



APPLICATION FOR LEASE OF APARTMENT

9/2024

EQUAL HOUSING OPPORTUNITY

Property Applying To (circle):

Clayton Court

Village Gardens

TEHC-Cary

TEHC-Kenly

TEHC-Smithfield

TEHC-Princeton

**LEAVE NO SECTION BLANK. IF NOT APPLICABLE, PUT N/A.
APPLICATION WILL NOT BE PROCESSED IF INCOMPLETE!**

For Office Use Only
Date/Time Application Rcvd
_____ / _____ AM PM
App Rcvd By: _____

APPLICANT INFORMATION

LAST NAME	FIRST	MI	SOCIAL SECURITY #	DATE OF BIRTH	AGE
PREVIOUS OR MAIDEN NAME		ID CARD or DRIVERS LICENSE # / STATE ISSUED		ARE YOU A STUDENT?	
				<input type="checkbox"/> Yes, Full-Time <input type="checkbox"/> Yes, Part Time <input type="checkbox"/> No	
PHONE NUMBER	ALTERNATE PHONE NUMBER		EMAIL ADDRESS		

CO-APPLICANT INFORMATION

LAST NAME	FIRST	MI	SOCIAL SECURITY #	DATE OF BIRTH	AGE
PREVIOUS OR MAIDEN NAME		DRIVERS LICENSE # / STATE		ARE YOU A STUDENT?	
				<input type="checkbox"/> Yes, Full-Time <input type="checkbox"/> Yes, Part Time <input type="checkbox"/> No	

CURRENT ADDRESS

STREET ADDRESS		CITY	COUNTY	STATE	ZIP
HOW LONG AT THIS ADDRESS?	OWN OR RENT?	MONTHLY RENT/MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING	
LANDLORDS NAME		LANDLORDS ADDRESS		LANDLORDS PHONE NUMBER	

PREVIOUS ADDRESS (Must provide minimum of 2 rental references. If 2 total less than 5 years, you must provide additional references.)

STREET ADDRESS		CITY	COUNTY	STATE	ZIP
HOW LONG AT THIS ADDRESS?	OWN OR RENT?	MONTHLY RENT/MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING	
LANDLORDS NAME		LANDLORDS ADDRESS		LANDLORDS PHONE NUMBER	

AUTOMOBILES. This information is necessary to keep a record of vehicles allowed on the premises and to control adequate parking. Only 1 vehicle allowed per household.

MAKE	MODEL	YEAR	LICENSE NO. & STATE	FOR OFFICE USE ONLY CSS PARKING STICKER # ASSIGNED:
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PENALTIES FOR FALSE OR WILLFULLY OMITTED INFORMATION INCLUDE REJECTION OF APPLICATION AND/OR EVICTION



- **PLEASE ATTACH TO THIS APPLICATION COPIES OF:**
 - 1. BIRTH CERTIFICATE FOR ALL PERSONS IN HOUSEHOLD (recommended)**
 - 2. DRIVERS LICENSE OR PHOTO ID FOR ALL ADULTS IN HOUSEHOLD**
 - 3. PROOF OF SOCIAL SECURITY NUMBER FOR ALL HOUSEHOLD MEMBERS (if SS card not available, contact management for acceptable forms of verification)**
 - 4. INS LETTER FOR PERSONS APPLYING FOR TEMPORARY RESIDENT STATUS (if applicable).**
- **NO APPLICATIONS CAN BE ACCEPTED WITHOUT THE ABOVE DOCUMENTS or PROOF OF AGE.**

EQUAL HOUSING OPPORTUNITY

FOR STATISTICAL PURPOSES ONLY: THIS INFORMATION IS VOLUNTARY AND WILL NOT AFFECT TENANT SELECTION

	GENDER		RACE					ETHNICITY	
	Male	Female	American Indian/ Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino	Not Hispanic or Latino
Applicant									
Co-Applicant									

HUD EQUAL HOUSING OPPORTUNITY: *The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service and/or United States Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. This information will not be used in evaluating your application or to discriminate against you in any way.*

USDA RD: The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE

You are hereby notified that the apartment complex you are applying to may obtain a consumer report or an investigative consumer report during the processing of your application for an apartment. These reports will be obtained from public or private record sources or through personal interviews with your neighbors, associates, friends or prior Landlords for the purpose of evaluating your ability to meet the Tenant Selection Criteria established for the property. These reports may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. Such reports will only be obtained after receipt of your written consent to obtain the information. Your signature of the rental application will serve as such authorization.

