feature(s):

- 
- e. A specific type or location of a parking space. Please specify what is needed:

- 
- f. An assistance animal (an animal that works, provides assistance or performs tasks for the benefit of a person with a disability or an animal that provides emotional support that alleviates one or more identified symptoms or effects of a person's disability)

- g. A change in how we communicate with you or provision of an auxiliary aid(s) to ensure effective communication with you (these include, tactile signs, visual doorbell, reader, interpreter, communication in large print or Braille, and recordings of information. Appropriate auxiliary aids don't include individually prescribed devices). The specific auxiliary aid(s) needed are described below:

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h. A change in a rule, policy, procedure or services as described below:

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i. Other, as described below:

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3. Please provide the name, address, telephone/TTY number and relationship of at least one person that you know professionally who can verify that you (or the person on whose behalf you are requesting the accommodation) have a disability and as a result need the accommodation in order to have an equal opportunity to apply to or enjoy your (his/her) housing or fully participate in a program or service this development offers.

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

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

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. If you asked for a change to your apartment or to the housing complex, please use this space to list any company or organization that might help us locate or build anything specific to your needs. (If you do not know of any, we will try to get this information ourselves.)

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

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of person with the disability or his/her legal guardian:

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

Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711 or at Maloney Properties, Inc, 27 Mica Lane, Wellesley, MA 02481.



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>	
<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	
<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.

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**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.

