

# Two Rivers Apartments

411 Elm Street Newport KY 41071

Phone: (859) 431-2166

Email: [tworivers@romarmanagement.com](mailto:tworivers@romarmanagement.com)

Dear Interested Applicant:

Thank you for your interest in Two Rivers Apartments. Two Rivers has 71 one-bedroom apartments for Senior Citizens. 7 Units at Two Rivers are handicap accessible with roll in showers and handicap accessible kitchens. Two Rivers apartments are rent subsidized, and residents pay 30% of their income for rent and all utilities are included except for basic cable. Two Rivers offers an option to each resident to sign up for online portal access to pay your rent each month by automatic withdrawal and submit work orders.

Two Rivers is a "housing only setting" with no licensed services for applicants 62 years of age and older. To be eligible, annual income must be below \$36,700 for one person and \$41,950 for two persons.

Each apartment is equipped with a refrigerator and range. All units have individually controlled air conditioning and heating units.

A calendar of monthly activities is offered along with a Senior Support Specialist onsite to help with aging in place. Two Rivers offers a beautiful view of the Cincinnati Skyline from a 5<sup>th</sup> floor patio and the skyline can be seen from certain units. A coin operated laundry room is located on the 1<sup>st</sup> floor and community rooms to watch TV, play cards or board games. All units have pull cords for emergencies in the bathrooms and bedrooms. Two Rivers has full time maintenance staff, onsite property manager and resident manager.

Two Rivers is a non-smoking building I have attached the Police background check, Enterprise Income Verification and Non-Smoking Policy for you to sign and return with your application.

In order to expedite the processing of your application for qualification with the Section 202 program guidelines you must provide the following documents listed below with your application.

**We would be glad to make copies of the following.**

- Birth Certificate
- Social Security Card
- Photo ID

Thank you  
Lisa Burke  
Community Manager  
Two Rivers  
Newport Commons



We encourage and support an affirmative housing program in which there are no barriers to obtaining housing because of race, religion, sex, handicap, familial status, or national origin.



IS ANY MEMBER OF THE HOUSEHOLD HANDICAPPED OR DISABLED?  YES  NO  
 DOES ANY MEMBER OF HOUSEHOLD NEED A HANDICAP/MOBILITY IMPAIRED UNIT?  YES  NO  
 DOES ANY MEMBER OF HOUSEHOLD NEED A SITE IMPAIRED UNIT?  YES  NO  
 DOES ANY MEMBER OF THE FAMILY HAVE A SCOOTER OR WHEELCHAIR?  YES  NO  
 DOES ANY MEMBER OF THE FAMILY HAVE A CANE OR WALKER?  YES  NO

5. DO YOU HAVE PETS?  YES  NO IF YES, WHAT KIND? \_\_\_\_\_

6. HOW MANY VEHICLES DOES THE FAMILY OWN? \_\_\_\_\_

MAKE	MODEL	YEAR	COLOR	LICENSE PLATE
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7. DO YOU EXPECT A CHANGE IN YOUR HOUSEHOLD COMPOSITION?  YES  NO

8. PLEASE IDENTIFY ANY SPECIAL HOUSING NEEDS YOUR HOUSEHOLD HAS: \_\_\_\_\_

**STATUTORY PREFERENCES – DISPLACEMENT**

PREFERENCE MAY BE GIVEN TO APPLICANTS WHO HAVE BEEN DISPLACED BY GOVERNMENT ACTION OR A PRESIDENTIALLY DECLARED DISASTER.