RURAL DEVELOPMENT PROPERTIES ONLY

"This institution is an equal opportunity provider and employer." If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Please return completed application to: TEHC / THDC / COASH
Attn: Housing Department
1363 W. Market Street
Smithfield, NC 27577
(919) 934-6066 phone * (919) 989-1838 fax
Email: Davita@cssjohnston.org

BACKGROUND INFORMATION. Circle Yes or No. You must explain any questions answered YES below.

Have you or any members of your household ever had your lease terminated or ever been evicted?	Yes	No
Are you or any members of your household currently receiving rental assistance?	Yes	No
Has rental assistance for you or any members of your household ever been terminated in a subsidized housing program?	Yes	No
Are you or any members of your household subject to a State Lifetime Sex Offender Registration?	Yes	No

HOUSEHOLD HISTORY. Please circle ALL STATES where you or any members of your household have lived.

ALABAMA	FLORIDA	LOUISIANA	NEBRASKA	OKLAHOMA	VERMONT
ALASKA	GEORGIA	MAINE	NEVADA	OREGON	VIRGINIA
ARIZONA	HAWAII	MARYLAND	NEW HAMPSHIRE	PENNSYLVANIA	WASHINGTON
ARKANSAS	IDAHO	MASSACHUSETTS	NEW JERSEY	RHODE ISLAND	WEST VIRGINIA
CALIFORNIA	ILLINOIS	MICHIGAN	NEW MEXICO	SOUTH CAROLINA	WISCONSIN
COLORADO	INDIANA	MINNESOTA	NEW YORK	SOUTH DAKOTA	WYOMING
CONNECTICUT	IOWA	MISSISSIPPI	NORTH CAROLINA	TENNESSEE	
DELAWARE	KANSAS	MISSOURI	NORTH DAKOTA	TEXAS	OTHER COUNTRY
DISTRICT OF COLUMBIA	KENTUCKY	MONTANA	OHIO	UTAH	

CRIMINAL HISTORY

Using the numbers below, indicate whether you or any member of your household have been arrested for or convicted of any crimes listed below:

- | | | |
|-----------------------------|------------------------------------|---------------------------------------|
| 1. HOMICIDE/MURDER | 4. THREATS OR HARASSMENT | 9. PUBLIC INTOX./DRUNK AND DISORDERLY |
| 2. RAPE OR CHILD MOLESTING | 5. DESTRUCT. OF PROP./VANDALISM | 10. RECEIVING STOLEN GOODS |
| 3. BURGLARY/ROBBERY/LARCENY | 6. ASSAULT OR FIGHTING | 11. FRAUD |
| | 7. DRUG TRAFFICKING/USE/POSSESSION | 12. PROSTITUTION |
| | 8. CHILD ABUSE/DOMESTIC VIOLENCE | 13. DISORDERLY CONDUCT |

MEMBERS NAME	CRIME(S) #	STATUS/DISPOSITION
MEMBERS NAME	CRIMES(S) #	STATUS/DISPOSITION

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

Do you or any members of your household have a condition that requires:

A Separate Bedroom
 Unit for Vision-Impaired
 Physical Modifications to a Typical Apartment
 A Barrier-Free Apartment
 Unit for Hearing-Impaired
 Unit for Physical-Impaired
 Any Other Accommodation

If you checked any of the above listed categories of unites, please explain exactly what you need to accommodate your situation:

Who should be contacted to verify your need for the features you have identified above?

