



Dear Applicant:

Thank you for your interest in Brewster Mews Apartments! Enclosed, following the Tenant Selection Plan, is your application for HUD subsidized housing. Please keep this top packet, and return the application and supplements to the office by mail, fax, or in person.

Eligibility requirements are set by the Department of Housing and Urban Development (HUD); eligible applicants must be senior citizens (age 62 or over), or disabled. We do not accept Section 8 Vouchers or cosigners.

To ensure that we are assisting low income families we also require a one person family household to have income under \$30,700 or, in a two person family, income under \$35,100. Generally, rent is based on 30% of your adjusted annual income.

We offer 1 Bedroom Upper for 1-2 persons (541 sq. ft.), 1 Bedroom Lower for 1-2 persons (541 sq. ft.), and 2 Bedroom Lower for 2-4 persons (641.9 sq. ft.) units. Upper units require stairs.

Units include water, trash removal, stove, and refrigerator. Heat, lights, cooking are all electric, and to be paid for by the tenant with National Grid.

If you have any questions, please contact the office at (716) 689-7600. Brewster Mews' office is open Monday, Tuesday, Thursday, and Friday 10:00 AM to 5:00 PM. The office is closed Wednesdays and weekends. Thank you!

Sincerely,

A handwritten signature in cursive script that reads 'D. Greco'.

Devyn R. Greco – COS, TCS

Property Manager

Brewster Mews Apartments

925 Robin Road, Amherst, NY 14228

Phone: 716-689-7600

Fax: 716-689-7712





**BREWSTER MEWS APARTMENTS**  
925 Robin Road  
Amherst, NY 14228

**TENANT SELECTION PLAN**

**ELIGIBILITY REQUIREMENTS**

- Applicant must be at least 62 years of age or permanently disabled or handicapped.
- The total annual GROSS income of the entire household must not exceed the programs income limits.
- All applicants age 18 or over must sign an Authorization for HUD 9887 'Release of Information' prior to move-in and annually thereafter.
- The unit for which the family is applying must be their only residence.
- An applicant must agree to pay the rent required by the program.
- Only US citizens or eligible noncitizens may receive assistance under the Section 8 program.
- All information reported by the family is subject to verification.
- Applicants must disclose social security numbers for all family members & provide proof of said numbers or will not be permitted to move in to the premises, unless one of the exceptions listed applies.

**Disclosure and Certification of Social Security Number**

Effective January 31, 2010, all household members receiving assistance or applying to receive assistance will be required to provide a Social Security Number and adequate documentation necessary to verify that number. This rule applies to all household members including live-in aides, foster children and foster adults. Adequate documentation means a Social Security card issued by the Social Security Administration (SSA) or other acceptable evidence of the SSN such as:

- Original Social Security card
- Driver's license with SSN
- Identification card issued by a federal, State, or local agency, medical insurance provider, or an employer or trade union.
- Earnings statements on payroll stubs
- Bank statement
- Form 1099
- Benefit award letter
- Retirement benefit letter
- Life insurance policy
- Court records

For eligibility purposes, applicants do not need to disclose or provide verification of a Social Security Number for household members to be placed on the waiting list. However, applicants must disclose a Social Security Number and provide adequate documentation to verify each Social Security Number for all non-exempt household members before they;

- 1) can participate in the eligibility interview or
- 2) can be housed.



If all non-exempt household members have not disclosed and/or provided verification of their Social Security Numbers at the time a unit becomes available, the next eligible applicant must be offered the available unit.

- The applicant who has not provided required Social Security Number information for all non-exempt household members has 90 days from the date they are first offered an available unit to disclose/verify the Social Security Numbers.
- During this 90-day period, the applicant may retain its place on the waiting list.
- After 90 days, if the applicant is unable to disclose/verify the Social Security Numbers of all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.

### **Exceptions to Disclosure of Social Security Number**

The Social Security Number requirements do not apply to:

1. Individuals who do not contend eligible immigration status.

In accordance with 24 CFR 5.216, applicants and participants (including each member of the household) are required to disclose his/her assigned SSN, with the exception of the following individuals:

- a. Those individuals who do not contend to have eligible immigration status (individuals who may be unlawfully present in the United States). These individuals in most instances would not be eligible for a SSN.
  1. A family that consists of a single household member (including a pregnant individual) who does not have eligible immigration status is **not eligible** for housing assistance and cannot be housed.
  2. A family that consists of two or more household members **and at least one** household member has eligible immigration status, is classified as a mixed family, and **is eligible** for prorated assistance in accordance with 24 CFR 5.520. The PHA may **not** deny assistance to mixed families due to nondisclosure of an SSN by an individual who does not contend to have eligible immigration status.