HAVE YOU BEEN DISPLACED BY GOVERNMENT ACTION OR PRESIDENTIALLY DECLARED DISASTER?  YES  NO

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

**PRESENT LANDLORD**

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**PREVIOUS LANDLORD**

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**ASSET INFORMATION:**

1. \_\_\_\_\_  
 NAME OF BANK \_\_\_\_\_ TYPE OF ACCOUNT \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_ BALANCE \_\_\_\_\_

2. \_\_\_\_\_  
 NAME OF BANK \_\_\_\_\_ TYPE OF ACCOUNT \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_ BALANCE \_\_\_\_\_

3. \_\_\_\_\_  
 NAME OF BANK \_\_\_\_\_ TYPE OF ACCOUNT \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_ BALANCE \_\_\_\_\_

DO YOU OWN A HOME OR REAL ESTATE?  YES  NO IF YES VALUE \_\_\_\_\_

HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE DURING THE PAST TWO YEARS?  YES  NO

IF YES, LIST AMOUNT \$ \_\_\_\_\_ DATE OF DISPOSAL \_\_\_\_\_

**INCOME STATUS:**

GROSS MONTHLY SOCIAL SECURITY \$ \_\_\_\_\_

SSI \$ \_\_\_\_\_

GROSS MONTHLY PENSION \$ \_\_\_\_\_

GROSS MONTHLY EMPLOYMENT \$ \_\_\_\_\_

VETERANS PENSION \$ \_\_\_\_\_

INTEREST EARNED MONTHLY ON BANK ACCOUNTS, STOCKS, IRA, ETC... \$ \_\_\_\_\_

OTHER INCOME \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL PROJECTED MONTHLY INCOME \$ \_\_\_\_\_

TOTAL PROJECTED ANNUAL INCOME \$ \_\_\_\_\_

**MEDICAL EXPENSES:**

DO YOU HAVE MEDICAL INSURANCE?  YES  NO

IF YES LIST (PLEASE NOTE, LIFE INSURANCE NOT APPLICABLE)

1. \_\_\_\_\_  
NAME OF INSURANCE COMPANY MONTHLY/QUARTERLY PREMIUM

2. \_\_\_\_\_  
NAME OF INSURANCE COMPANY MONTHLY/QUARTERLY PREMIUM

**EVICITION:**

HAS ANY HOUSEHOLD MEMBER EVER BEEN EVICTED?  YES  NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER LIVED IN SUBSIDIZED HOUSING IN THE PAST? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU CURRENTLY LIVE IN SUBSIDIZED HOUSING? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAS ANY HOUSEHOLD MEMBER EVER BEEN CONVICTED OF A FELONY?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

IS ANY HOUSEHOLD MEMBER SUBJECT TO A STATE LIFETIME SEX OFFENDER REGISTRY?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

LIST ALL STATES WHERE ALL MEMBERS OF THE HOUSEHOLD HAVE RESIDED. \_\_\_\_\_  
\_\_\_\_\_

LIST OTHER NAMES KNOWN BY: \_\_\_\_\_

ARE YOU A STUDENT IN A HIGHER LEARNING INSTITUTE? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE ANY ADULT MEMBERS CURRENTLY A FULL TIME OR PART TIME STUDENT?  
\_\_\_\_ YES \_\_\_\_ NO

ARE ANY ADULT STUDENT HOUSEHOLD MEMBERS RECEIVING FINANCIAL AID?  
\_\_\_\_ YES \_\_\_\_ NO

HOW DID YOU HEAR ABOUT US?

\_\_\_\_ Resident Referral \_\_\_\_ Local Paper \_\_\_\_ Other: \_\_\_\_\_

WERE YOU 62 YEARS OF AGE OR OLDER AS OF 01/31/2010 AND DO NOT HAVE A SSN?  
\_\_\_\_ YES \_\_\_\_ NO

WERE YOU RECEIVING HUD RENTAL ASSISTANCE AT ANOTHER LOCATION ON 01/31/2010?  
\_\_\_\_ YES \_\_\_\_ NO

(THIS INFORMATION IS NEEDED IN ORDER FOR THE OWNER TO VERIFY WHETHER THE APPLICANT QUALIFIES FOR THE EXEMPTION FROM DISCLOSING AND PROVIDING VERIFICATION OF A SSN).