NAME	PHONE
ADDRESS	

FAMILY ASSISTANCE

What federal or local assistance do you receive now?
 Food Stamps
 Energy Assistance Payments
 Meals
 Medical Aid
 Other
 None

EMERGENCY CONTACT

NAME		ADDRESS	
RELATIONSHIP	PHONE #	ALTERNATE PHONE #	

INCOME LIST. Do you or any members of your household receive income from any of the following sources?

	APPLICANT		CO-APPLICANT		GROSS AMOUNT (before deductions)
	YES	NO	YES	NO	
Wages / Salaries					\$
Tips, fees, bonuses or commissions					\$
Overtime pay / Severance Pay					\$
Business / Self Employment					\$
Social Security / Disability / SSI					\$
Death Benefits					\$
Retirement Funds / Pensions					\$
Annuities or non-revocable trust					\$
Unemployment or Workers Compensation					\$
Military Pay					\$
Public Assistance / TANF					\$
Alimony and/or Child Support					\$
Income from Insurance Policies					\$
Income from rent or sale of property					\$
Periodic payments from lottery winnings					\$
Recurring monetary gifts or noncash contributions					\$
Student financial aid, educational grants/scholarships					\$
Other income:					\$

1. Has any member of your household ever been convicted of a felony? Yes / No
2. Do you have a social security number? Yes / No If no, answer 2a & 2b
 - a. Were you 62 or older on January 31, 2010? Yes / No
 - b. Was initial determination of eligibility for rental assistance started prior to 01/31/2010? Yes / No
3. Did you or any household members file a tax return last year? Yes / No
4. Are you and all members of your household a United States Citizen? Yes / No
5. Do you have a pet? Yes / No If yes, name, age, breed, weight? _____
6. I understand that pets are only allowed for qualified households and that approval must be given in writing prior to my obtaining a pet and that a \$300 pet deposit is required. Yes / No
7. Have you ever rented from COA/CSS before? Yes / No If Yes, Where? _____
8. Are you at least 62 years of age? Yes / No Date you desire possession of apartment? _____
9. I understand that all apartments are 1 bedroom with a maximum occupancy of 2 people. No person other than the applicant and co-applicant listed on this application may live in this apartment. Yes / No
10. I understand that all apartments are Tobacco Free and that tobacco use & Smoking is not allowed within 25 feet of any building. Yes / No
11. Are you a student of Higher Education? Yes / No If yes, Full Time / Part Time
12. Is applicant or co-applicant a US military veteran? Yes / No
13. Are you seeking housing as the result of a Presidentially declared disaster? Yes / No
14. How did you hear about this apartment? _____

ASSET LIST. Do you or any household members have any of the following assets?

	APPLICANT		CO-APPLICANT		CURRENT BALANCE OR CASH VALUE
	YES	NO	YES	NO	
SSA Direct Express Card					\$
Savings Accounts					\$
Checking Accounts					\$
Certificates of Deposit					\$
Money Market Funds					\$
IRA / Keogh Account					\$
Stocks/Bonds					\$
Treasury Bills					\$
Trusts					\$
If yes, is the trust irrevocable?					\$
Real Estate (Land, Homes, Property)					\$
Life Insurance Policies					\$
If yes, circle one - Whole, Universal or Term Life?					\$
Cash held in safety deposit boxes or home					\$
Assets held in another state or foreign country					\$
Personal Property Held as Investment					\$
Lump Sum Receipts such as					\$
Inheritance or Lottery Winnings					\$
Insurance Settlements					\$
Other:					\$
Other Assets:					\$

ASSET DETAILS. List all assets for all household members.

Bank Accounts				
FAMILY MEMBER NAME	NAME OF BANK	ACCOUNT TYPE	CURRENT BALANCE	
Real Estate				
FAMILY MEMBER NAME	SOURCE/TYPE		VALUE	
CURRENT MORTGAGE \$ BALANCE	MONTHLY MORTGAGE \$ PAYMENT	WHO HOLDS THE MORTGAGE	WHO PAYS THE MORTGAGE?	MONTHLY RENTAL INCOME?
Other Assets				
FAMILY MEMBER NAME	SOURCE/TYPE		VALUE	
Have you or any household member disposed of any asset for less than fair market value within the last two years? YES NO				
If yes, Please list:				
TYPE OF ASSET	DATE OF DISPOSITION	AMOUNT RECEIVED	MARKET VALUE	

