

Town Oaks of Kenedy

"New Beginnings Through Housing"

120 Water Street Kenedy, TX 78119

830-583-3850 Phone & Fax

Business Hours: Monday – Thursday 8:00 am – 5:00 pm / Friday 8:00 am – 3:00 pm

Welcome

Name: _____

Address: _____

City: _____ State: _____ Phone: _____

How did you hear about us?

- Driving by
- Newspaper
- Resident
- Other

Type of Apartment desired?

- 1 bedroom
- 2 bedroom
- 3 bedroom

Income Range

- 0-5,000
- 5,000-8,000
- 8,000-10,000
- 10,000-12,000
- Over 12,000

Are you?

- Married
- Single
- Decline to answer

How many family members in household? _____

How many children in household? _____

For Leasing Agent Only

Comments: _____

PENALTIES FOR MISUING 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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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. 408 (a) (6), (7) and (8).

Town Oaks of Kenedy and Town & Country Management do not discriminate against persons with disabilities in the admission or access to, treatment or employment in, its federally assisted programs and activities has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Town and Country Management P.O. Box 201447 Austin, TX 78720, 512-249-9887.



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Dear Applicant(s),

Thank you for your interest in our apartment community. The package attached to this letter is an application packet. Every form must be completed, signed and dated. If the package is not filled out completely and all supporting documents are not included, the application cannot be processed and your name will not be placed on the waiting list.

In order for the application package to be complete, you must provide us with copies of the following for each person in the household:

_____ Proof of Social Security Number (all household members):

- Original Social Security Card
- Original document issued by a federal or state government agency which contains the name, SSN, and other identifying information of the individual
- Driver's license with SSN
- Identification card issued by a medical insurance provider, or by 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

_____ Age Verification (all in household):

- Birth Certificate
- Baptismal Certificate
- Military Discharge papers
- Valid passport
- Census document showing age
- Naturalization certificate

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- Social Security Administration Benefits printout

_____ Driver's License or Picture ID (anyone over 18 years old)

_____ Proof of income for household (last four check stubs/SSI or SS Award Letter/Child Support Summary)

_____ Bank Statement (last six months-detailed report)

When you have checked off all items needed above and filled out all forms in the packet, return to the office to drop off document copies and completed packet. (copies can be made at office if needed). At that time, you will be placed on the waiting list and your application will be pre-screened for eligibility. That includes criminal background check, income limits, landlord history, ect. if applicable. You will be contacted within 30 days by mail if you do not meet our eligibility criteria.

Thank you for your cooperation in this matter. If you have any questions, please call the office during business hours.

Sincerely,
Tiffany Medina
Tiffany Medina
Property Manager

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Resident Screening Criteria - HUD

PLEASE HAVE APPLICANT READ AND SIGN PRIOR TO COMPLETING AN APPLICATION. ATTACH ORIGINAL TO APPLICATION AND GIVE A COPY TO THE APPLICANT.

The following criteria must be in order to qualify to live on this property. We do not discriminate on the basis of race, color, sex, handicap, sexual orientation, religion, familial status or national origin.

GENERAL RULE

(See the Lease and Good Neighbor Policy for more details)

- * **PAY 1ST MONTH'S RENT & SECURITY DEPOSIT IN FULL** – PRIOR TO TAKING POSSESSION OF THE APARTMENT.
- * **OCCUPANCY POLICY:** 1 Bedroom – 1 to 2 Persons; 2 Bedrooms – 2 to 4 Persons; 3 Bedroom – 3 to 6 Persons
(see occupancy standards for more details)
- * **AUTOMOBILES:** Maximum of (2) vehicles per apartment. Vehicles must be operational, have current registration and inspection sticker. Work on any on any kind of vehicles (including washing) is not allowed.
- * **BOATS OR TRAILERS:** Not Allowed