When applicants and residents are required to declare their citizenship status, the existing regulations pertaining to prorated assistance or screening for mixed families must continue to be followed. In these instances, the owner will have each resident's Citizenship Declaration on file - whereby the individual did not contend eligible immigration status - to support exception to the requirements to disclose and provide verification of a Social Security Number.

2. Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.

The eligibility date is based on the initial effective date of the form HUD-50059 or form HUD-50058, whichever is applicable.

Documentation that verifies the applicant's exemption status must be obtained from the owner of the property where the initial determination of eligibility was determined prior to January 31, 2010. This documentation must be retained in the resident file. An owner/agent cannot accept a certification from the applicant stating they qualify for the exemption.

The exception status for these individuals is retained if the individual moves to a new assisted unit under any HUD assisted program or if there is a break in his or her participation in a HUD assisted program.



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3. Children under the age of 6 at time of move-in if they were added to the household within 6 months of the date of move-in

The 24 CFR 5.216 (g) (3) states that “If a child under the age of 6 years was added to the assistance applicant household within the 6-month period prior to the household's date of admission (or, for the HCV program, the date of voucher issuance), the assistance applicant may become a participant, so long as the documentation required in paragraph (g)(1) of this section is provided to the processing entity within 90 calendar days from the date of admission into the program (or, for the HCV program, the effective date of the Housing Assistance Payment contract). The processing entity must grant an extension of one additional 90-day period if the processing entity determines that, in its discretion, the assistance applicant's failure to comply was due to circumstances that could not reasonably have been foreseen and were outside the control of the assistance applicant. If the applicant family fails to produce the documentation required in paragraph (g)(1) of this section within the required time period, the processing entity must follow the provisions of §5.218.”

**Secondary Verification of the Social Security Number**

The Social Security Number provided will be compared to the information recorded in the Social Security Administration database (through HUD’s Enterprise Income Verification System) to ensure that the Social Security Number, birth date and last name match. If EIV returns an error that cannot be explained or resolved, assistance and/or tenancy may be terminated and any assistance paid in error must be returned to HUD. If the applicant/resident deliberately provides an inaccurate Social Security Number, the owner/agent and/or HUD may pursue additional penalties due to attempted fraud.

**INCOME ELIGIBILITY**

In order for an applicant to be eligible for occupancy, the applicant family’s **GROSS** annual income must not exceed the following limits:

<b>1 person</b>	<b>\$30,700</b>	<b>3 persons</b>	<b>\$39,500</b>
<b>2 persons</b>	<b>\$35,100</b>	<b>4 persons</b>	<b>\$43,850</b>

(Below is a table which outlines the current 2022 Section 8 Income Limits)

Income level	1 person	2 persons	3 persons	4 persons	% of median
Extremely Low Income	\$18,450	\$21,050	\$23,700	\$27,750	30%
Very Low Income	\$30,700	\$35,100	\$39,500	\$43,850	50%
Low Income	\$49,150	\$56,150	\$63,150	\$70,150	80%

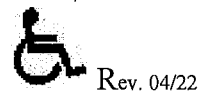
**OCCUPANCY STANDARDS**

Apartment size is determined by family size:

<u>One-bedroom</u>	<u>Two-bedroom</u>
1-2 persons	2-4 persons

**APPLICATION PROCESS**

- Applicants must complete our application and present it either in person or by mail. Incomplete applications will be rejected; application must include name, sex, social security numbers, disability status (if applicable), source and estimates of anticipated annual income and assets for all household members to occupy the unit.
- Applicants are required to sign HUD-91067 “Violence Against Women’s Act” which provides legal protection to victims of domestic violence, dating violence, sexual assault or stalking and prohibits



Landlord from evicting or terminating assistance from individuals being assisted under a project-based Section 8 involved in such action.