CHILDCARE EXPENSES (For children under 13 years of age)

NAME OF CHILDCARE PROVIDER	ADDRESS OF CHILDCARE PROVIDER	CHILDCARE PROVIDER PHONE #
HOURS OF CARE	AMOUNT PAID \$ PER WEEK / MONTH	REIMBURSED BY AN OUTSIDE SOURCE? YES / NO

DISABLED HOUSEHOLDS

Persons who are disabled may qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. If you feel that you qualify and would like to request this adjustment to your income, please indicate: Yes / No
 (Not applicable to properties with designated elderly status.)
 If you have indicated your desire to request this adjustment, then we will need sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.
 Who should be contacted to certify your disability?

PHYSICIAN NAME	PHONE
ADDRESS	

MEDICAL EXPENSE DEDUCTION

The following medical information applies ONLY to households whose applicant and/or co-applicant is elderly or disabled.

Do you have Medicare? Yes / No	If yes, amount of monthly premium that you pay? \$	
Do you have medical/hospital insurance? Yes / No	If yes, give name and address of company and amount of monthly premium that you pay:	
Do you have outstanding medical bills on which you are paying? Yes / No		
Are you enrolled in a Medicare Part D drug plan? Yes / No	Is premium deduction from your Social Security Benefit? Yes / No	Do you have Medicaid? Yes / No
If yes, How much is premium? \$		
If you are enrolled in a Medicare Part D prescription drug plan, give company's name and address and monthly premium amount that you pay:		

Please list below any medical expenses you anticipate paying during the next 12 months:

Family Member Name	Names of Doctors Dentist, Pharmacy, etc.	Estimated Expense	Month or Year

SIGNATURES

The application must be signed by all adult members in the household. Applicant(s) hereby certify that the information provided in this application is true, correct and complete and that all income and assets of the household are listed. Applicant(s) understand and agree that the owner is required to verify this information and agrees to sign all authorizations for release of information needed to verify the information provided.

BY SIGNING BELOW, APPLICANT(S) AUTHORIZE MANAGEMENT TO VERIFY THE REPUTATION AND CHARACTER OF ALL HOUSEHOLD MEMBERS VIA REFERENCES, LAW ENFORCEMENT AGENCIES, CREDIT BUREAUS, AND CURRENT or PREVIOUS LANDLORDS.

SIGNATURE: _____ (APPLICANT) DATE: _____

SIGNATURE: _____ (CO-APPLICANT) DATE: _____

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

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

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.): HUD Atlanta Regional Office Five Points Plaza, Building 40, Marietta St. Atlanta, GA 30303-2806	O/A requesting release of information (Owner should provide the full name and address of the Owner.): COA Senior Housing, Inc., Triangle Housing Development Corp or Triangle Elderly Housing Corp. 1363 W. Market St, Smithfield, NC 27577	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.): NC Housing & Finance, 3508 Bush Street Raleigh, NC 27609
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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 Barbers 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

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-

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

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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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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. 3501-3528). 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.



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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

December 2005



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



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

What is EIV?

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



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

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

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

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

What is the information in EIV used for?

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

- Property owners and managers are able to use the EIV system to determine if you:
- correctly reported your income

They will also be able to determine if you:

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

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

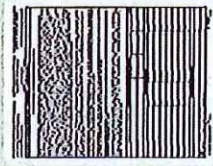
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or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

Who has access to the EIV information?

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

What are my responsibilities?

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



Penalties for providing false information

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

Protect yourself, follow HUD reporting requirements

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

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

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

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

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



What if I disagree with the EIV information?

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

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

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

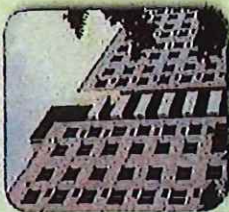
What if the information in EIV is not about me?

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

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

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

If you need further assistance, you may contact the contract administrator for the property you live in;



and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at 1-800-685-8470.