**WAITING LIST**

I/WE UNDERSTAND THE MANAGEMENT OF THIS PROPERTY CANNOT DETERMINE HOW LONG MY WAIT WILL BE ON THE WAITING LIST.

**APPLICANT CERTIFICATION**

I/WE CERTIFY THAT IF SELECTED TO MOVE IN THIS PROPERTY, THE UNIT I/WE OCCUPY WILL BE MY/OUR ONLY RESIDENCE. I/WE UNDERSTAND THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY FOR SECTION 8 ASSISTANCE. I/WE AUTHORIZE THE OWNERS TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION. I UNDERSTAND THAT SUCH INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, CREDIT HISTORY, CIVIL AND CRIMINAL INFORMATION, RECORDS OF ARREST, RENTAL HISTORY, EMPLOYMENT/SALARY DETAILS, VEHICLE RECORDS, LICENSING RECORDS, AND/OR ANY OTHER NECESSARY INFORMATION. I UNDERSTAND THAT SUBSEQUENT CONSUMER REPORTS MAY BE OBTAINED AND UTILIZED UNDER THIS AUTHORIZATION IN CONNECTION WITH AN UPDATE, RENEWAL, EXTENSION OR COLLECTION WITH RESPECT OR IN CONNECTION WITH THE RENTAL OR LEASE OF A RESIDENCE FOR WHICH APPLICATION WAS MADE. I/WE CERTIFY THAT THE STATEMENTS

MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.

TWO RIVERS IS AN EQUAL OPPORTUNITY HOUSING PROVIDER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, GENDER, DISABILITY, NATIONAL ORIGIN, RELIGION OR FAMILIAL STATUS.

\_\_\_\_\_  
SIGNATURE OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MANAGER

\_\_\_\_\_  
DATE

**EQUAL HOUSING OPPORTUNITY**

**Please return application to:**

**TWO RIVERS APARTMENTS  
411 ELM STREET  
NEWPORT, KENTUCKY 40171  
859-431-2166  
tworivers@romarmanagement.com**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

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

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

## CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

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

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

1. Have you been evicted from a federally assisted site for drug-related criminal activity?  
\_\_\_\_\_ yes \_\_\_\_\_ no
2. Do you currently use illegal drugs or abuse alcohol? \_\_\_\_\_ yes \_\_\_\_\_ no
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?  
\_\_\_\_\_ yes \_\_\_\_\_ no
4. Have you been convicted of any drug-related crime? \_\_\_\_\_ yes \_\_\_\_\_ no
5. Have you been convicted of any felony? \_\_\_\_\_ yes \_\_\_\_\_ no
6. Have you been convicted of any crime involving fraud or dishonesty?  
\_\_\_\_\_ yes \_\_\_\_\_ no
7. Have you been convicted of any crime involving violence? \_\_\_\_\_ yes \_\_\_\_\_ no
8. Are you currently charged with any of the above criminal activities? \_\_\_\_\_ yes \_\_\_\_\_ no
9. Please list all states in which you have lived or have held licenses to drive (include driver's license #'s)  
\_\_\_\_\_  
\_\_\_\_\_
10. Have you ever used or been known by any other name? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please list names used \_\_\_\_\_

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

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Mt. Auburn Apartments, to a public housing authority, or to an agency contracted by Mt. Auburn Apartments to conduct criminal background checks.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_