- Applications will be time/date stamped upon receipt and assigned a waitlist number.
- Persons with disabilities have the right to request reasonable accommodations including physical accessibility and to participate in any part of the informal hearing process (policy available).
- Eligible applicant(s) will be placed in chronological order on a wait list and be notified in writing of their initial status and will be notified when an apartment becomes available.
- Eligible applicants will be offered admission based on the following order:
  1. Resident unit transfers for medical reasons (3 out of every 4 times)
  2. Military Veterans (Veterans Admission Preference) - head or co-head of household is an honorably discharged veteran of the U.S. Armed Services, or such veteran's surviving spouse, who served on active duty in time of war, resides in New York State and has documented their eligibility by submitting form DD214 with their application.
  3. Families with extremely low-income – applicants whose incomes are at or below extremely low-income limits are selected from the waiting list in chronological order to fill the first 40% of expected vacancies in a fiscal year. The “extremely low income” level is set by “H.U.D.” which is currently \$18,450 for 1 person, \$21,050 for two people, \$23,700 for three people and \$27,750 for four people.
  4. Applicants will be selected on a ‘first come-first serve’ basis as they appear on the wait list providing the 40% ‘extremely low-income’ level requirement has been met.
- Ineligible applicants will be notified in writing of the reason for rejection. Rejected applicants will be given 14 days from the date of the formal rejection letter to respond in writing in order to appeal this decision.
- Accepted applicants will be required to occupy the offered unit no longer than 60 days from offer date or will be considered a 1<sup>st</sup> refusal.
- 1<sup>st</sup> refusal applicants maintain their ID wait list number and will be considered for a 2<sup>nd</sup> offer, in chronological order and after a minimum 6-month time period.
- Applicants on the waitlist who fail to respond within 10 days from the date of the notification shall be considered a refusal.
- After a second offer is refused, applicants are removed from the waiting list.
- Applicant's failure to respond to an annual update will result in removal from the wait list. Applicants are responsible for notifying the management office of any changes in address or phone number.
- The Owner has the right to close the waitlist for one or more unit sizes when the wait time becomes extensive. Should this occur, notification will be published in local newspapers stating the reason for such closing. When re-opening the waitlist, a similar notification will be published in the same manner as the announcement of the closing explaining where, when and how to apply.

## **CITIZENSHIP/IMMIGRATION STATUS REQUIREMENTS**

The housing company is required to obtain the following documentation for each family member regardless of age from both residents and applicants:

- From US citizens, a signed declaration of citizenship
- From non-citizens 62 years of age and older, a signed declaration of eligible non-citizen status and proof of age
- From non-citizens under the age of 62 claiming eligible status:



1. A signed declaration of eligible immigration status
2. A signed consent form; and
3. One of the DHS (Dept. of Homeland Security) approval documents listed on the attached sheet.

### **SECTION 8 STUDENT ELIGIBILITY:**

Section 8 Assistance shall not be provided to any individual who:

- Is enrolled either full-time or part-time at an institution of higher education or other program leading to a recognized educational credential; and
- Is under age of 24; and
- Not married; and
- Is not a veteran of the U.S. military; and
- Does not have a dependent child; and
- Is not disabled and was *not* receiving Section 8 assistance as of November 30, 2005; and
- Is not living with parents who are receiving Section 8 assistance; and
- Is not individually eligible to receive Section 8 assistance and has parents (individually or jointly) who are not income eligible to receive Section 8 assistance.

**In order for parents' income not to be relevant, at a minimum all of the following must be met in order to eligible for Section 8 assistance.**

- Be of legal contract age under state law;
- Have established a household separate from parents/legal guardians for at least one year;
- Meet the US department of education definition of independent student;
- May not be claimed as a dependent by parents or legal guardians per IRS regulations;
- Obtain a certification of financial assistance, even if that assistance is \$0.

**Any financial assistance a student receives in excess of amounts received for tuition is included in annual income unless the student:**

- Is over the age of 23 with dependent children, or
- Is living with his or her parents who are receiving Section 8 assistance.
- Owners must determine a student's eligibility at move-in, annual recertification, initial certification and at the time of an interim recertification if one of the family composition changes reported is that a household member is enrolled as a student.
- If an ineligible student is a member of an applicant household or an existing household receiving Section 8 assistance, the Section 8 assistance must be terminated (not prorated).

### **UNIT TRANSFERS**

Residents can be placed on a transfer waiting list if they meet one of the following conditions:

- (1) Unit transfer is needed for reasonable accommodation (medical) and is certified by doctor.
- (2) Unit transfer is needed because resident requires an accessible unit, as certified by a medical professional, as a reasonable accommodation for persons with verified disabilities



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(3) Unit transfer is needed due to a change in family composition and/or family size

Tenants and applicants who meet one of the transfer conditions can provide a written transfer request to the management office in addition to any supporting documentation required according to the Transfer Policy. Once approved, the tenant will be placed on the transfer waiting list by bedroom size.