SCREENING CRITERIA

- * **MEET RURAL DEVELOPMENT & TDHCA CRITERIA FOR FAMILY COMPOSITION**, if applicable.
- * **INCOME MUST NOT EXCEED RURAL DEVELOPMENT OF TDHCA LIMITS**, if applicable.
- * **CREDIT CHECK:** Each applicant's credit will be researched through an agency. An applicant will be declined if (1) They have a court judgment over \$250 and less than 2 years old; (2) They have accounts placed for collections over \$300 and less than 2 years old, or more than three delinquent accounts; (3) They have past due accounts totaling more than \$300.
- * **RENTAL HISTORY:** Landlord references are required. Applicants may be rejected for: (1) History of non-payment of rent; (2) History of housekeeping habits that would pose a threat to the property or other individuals; (3) History of disturbing the neighbors; (4) History of violating the terms of their previous rental agreements. Applicants will be screened and processed (approved/denied) in accordance with the properties written policies. HUD properties will also be processed in accordance with HUD guidelines.
- * **INCOME:** Monthly income must exceed two and one half (2.5) times the monthly rental rate. For example, if an applicant's monthly rent is \$250, their monthly income must be at least \$625 (2.5 x \$250). This must be supported in writing by a third party verification. Applicants that will have Rental Assistance (USDA, Rural Development) or Section 8 (HUD) are not subject to this policy.
- * **PROOF OF ABILITY TO PAY RENT:** Must be currently employed or provide other sources of verifiable income that meets the above income requirements.
- * **CRIMINAL HISTORY:** All applicants who have a criminal conviction, current indictment or adjudicated sentence for possession, sale, manufacture or distribution of controlled substance (drugs), prostitution, theft, burglary, robbery, fraud, or 3 any crimes involving firearms or crimes against persons, or crimes against property MAY be denied occupancy. Criminal history is not an absolute bar to consideration for occupancy. Factors such as age at the time of the conviction, length of the time since offense, and rehabilitation will be considered.
- * **AGE:** The tenant must be at least eighteen (18) years of age.
- * **IMMIGRATION STATUS:** All residents must be lawfully within the United States.

Applicant Signature

Date

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TTY: 1-800-735-2988



RURAL RENTAL HOUSING ASSOCIATION OF TEXAS, INC.

RENTAL APPLICATION

TOWN OAKS APARTMENTS

Property Name

Application Submittal For Office Use Only
Date Received:
Time Received:
Application Fee: \$

Application Assignment For Office Use Only
Apartment No.:
Lease Date:
Rent: \$

ABOUT YOU: (TENANT OR CO-TENANT)

Applicant's full name:
Present address:
Phone Number: (Home) (Cell)
Driver's License Number: (State)
Social Security Number:
Date of Birth:
Marital Status (Optional):
Why are you moving?
Current Landlord:
Their Phone Number:
How long have you lived there?
Current Monthly Rent: \$
Previous Landlord:
Address:
How long did you live there?
Their Phone Number:
Previous Monthly Rent: \$
Are you currently attending any kind of school? Yes No
E-Mail Address:

YOUR SPOUSE: (Note: Co-Tenants are required to complete a separate rental application)

Full Name:
Present address:
Phone Number:
Drivers License Number:
Social Security Number:
Date of Birth:
Are you currently attending any kind of school? Yes No
Do you receive job related or other income? Yes No

OTHER OCCUPANTS: (Anyone other than spouse, that is 18 or older, must complete a separate application)

Does the tenant or co-tenants have legal custody of all minor children listed below? Yes No
Do you or any occupant have a live-in attendant? Yes No
Do you anticipate any changes in household size (new members, birth of child, adoption, foster child, etc.)? Yes No
Name: Relationship: SSN: Birth date: Student
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Social Security Numbers (SSN) must be provided for all household members except for: 1) Any member who does not contend eligible immigration status; 2) Individuals applying for HUD section 8 assistance who were age 62 or older and whose initial determination of HUD Section 8 rental assistance began before January 31, 2010. If you are eligible for this exemption #2, please tell us the name and address where you were receiving HUD Section 8 rental assistance:

VEHICLES: (List all vehicles, including motorcycles, RVs and trailers to be parked by you, your spouse or any occupants of the apartment.)