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

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

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at www.hud.gov/offices/hsg/mfth/tnip/eiv/eivhome.cfm.



JULY 2009










Community and Senior Services of Johnston County

HOUSING PROPERTIES

1363 West Market Street, Smithfield, NC 27577
(919) 934-6066 www.cssjohnston.org



TTY: Speech & Hearing Impaired: (800) 735-2962

<p>Cary Central Elderly Housing 122 S. Harrison Ave Cary, NC 27511</p>	<p>1</p>	
<p>Clayton Court I Apartments 600 N. O'Neal Street Clayton, NC 27520</p>	<p>2</p>	
<p>Clayton Court 2 Apartments 600 N. O'Neal Street Clayton, NC 27520</p>	<p>3</p>	
<p>Village Gardens Elderly Housing 303 Dairy Road Clayton, NC 27520</p>	<p>4</p>	
<p>Princeton Elderly Housing 410 W. 3rd Street Princeton, NC 27569</p>	<p>5</p>	
<p>College Court Elderly Housing 203 N. College Ave Kenly, NC 27542</p>	<p>6</p>	
<p>Smithfield Elderly Housing 506, 516 & 604 Caswell Street Smithfield, NC 27577</p>	<p>7</p>	



HOUSING

Information & Qualifications

Office: 1363 W. Market St.
Smithfield, NC 27577



This institution is an equal opportunity provider and employer.

(919) 934-6066

Speech / Hearing Impaired:
(800) 735-2962

Clayton Court Phase II Apartments:

Triangle Elderly Housing – Cary:

Applicants must be 62 years of age with limited occupancy for disabled applicants under 62 that require the features of the accessible unit. Income limits apply and applicants must be at or below 50% of the Johnston County Median Income. Water, trash removal and septic included. Rent is 30% of Adjusted Gross Income (AGI) plus electricity.

Triangle Elderly Housing – Kenly:

Triangle Elderly Housing – Princeton:

Triangle Elderly Housing – Smithfield:

Applicants must be 62 years of age with limited occupancy for disabled applicants under 62 that require the features of the accessible unit. Income limits apply and applicants must be at or below 50% of the Johnston County Median Income. Water, trash removal and septic included. Rent is 30% of Adjusted Gross Income (AGI) plus electricity. Dining Centers on site.

Village Gardens:

Applicants must be 62 years of age. Income limits apply and applicants must be at or below 50% of the Johnston County Median. Water, trash removal and septic included. Rent is 30% of Adjusted Gross Income (AGI) plus electricity. (Full time Center for Active Aging on site.)

Clayton Court Phase I Apartments:

Applicants must be 62 OR Disabled. Income Limits apply and applicants must be at or below Moderate Adjusted Income Limits for Johnston County. Rent is 30% of Adjusted Gross Income (AGI) plus electricity. Water, trash removal and septic is included.



Rental application download at:
www.cssjohnston.org (select "Housing")

HOUSING

All Units:

- Maximum occupancy: two (2) people
- All units are non-smoking
- Onsite laundry facility
- Pets allowed with restrictions and additional deposit
- Maintenance-free environment
- Applicants must agree to a credit and criminal background check.

*There is no fee to apply. There may be a waiting list.
Call our Housing Department, 8:30 AM-2:00 PM,
Mon-Fri at 919-934-6066.*

Managing 7 Locations:

Triangle Elderly Housing - Cary
122 S. Harrison Ave
Cary, NC 27511

Clayton Court I Apartments
600 N. O'Neal Street
Clayton, NC 27520

Clayton Court II Apartments
600 N. O'Neal Street
Clayton, NC 27520

Village Gardens Elderly Housing
303 Dalry Road
Clayton, NC 27520

Triangle Elderly Housing - Princeton
410 W. 3rd Street
Princeton, NC 27569

Triangle Elderly Housing - Kenly
203 N. College Ave
Kenly, NC 27542

Triangle Elderly Housing - Smithfield
506, 516 & 604 Caswell Street
Smithfield, NC 27577

*You may download a rental application at:
www.cssjohnston.org (select "Housing")*