**VICTIMS OF DOMESTIC VIOLENCE:**

The Violence Against Women Act (“VAWA”) protects housing assistance applicants and residents who have been victimized by domestic violence, dating violence, sexual assault and stalking as follows:

- (1) Applicants cannot be denied rental assistance solely because they were previously evicted from an assisted site for being victims of domestic violence, dating violence, sexual assault, or stalking.
- (2) Applicants cannot be denied assistance solely for criminal activity or other acts against them that were directly related to domestic violence, dating violence, sexual assault, or stalking.
- (3) Residents cannot be evicted, nor have their subsidies terminated solely because they were victims of domestic violence, dating violence, sexual assault, or stalking. Being a victim of domestic violence does not qualify as a “serious or repeated violation of the lease” or “other good cause” for eviction.
- (4) The domestic abusers may be evicted and their names removed from leases. Remaining household members may continue residency as long as they are eligible.
- (5) Despite the name of this law, VAWA Protection is available to victims of domestic violence, dating violence, sexual assault and stalking, regardless of sex, gender identity or sexual orientation.

If an applicant is a victim of domestic violence, certification of victim status will be requested, which includes names of abusers, if known. Only victim service providers, medical professionals or attorneys who have counseled a victim can provide third-party documentation of the applicant's/resident's status as a domestic violence victim.



## **TENANT SELECTION IS BASED ON:**

### **1. SCREENING CRITERIA**

- Meet age requirement 62 years of age or older or, 18 years of age Handicapped or Disabled
- Meet the project income limits as determined by HUD
- Demonstrated the ability to pay rent on time.
- Personal Interview
- Credit Report
- Criminal Conviction and Sex Offender Search
- Verification of income & assets
- Landlord references for the past 5 years
- Applicant acknowledges that he/she is subject to an “Existing Tenant Search” conducted by management prior to move-in with ‘HUD’s’ “Enterprise Income Verification” (EIV) system. The Existing Tenant Search is used to determine if the applicant or any applicant household members are being assisted at another Multifamily Housing or Public and Indian Housing (PIH) location. If applicant is not admitted, the application and search results are retained for three years. If the applicant is admitted, the application and search results will be retained in the tenant file for the term of tenancy plus three years.

### **2. Brewster Mews Rejection Policy**

- Failure to provide any ‘H.U.D.’ required documents
- Failure to sign “H.U.D.’ required consent forms or authorizations to release specific information (form 9887-A)
- Credit History up to 5 years will be considered
- Judgments, Tax Liens, & Unpaid utility bills
- Prior evictions
- Criminal conviction reflecting felony, violent/fraudulent or drug related crime or a pattern of alcohol abuse will be considered in conjunction with individualized assessment of each applicant
- Sex Offender violation
- Family size not appropriate for size of available unit
- Income exceeds program limit
- Failure to provide Social Security numbers for all members of the household unless an exception applies
- Deliberate falsification of information
- Applicant’s have the right to appeal a rejection; such appeal must be received within 14 days from the date on the rejection letter

Managers Review- This is the final determination of approval or disapproval of a perspective tenant. Any challenged or contested information will be considered at this time.

In accordance with Title VI of the Civil Rights Act of 1964 and in compliance with Sec. 504 of the Rehabilitation Act of 1973, Roosevelt Apartments does not discriminate based on Race, Color, Creed, Religion, Sex, Familial Status, National Origin, Age or Disability.







Application No.: \_\_\_\_\_

Date &amp; Time Stamp: \_\_\_\_\_

## BREWSTER MEWS APARTMENTS APPLICATION FOR ADMISSION

(PLEASE COMPLETE ALL SECTIONS-INCOMPLETE APPLICATIONS WILL BE REJECTED)

Head of Household Name \_\_\_\_\_ Unit Size Required \_\_\_\_\_

Current Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ ♦ Cell Phone \_\_\_\_\_ ♦ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**LIST ALL PERSONS WHO RESIDE IN THE UNIT INCLUDING YOURSELF:**

1. Give the relationship of each family member to the Head of Household

*\*requires documentation prior to MI*

Member No.	Member's Full Name	Relationship	Birth Date	Age	Sex	*Social Security No.*	Student? YES OR NO
1		<b>HEAD</b>					

2. Ethnicity of ALL Members: 1. Hispanic/All or Who \_\_\_\_\_ 2. Non-Hispanic/All or Who \_\_\_\_\_3. Are all members of your household U.S. Citizens?  Yes  No If no who \_\_\_\_\_4. Does anyone live with you now who is not listed above?  Yes  No5. Do you expect a change in your household composition?  Yes  No

Explain if you answered yes to questions 4 &amp; 5: \_\_\_\_\_

6. Is any household member disabled *as defined in 42 U.S.C. 423 (attached)*? If yes, who? \_\_\_\_\_

Please identify any special housing accommodation/need your household has: \_\_\_\_\_