Vehicle Type: Year: Color: License No.:
Vehicle Type: Year: Color: License No.:

PREFERENCES:

What size unit are you requesting? Efficiency 1 Bedroom 2 Bedroom 3 Bedroom
Are you applying for a handicap accessible unit? Yes No
Do you wish to claim the deduction available for handicap or disabled persons? Yes No
Do you wish to make any modifications to the apartment to accommodate a handicap or disability? Yes No (If yes, please describe):

EMERGENCY:

In the case of an emergency, notify
Address: Relationship:
Daytime phone number: Evening phone number:
In the case of serious illness, death or disappearance, is the above named person authorized to take possession of your property? Yes No
In the case of serious illness, death or disappearance, is the apartment property authorized to return any monies (rent or security deposit) due to the resident to the above named person? Yes No
Other instructions:

FORM VALID FOR RRHA OF TEXAS MEMBERS ONLY

GENERAL INFORMATION:

Do you have a pet? Yes No Breed? _____ Age: _____ Weight: _____

Are all household members citizens of the United States of America? Yes No

If any member is not a United States citizen, is that person a qualified resident alien as defined by law? Yes No

Have you or anyone in your household (adult or juvenile) ever been convicted of, pled no contest to, or entered a guilty plea, to any criminal offense other than minor traffic violations? Yes No *If yes, please describe:* _____

Have you or anyone in your household ever lived at this apartment property? _____

Do you or anyone in your household use a controlled substance (drugs)? _____

Have you or anyone in your household ever:

- 1) broken an apartment lease? _____
- 2) been requested to vacate an apartment? _____
- 3) been evicted or sued for non-payment of rent? _____
- 4) been evicted or sued for damage to rental property? _____
- 5) received deferred adjudication for a felony? _____
- 6) been convicted of a felony? _____
- 7) been arrested and convicted as a sex offender? _____

Have you given notice to your present landlord of your intent to move? _____

How did you hear about us (Newspaper ad, Internet, friend, etc.) _____

Is any member of the household a veteran? _____

Are you seeking housing because you have been displaced by a Presidentially declared disaster? _____

Do you have a Letter of Priority Entitlement (LOPE)? _____

STUDENT STATUS:

USDA requirements (determines eligibility for housing):

Will any tenant or co-tenant attend an institution of higher learning in the coming year? Yes No

- 1) Has the student established a separate household from parents for at least one year prior to occupancy? Yes No
- 2) Is the student claimed as a dependent on their parent's tax return? Yes No
- 3) Is the student financially independent from their parents? Yes No

HUD & HOME (eligibility for HUD or HOME assistance)

- 1) Is the student 24 years of age or older by Dec. 31 of the year in which the income certification begins? Yes No
- 2) Is the student a veteran? Yes No
- 3) Is the student married? Yes No
- 4) Does the student have a dependent child? Yes No
- 5) Is the student disabled? Yes No
- 6) Is the student currently living with their parents who are receiving section 8 assistance? Yes No
- 7) Are the student's parent's income eligible to receive section 8 assistance? Yes No
- 8) Is any student currently, or at any time from age 13 been an orphan, in foster care, or a ward of the Court? Yes No
- 9) Is any student currently an emancipated minor, or was an emancipated minor when they turned 18 years of age? Yes No
- 10) Is any student attending graduate classes to receive a masters or doctorate degree? Yes No
- 11) Has any student been verified during the school year as an unaccompanied youth who is homeless? Yes No
- 12) Is any student at risk of homelessness and has a supporting documentation from (i) a local educational agency homeless liaison or, (ii) a program funded under the Runaway and Homeless Youth Act, or (iii) a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act, or (iv) a financial aid administrator? Yes No

LIHTC requirements (determines eligibility for housing):

Has any tenant or co-tenant in the household attended school **full-time** for at least 5 months in the past year? Yes No

Does any tenant or co-tenant in the household intend to go to school full-time in the coming year? Yes No