TWO RIVERS APARTMENTS, NEWPORT COMMONS APARTMENTS  
AND AUSTINBURG APARTMENTS

POLICY CHANGE NOTICE POSTED 3-1-19

SMOKE FREE POLICY

EFFECTIVE DATE 9-1-19

EFFECTIVE 9-1-19 TWO RIVERS APARTMENTS, NEWPORT COMMONS APARTMENTS AND AUSTINBURG APARTMENTS ARE SMOKE FREE BUILDINGS. RESIDENTS, VISITORS, VENDORS, AND EMPLOYEES WILL NOT BE PERMITTED TO SMOKE IN THE BUILDINGS WHICH INCLUDES INSIDE OF THE APARTMENTS. SMOKING IS ALSO PROHIBITED ON THE PORCH AND PATIO AREAS OUTSIDE THE BUILDING, AREAS IMMEDIATELY ADJACENT TO THE BUILDING ENTRANCES AND EXITS INCLUDING WINDOWS. THIS SMOKE FREE POLICY ALSO BANS E-CIGARETTES. THE DESIGNATED SMOKING HUT IS LOCATED IN THE BACK OF THE BUILDING.

THIS SMOKE FREE POLICY WILL APPLY TO CURRENT RESIDENTS AS NOTICE GIVEN ON 3-1-19 AND EFFECTIVE IN 6 MONTHS ON 9-1-19. NEW RESIDENTS MOVING IN AFTER 3-1-19 WILL FOLLOW SMOKE FREE BUILDINGS POLICY EFFECTIVE 3-1-19.

TWO RIVERS, NEWPORT COMMONS AND AUSTINBURG APARTMENTS ARE DEDICATED TO PROVIDING A QUALITY ENVIRONMENT WHICH INCLUDES THE HEALTH, SAFETY AND COMFORT OF ITS RESIDENTS, VISITORS AND STAFF.

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Resident Signature

Date



## Criminal and Credit Report Authorization

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_, to obtain a Police / Consumer Report, and any other information deemed necessary in determining my eligibility for housing. In signing this consent form, I am authorizing the owner of the housing project to which I am applying for assistance, to request information from a third party about myself. HUD requires the housing owner to verify all information provided that would affect your eligibility or assistance level on the housing program. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, and any other necessary information. I hereby expressly release \_\_\_\_\_, and any other procurer or furnisher of such information, from any liability whatsoever in the use, procurement or furnishing of such information and understand that my application information may be provided to various local, state, and/or federal government agencies, including without limitation various law enforcement agencies.

### Requested Information of Authorizing Person:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Driver's License or State ID #: \_\_\_\_\_

Email: \_\_\_\_\_  
*(providing your email address is only necessary if you would like a copy of your background report)*

\_\_\_\_\_  
Signature of Authorizing Person

\_\_\_\_\_  
Date

ENTERPRISE INCOME VERIFICATION REQUEST

(VERIFICATION OF INCOME)

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

PROPERTY: TWO RIVERS ( ) NEWPORT COMMONS ( )

REQUESTED BY: LISA BURKE

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RESIDENT: \_\_\_\_\_

UNIT: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DOB: \_\_\_\_\_

ANNUAL RECERT: ( )

PRECERT: ( )

TRIAL: ( )

RESIDENT/APPLICANT SIGNATURE: \_\_\_\_\_

MANAGER SIGNATURE: \_\_\_\_\_

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

At the time an apartment becomes available you will need to obtain copies of the following documents/information.

**Please note all documents and letters of proof must be dated within 120 days of your move date.**

Your Identification Card, Driver's License, Social Security Card and Birth Certificate must be collected at the time of application.

**I understand that the management of this property cannot determine how long my name will be on the waiting list.**

**Depending on what property you are applying for management may wait until you are closer to the top of the waiting list to collect these documents.**

- Current Social Security Award Letter dated within 120 days of meeting with the property manager
- Pension Letter dated within 120 days of meeting with the property manager
- 6 Months of Bank Statements this includes all pages of your statement. For example, if your bank statements say 1 of 3, they must include all 3 pages.
- Proof of CD'S, Stocks, Savings, Money Market Accounts and IRA
- If you own a home, you need the Home Appraisal, Foreclosure paperwork or bill of sale
- If you pay out of pocket for any health insurance premiums bring the statement and proof.
- Print out of 1 year prescription expenses
- Medical Expenses (Doctors Co Pays & Hospital Visits)
- If you pay out of pocket for incontinence products. Please bring a letter from your doctor and proof such as receipts of products purchased.