7. Veteran Status (check one): 1. Veteran \_\_\_\_\_ 2. Non-Veteran \_\_\_\_\_ 3. Active Duty \_\_\_\_\_ 4. Reserve Unit \_\_\_\_\_

8. Do you currently have any form of rental assistance and/or have you applied for assistance? If so, please specify the subsidizing agency: \_\_\_\_\_

9. Circle the size of apartment desired: 1 Bedroom 1 Bedroom Handicap 2 Bedroom 2 Bedroom Handicap

**GENERAL INFORMATION (IF NONE, WRITE, "NONE")**A. **Automobile:** (Make) \_\_\_\_\_ (Model) \_\_\_\_\_ (Year) \_\_\_\_\_ (License) \_\_\_\_\_B. **Medical Expenses not covered or reimbursed** by Insurance (**For Families with an Elderly or Disabled Head or Spouse Only**) (Dental, Doctor bills, Glasses, Medicines, Etc.) \$ \_\_\_\_\_ annually.  
Private Medical Insurance Company Name: \_\_\_\_\_ Monthly Premium \$ \_\_\_\_\_C. **Disability/Handicap Expenses:** Do you have to pay for the care of a disabled person, special equipment for them or yourself, if disabled, in order to work? Describe what and amounts \_\_\_\_\_

**INCOME (Please list ALL sources of income)**

1. List all income from all types of employment, public assistance, child support, alimony, social security, SSI, disability, unemployment benefits, workers compensation, pensions, annuities, veterans benefits, student financial assistance and any other income:

Member No.	Source of Income/Type of Income	Monthly or Annual Income

**ASSETS (Please list all asset sources; if none mark "NONE")**

1. List all checking, savings accounts (including IRAs, Keogh accounts, and Certificates of Deposits, Mutual funds, etc.) and all stocks, bonds, trusts, real estate, life insurance or other assets and their value owned for all household members: If you have a CoMerica, Net Benefits or other debit card account for your SS or SSI, it MUST be listed.

Member No.	Bank Name	Type of Account	Account Number	Balance

2. Within the past two (2) years, have you sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value.  Yes  No  
If yes, please list the assets, value and date of transaction:

**IF YES TO ANY OF THE QUESTIONS, PLEASE EXPLAIN BELOW:**

1. Does anyone outside of your household pay any of your bills or give you money?  Yes  No  
If yes, who? NAME \_\_\_\_\_ \$ \_\_\_\_\_ How often \_\_\_\_\_
2. Have you had any other income source within the past 12 months other than those listed?  Yes  No  
If yes, what? \_\_\_\_\_
3. Are you or anyone in your home **currently** enrolled in any institute of higher education or training programs?  Yes  No  
If yes, who and where? \_\_\_\_\_
4. Have you or any member of your household been convicted of a crime in the past 12 months?  Yes  No  
If yes, who? \_\_\_\_\_
5. Are you or anyone in your home currently subject to a lifetime registration requirement under a state sex offender registration program?  Yes  No  
If yes, who? \_\_\_\_\_
6. Please list **all states** in which you have lived:

**EMPLOYMENT HISTORY**

Name and address of Your CURRENT Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
How long have you worked there? \_\_\_\_\_

Name and address of Your CURRENT Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
How long have you worked there? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**RENTAL HISTORY (last 5 years)**

Name and address of Your **Present** Landlord:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_  
How Long Have You Lived There? \_\_\_\_\_  
Reason for Leaving? \_\_\_\_\_

Name and address of Your **Former** Landlord:  
Previous Address you lived at: \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_ How Long Have You Lived There? \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

**OTHER INFORMATION**

Do you have a water bed?  Yes  No  
Do you have a renter's insurance?  Yes  No If yes, insurance company \_\_\_\_\_  
Do you own a pet?  Yes  No

**MARKETING**

How did you here about us?  
 Newspaper  Internet  Friends/Family Referral  Apartment Spotlight Magazine  
 Other: \_\_\_\_\_

**ALL APPLICANTS**

I authorize Brewster Mews Apartments to obtain an investigative Credit Report and/or a Criminal Background Report in connection with this application. This report may include information as to my character, general reputation, personal characteristics and/or mode of living and credit standing. I understand that I may request the name of the reporting agency providing this information. I understand that the above information is being collected to determine my eligibility. I authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which may be released to appropriate Federal, State, or local agencies. I further certify that if the result of this verification process allows me to receive rental assistance, the unit I/we occupy will be my/our only residence.