If the answer is "Yes" to either of the questions above, complete the section below:

LIST the name of each Full-time Student: _____

NOTE: Households where all of the members are full-time students are not eligible unless they meet one of the exemptions:

- 1) Are all adult members of the household married and file a joint income tax return? Yes No
- 2) Does the household receive assistance under Title IV of the Social Security Act (i.e., AFDC/TANF)? Yes No
- 3) Is the student a single parent with a minor child? Yes No
- 4) If you have children, do you claim them on your federal income tax return? Yes No
- 5) Has any member of the household received assistance under the Job Training Partnership Act or similar federal or state law? Yes No
- 6) Has any member of the household previously enrolled in a foster care program? Yes No

CREDIT:

Credit Reference #1: _____ Phone #: _____
 Address: _____ Account #: _____
 Credit Reference #2: _____ Phone #: _____
 Address: _____ Account #: _____

ASSET & INCOME QUESTIONNAIRE

The information on this form is authorized to be collected by the USDA Rural Housing Service to determine an applicant's eligibility and the amount the tenant must pay toward rent and utilities. This information may be released to appropriate Federal and State agencies. However, this information will not otherwise be released, except as permitted or required by law. Failure to disclose certain items of information requested may result in a delay in the processing of an application or its rejection.

INCOME:

Does any member of your household have a job? Yes No (Include wages, salary, overtime pay, military pay, commissions, fees, tips, bonuses, etc.)

Household Member Name	Employer (Name, Address & Phone No.)	Gross Monthly Wages
		\$
		\$
		\$

Does any member of your household own a business or rental property? Yes No

Name of Business	Type of business	Years of Ownership	Monthly Profit
			\$

Does any member of your household receive payments or benefits from Social Security, SSI, annuities, veterans benefits, retirement funds, pensions, insurance policies, etc.? Yes No

Household Member Name	Source (SS, Veterans, etc.)	Monthly Income
		\$
		\$
		\$

Does any member of your household receive unemployment, disability, death benefits, workers compensation payments, public assistance/TANF, etc.? Yes No

Household Member Name	Source (Unemployment, workers comp, etc.)	Monthly Income
		\$
		\$
		\$

Does any member of your household receive alimony, child support or regularly recurring contributions from someone not residing in the dwelling? Yes No

Household Member Name	Amount you are entitled to receive	Gross Amount received monthly
	\$	\$
	\$	\$
	\$	\$

Does any member of your household receive interest or dividend income? Yes No

Household Member Name	Source	Monthly Income
		\$
		\$
		\$

List all other household income. (Include severance pay, education grants, scholarships, etc.)

Household Member Name	Source	Monthly Income
		\$
		\$
		\$

Total Monthly Income \$ _____
 Total Annual Income expected for the next 12 months \$ _____

ASSETS:

Total Cash on Hand for all members of the family \$

Does any member of your household have a bank account (checking, savings, etc)? Yes No

Account Holder	Bank (Name & address)	Interest Rate	Account Number	Avg 6 month Balance
				\$
				\$
				\$

Does any member of your household have Direct Express Card or any other type of debit card that receives a monthly deposit? Yes No

Account Holder	Source	Account Number	Balance
			\$
			\$

Does any member of your household own stocks, bonds, IRA, 401K, CD or retirement account? Yes No

Account Holder	Financial Institution (Name & address)	Income	Account Number	Current Value
				\$
				\$
				\$

Does any member of your household have a life insurance policy that has cash value? Yes No

Household member name	Description (Term, whole life, etc.)	Policy #	Cash Value
			\$
			\$

Does any member of your household have personal property held as an investment (gem & coin collections, antique autos, art, etc.)? Yes No

Description	Current Value
	\$

Does any member of your household own any property? Yes No

Household member name	Location of property	Appraised Value	Outstanding Mortgage
		\$	\$
		\$	\$

Has any member of your household sold or given away any assets in the last two (2) years? Yes No

Household member name	Description of property	Market value or appraised value	Amount of Sale
		\$	\$
		\$	\$

Have you or any household member received any lump sum payments, such as lottery winnings, inheritance or insurance settlements?
 Yes No (If yes, please describe)

Does any member of your household own any asset not listed above? Yes No (If yes, please describe in detail.)