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

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

**Exhibit 3-5: \*\*Sample Citizenship Declaration \*\***

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

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

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

INSTRUCTIONS: Complete the Declaration below by 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 block number 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, *Alien Registration Receipt Card* (for permanent resident aliens).
- (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 an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

- (6) 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.
- (7) Form I-151 Alien Registration Receipt Card.

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. above 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: \_\_\_\_\_



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# EIV & You

## ENTERPRISE INCOME VERIFICATION



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

### What is EIV?

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



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

#### The Social Security Administration:

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

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

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

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

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

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

- correctly reported your income

They will also be able to determine if you:

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

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

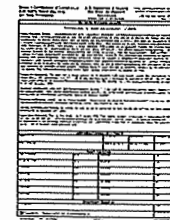
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or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

### Who has access to the EIV information?

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

### What are my responsibilities?

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





### Penalties for providing false information

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

### Protect yourself, follow HUD reporting requirements

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

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

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

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



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

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

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

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

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

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

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

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

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

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



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

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

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



JULY 2009

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Assistant General Counsel for Office of Aviation Consumer Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Division Regional Office</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street NE Washington, DC 20549</p>
<p>8. Institutions that are members of the Farm Credit System</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p>



# Verification from Previous Landlord

(of Rental History, Housekeeping Habits, Drug Usage, or Criminal Behavior)

To: \_\_\_\_\_ From: \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Subject:** Verification of rental history, etc., for the following applicant/participant of HUD-assisted housing:

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

The above person has applied for housing assistance under a program of HUD. HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the HUD-assisted property listed at the top of the page. Your prompt response will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information below.

### Rental History

Dates applicant rented: From \_\_\_\_\_ to \_\_\_\_\_. Did applicant satisfy lease agreement? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Did the above person pay rent to you \_\_\_\_\_ on time \_\_\_\_\_ late \_\_\_\_\_ varied  
Is/was rent subsidized? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Does Applicant owe a balance? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Housekeeping Habits

While living in your unit, was the above person's unit? \_\_\_\_\_ excellent \_\_\_\_\_ good \_\_\_\_\_ poor

### Drug Usage/Criminal Behavior

While living in your unit, was there ever any evidence of drug usage or violent behavior by the above person? \_\_\_\_\_ yes \_\_\_\_\_ no

### Complaints/Violations of House Rules

While living in this unit, was there any complaints or House Rule violations? \_\_\_\_\_ yes \_\_\_\_\_ no

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

**Rent Again:** Would you rent to this person again? \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_  
( )  
Name of Person Supplying the Information telephone Address of Rental Property

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

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

☆  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

At the time an apartment becomes available you will need to obtain copies of the following documents/information.

**Please note all documents and letters of proof must be dated within 120 days of your move date.**

Your Identification Card, Driver's License, Social Security Card and Birth Certificate must be collected at the time of application.

**I understand that the management of this property cannot determine how long my name will be on the waiting list.**

**Depending on what property you are applying for management may wait until you are closer to the top of the waiting list to collect these documents.**

- Current Social Security Award Letter dated within 120 days of meeting with the property manager
- Pension Letter dated within 120 days of meeting with the property manager
- 6 Months of Bank Statements this includes all pages of your statement. For example, if your bank statements say 1 of 3, they must include all 3 pages.
- Proof of CD'S, Stocks, Savings, Money Market Accounts and IRA
- If you own a home, you need the Home Appraisal, Foreclosure paperwork or bill of sale
- If you pay out of pocket for any health insurance premiums bring the statement and proof.
- Print out of 1 year prescription expenses
- Medical Expenses (Doctors Co Pays & Hospital Visits)
- If you pay out of pocket for incontinence products. Please bring a letter from your doctor and proof such as receipts of products purchased.

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

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