I have read this application and hereby state that the information provided by me on this application is accurate and complete, and I acknowledge that in the event I enter into a lease with Brewster Mews Apartments that lease may be canceled by the lessor in the event any information provided by me in this application or any other document furnished by me is materially inaccurate or incomplete.

I understand that if approved for residency all applicants 18 or older must sign the Lease and its attachments as well as the HUD-50059 and HUD 9887/9887-A Consent Forms. I acknowledge that I must also complete and sign the attached Income/Asset Certification.

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).

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

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

IN THE SPIRIT AND INTENT OF THE SECTION 504 REGULATION OF THE REHABILITATION ACT OF 1973, WE WILL NOT DISCRIMINATE ON THE BASIS OF HANDICAP.

Brewster Mews Apartments ~ 925 Robin Road ~ Amherst, NY 14228  
716-689-7600 (phone) ~ 716-689-7712 (fax)



\*\*\*\*\*

**OFFICE USE ONLY**

TRW \_\_\_\_\_  
LL1 \_\_\_\_\_  
LL2 \_\_\_\_\_

Accepted Letter \_\_\_\_\_  
Denial Letter \_\_\_\_\_  
Reason \_\_\_\_\_



# INCOME & ASSET CERTIFICATION

NAME \_\_\_\_\_ APPLICATION # \_\_\_\_\_

I certify that I **HAVE** or **DO NOT HAVE** any of the following:

<u>INCOME</u>	<u>HAVE</u>	<u>DO NOT HAVE</u>	<u>ASSETS</u>	<u>HAVE</u>	<u>DO NOT HAVE</u>
<b>Earned Income</b> (wages, salaries, overtime pay, commissions, _____ Fees, tips, bonuses)	_____	_____	<b>Checking Account</b> _____	_____	_____
<b>Income, Salary or Distribution from a business</b> (self employed or as owner of a business) _____	_____	_____	<b>CoMerica Card</b> _____	_____	_____
<b>Income from Net Family Assets</b> _____	_____	_____	<b>Savings Account</b> _____	_____	_____
<b>Payments in Lieu of Earnings</b>			<b>CD</b> _____	_____	_____
• Unemployment _____	_____	_____	<b>Trusts</b> _____	_____	_____
• Disability _____	_____	_____	<b>Stocks, bonds</b> _____	_____	_____
• Worker's Compensation _____	_____	_____	<b>or Treasury Bills</b> _____	_____	_____
• Severance Pay _____	_____	_____	<b>IRA</b> _____	_____	_____
<b>Social Security or SSI for any family member</b> _____	_____	_____	<b>Keogh Fund</b> _____	_____	_____
<b>VA Benefits</b> _____	_____	_____	<b>Retirement Fund</b> _____	_____	_____
<b>Public Assistance (Welfare)</b> _____	_____	_____	<b>Pension Fund</b> _____	_____	_____
<b>Child Support or Alimony</b> _____	_____	_____	<b>Life Insurance</b> _____	_____	_____
<b>Payments from</b>			<b>Equity in Rental or Capital Investments</b> _____	_____	_____
• Insurance Policies _____	_____	_____	<b>Lump Sum Receipts</b> _____	_____	_____
• Retirement Funds _____	_____	_____	(inheritance, insurance settlements, Capital Gains, Lottery Winnings)		
• Pension Funds _____	_____	_____	<b>Personal Property</b> _____	_____	_____
• Retirement Funds _____	_____	_____	<b>held as an investment</b> _____	_____	_____
• Death Benefits _____	_____	_____	(ex; coins, antiques, stamps)		
• Lottery Winnings _____	_____	_____	<b>EXPENSES</b>		
(paid periodically) _____	_____	_____	<b>MEDICAL</b> -bills, eye doctors, dentists, prescriptions, hearing aids, etc. _____	_____	_____
• Recurring Monetary Gifts _____	_____	_____	<b>MEDICAL INSURANCE</b> _____	_____	_____
<b>Contributions or Payments</b> _____	_____	_____	<b>CHILD CARE</b> _____	_____	_____
(from person not living with you)			<b>OTHER CARE</b> _____	_____	_____
			<b>INCREASES &amp; CHANGES</b>		
			<b>Expected income increase</b>		
			<b>In the next 12 months</b> _____	_____	_____
			<b>Expected change in</b>		
			<b>Family composition</b>		
			<b>in the next 12 months</b> _____	_____	_____

I  Did  Did Not File A Federal Income Tax Report Last Year. If you did file a federal tax return last year, please provide the owner/agent with a copy.

*I hereby swear and attest that the above information about my income and assets are true, accurate and complete. I understand that increase in total family income may cause me to no longer qualify for residency.*

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

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

*I have met with the applicant/resident regarding the completion of this form and attest that to the best of my ability I have explained the content of the form and answered any questions the applicant/resident had.*

*D. Shero*  
\_\_\_\_\_  
Signature of Property Manager/Agent

\_\_\_\_\_  
Date



# Brewster Mews Apartments

925 Robin Road  
Amherst, NY 14228

Phone: (716) 689-7600 | Fax: (716) 689-7712



## DISABILITY VERIFICATION For Section 8 Affordable Housing

SIGNATURE OF APPLICANT/TENANT

DATE

SOCIAL SECURITY NUMBER

To: \_\_\_\_\_ RE: \_\_\_\_\_  
DISABILITY VERIFICATION OF APPLICANT/TENANT

The above named applicant has applied to live in an affordable Section 8 apartment. The Department of HUD allows us to consider Tenant/Applicant for housing if the applicant is deemed "disabled" per the definitions below. Please complete the bottom portion of this and mail or fax to the address/fax number shown above.

*D. Greco*

PROPERTY MANAGER

**PHYSICIAN PLEASE FAX OR MAIL  
THIS FORM DIRECTLY TO RENTAL**

### The Dept. of Housing & Urban Development defines a disabled person in 3 ways:

1. A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 year old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
2. Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:
  - (A) Is expected to be of long-continued and indefinite duration,
  - (B) Substantially impedes his or her ability to live independently, and
  - (C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.
3. A developmentally disabled person is one with a severe chronic disability that:
  - A. is attributable to a mental and/or physical impairment
  - B. as manifested before age 22
  - C. is likely to continue indefinitely
  - D. results in substantial functional limitations in 3 or more of the following areas of major life activity: (a) self-care, (b) receptive and expressive language; (c) learning, (d) mobility, (e) self-direction, (f) capacity for independent living, & (g) economic self-sufficiency AND
  - E. requires special interdisciplinary or generic care treatment or other services which are of extended or lifelong duration and are individually planned or coordinated.
  - Does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome;
  - For purposes of qualifying for low-income housing, does not include a person whose disability is based solely on any drug or alcohol dependence; and
  - Means person with disabilities (individual with handicaps), as defined in 24 CFR 8.3, for purposes of reasonable accommodation and program accessibility for persons with disabilities.

*With my signature, I certify that the above named Tenant/Applicant meets the HUD Definition of Disabled.*

PRINT NAME:

TITLE:

SIGNATURE:

PHONE:



Real Estate

## Brewster Mews Apartments

925 Robin Road

Amherst, NY 14228

Phone: (716) 689-7600 | Fax: (716) 689-7712



### DEFINITION OF "DISABLED"

**Definition E – Person with Disabilities [24 CFR 5.403].** A person with disabilities for purposes of program eligibility:

- (1) Means a person who:
  - (i) Has a disability, as defined in 42 U.S.C. 423;  
Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or  
In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time. For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.
  - (ii) Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:
    - (A) Is expected to be of long-continued and indefinite duration,
    - (B) Substantially impedes his or her ability to live independently, and
    - (C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or
  - (iii) Has a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that
    - (A) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
    - (B) Is manifested before the person attains age 22;
    - (C) Is likely to continue indefinitely;
    - (D) Results in substantial functional limitation in three or more of the following areas of major life activity:
      - a. Self-care,
      - b. Receptive and expressive language,
      - c. Learning,
      - d. Mobility,
      - e. Self-direction,
      - f. Capacity for independent living, and
      - g. Economic self-sufficiency; and
    - (E) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- (2) Does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome;
- (3) **For purposes of qualifying for low-income housing, does not include a person whose disability is based solely on any drug or alcohol dependence; and**
- (4) Means person with disabilities (individual with handicaps), as defined in 24 CFR 8.3, for purposes of reasonable accommodation and program accessibility for persons with disabilities.

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 03/31/2014)

**BREWSTER MEWS**

**925 ROBIN ROAD**

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
<b>Devyn Greco, Property Manager</b>		<b>Section 8</b>
<b>Name of Owner/Managing Agent</b>		<b>Type of Assistance or Program Title:</b>

<b>Name of Head of Household</b>	<b>Name of Household Member</b>
----------------------------------	---------------------------------

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

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
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 provide 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 no 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.



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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<p><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.</p>	
<p><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.</p>	
<p><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.</p>	

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

--	--

Signature of Applicant

Date

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

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



**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

Organization requesting release of information:  
Brewster Mews Apartments  
925 Robin Road  
Amherst NY 14228

Print Name of Resident(s)/Applicant(s):  
\_\_\_\_\_

**Purpose:**

We are required to verify the income and other pertinent information of all members of families applying for housing as residents to the federally-assisted housing units, which we operate, and to re-examine periodically the resident families. To comply with this requirement, we ask your cooperation in supplying the pertinent information for the person(s) accompanying this signed release. This information will be held in strict confidence for use only in determining the eligibility status and rent of the individual and his/her family.

**INQUIRIES MAY BE MADE ABOUT:**

- Social Security Numbers
- Identity/Marital Status
- Family Composition/Immigration Status
- Credit History
- Criminal History
- Sex Offender Registry

- Employment & Income
- Assets
- Federal, State, Tribal, Local Benefits of Family
- Child Care Expenses
- Medical Expenses
- Handicapped Assistance Expense

**INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:**

- Credit Bureaus
- Law Enforcement Agencies & Courts
- Utility Companies
- Schools and Colleges
- VA Administration
- HUD-EIV Income Information
- HUD-EIV Existing Tenant/Multiple Subsidy
- US Dept. of Homeland Security
- Social Security Administration

- Employers (past & present)
- Providers of Alimony
- Providers of Pensions/Annuities
- Welfare Agencies
- Providers of Child Care/Child Support
- Banks/Financial Institutions
- Providers of Handicapped Assistance
- Medical/Healthcare Providers

**AUTHORIZATION:**

I authorize the release of any information (including additional documentation and other material) to the above names organization about me and my family that is pertinent to eligibility for participation in subsidized housing.

**CONDITIONS:**

I agree that photocopies of this authorization may be used for the purpose stated above. This form expires 12 months after signed.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ 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)**

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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.):  LAFAYETTE COURT 465 MAIN STREET - 2ND FLOOR BUFFALO, NY 14203	O/A requesting release of information (Owner should provide the full name and address of the Owner.):  M.J. PETERSON 200 J J AUDUBON PKWY, STE 300 AMHERST, NY 14228	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.):  NYS Housing Trust Fund 38-40 State St. Albany, NY 12207
--	--	--

**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

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

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

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

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

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

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

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

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

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

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

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

Signatures:		Additional Signatures, if needed:	
_____	_____	_____	_____
Head of Household	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Spouse	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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

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

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

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

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

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

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

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

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

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

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

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

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

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

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

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

**Failure to Sign the Consent Form**

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

**Conditions**

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
DEVYN R. GRECO - COS, TCS

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

\_\_\_\_\_  
PROPERTY MANAGER

Title *D. Greco*

\_\_\_\_\_  
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.



### Citizenship Declaration

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing office. Please feel free to contact suit with an immigration lawyer or other immigration expert of your choice.

**INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet**

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

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

Relationship to Head of Household: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Alien Registration No.: \_\_\_\_\_

Admission No.: \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form 1-94, Departure Record)

Nationality \_\_\_\_\_ (Enter 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 printing or by typing the person's first name, middle initial and last name in the space provided. Then review the blocks shown below and complete either section 1, 2, or 3

#### DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury,

that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States  
Sign and date below and return 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 and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_



\_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, *\*Permanent Resident Card\**

- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

- (a) "Admitted as Refugee Pursuant to Section 207";

- (b) "Section 208" or "Asylum";

- (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or

- (d) "Paroled Pursuant to Sec 212(d)(5) of the INA".

- (3) If form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

- (a) A final court decision granting asylum (but only if no appeal is taken);

- (b) 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);

- (c) A court decision granting withholding or deportation; or

- (d) A letter from DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

- (4) 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.

- (5) *\*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 block is checked, sign and date below **and** submit the documentation required above with this declaration and a verification consent 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 and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**Request for Extension**

I hereby certify that I am a noncitizen with eligible immigration status, as noted 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check if adult signed for a child: \_\_\_\_\_

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

If you checked this block, 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 is responsible for the child should sign and date below:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_

Brewster Mews Apartments does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 924 CFR, part 8 dated June 2, 1988.) You may address your request for review or reconsideration to: Director of Affordable Housing, MJ Peterson Corp., 200 John James Audubon Parkway, Suite 300, Amherst, NY 14228, (716) 688-1234, NY TTY 1-800-662-1220.  
EQUAL HOUSING OPPORTUNITY



# Brewster Mews Apartments

925 Robin Road, Amherst, NY 14228

Phone: (716) 689-7600

Fax: (716) 689-7712



## Family Summary Sheet

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

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