EXPENSES:

CHILD CARE: To enable a household member to be employed or attend school, does anyone in your household pay for childcare services? Yes No (If yes, please list each provider):

MEDICAL EXPENSE: (Complete this section when the Tenant or Co-Tenant is at least 62 years old, or handicapped or disabled.)

Does your household pay medical expenses that are not covered by insurance? Yes No

If the answer is yes, you may be eligible for a reduction in your monthly rental payment. Please submit to the property manager the information necessary to document the amount of un-reimbursed medical expenses you expect to pay in the next 12 months.

Please list all states in which any and all occupants have ever resided:

- Applicant: _____
- Co-Applicant: _____
- Other occupant #1: _____
- Other occupant #2: _____
- Other occupant #3: _____
- Other occupant #4: _____

Are you or any member of your household subject to a lifetime sex offender registration of any state? Yes No (If yes, please list below)

If any member of the household is subject to a lifetime sex offender registration, you will be given the opportunity to permanently remove the individual from the household and, if such person is not permanently removed and barred from the property, you will not be allowed to occupy an apartment.

If you or any occupant of the household falsifies any information or otherwise fails to disclose criminal history in this application or in any recertification forms, then your occupancy shall terminate and you shall be evicted.

NOTICE OF RIGHTS AVAILABLE UNDER THE VIOLENCE AGAINST WOMENS ACT (VAWA):

Are you or any member of your household coming from a domestic violence or stalking situation? Yes No

If you otherwise qualify for housing and/ or assistance at this community, you cannot be denied admission or denied assistance because you are or have been subject to domestic violence, dating violence, sexual assault, or stalking. If you want more information regarding VAWA protections please request a copy of the "Notice of Occupancy Rights Under the Violence Against Women Act" from the leasing office.

CERTIFICATION AND SIGNATURES: (All Adults in household must sign application.)

All statements contained in this application are true and correct. I authorize the owner or its representatives to contact any person to verify any information contained herein. In the event that information given above is discovered to have been false or incomplete, the applicant understands that their application may be rejected or they may lose any subsidy that the Federal Government pays and have their rent increased and be sued for eviction. The Applicant also certifies that the unit applied for will be the Applicant's Household's permanent residence and it does/will not maintain a separate subsidized rental unit in a different location.

Signing this acknowledgment indicates that you have had the opportunity to review the landlord's tenant selection criteria. The tenant selection criteria may include factors such as criminal history, credit history, current income, and rental history. If you do not meet the selection criteria, or if you provided inaccurate or incomplete information, your application may be rejected and your application fee will not be refunded.

Date Signature of Applicant

Date Signature of Applicant

PENALTIES FORM MAKING FALSE STATEMENTS: 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 use 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 numbers 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. 408 (a) (6), (7) and (8).

FAIR HOUSING STATEMENT: This community is committed to complying with Federal, State & local fair housing laws by ensuring that all persons have an equal opportunity to apply for admission to housing and access to all amenities and activities that we administer regardless of their race, color, national origin, religion, sex, familial status, or disability.

CENSUS INFORMATION (OPTIONAL):

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

ADULT APPLICANT #1

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race: (Mark one or more)

- White Black or Africa American
 American Indian/Alaska Native Asian
 Native Hawaiian or other Pacific Islander

Gender: Male Female

ADULT APPLICANT #2

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race: (Mark one or more)

- White Black or Africa American
 American Indian/Alaska Native Asian
 Native Hawaiian or other Pacific Islander

Gender: Male Female

This institution is an equal opportunity provider. Esta institucion es un proveedor de servicios con igualdad de oportunidades.

FORM VALID FOR RRHA OF TEXAS MEMBERS ONLY

TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

NAME: _____	TELEPHONE NUMBER: () _____
<input type="checkbox"/> Initial Certification	BIN # _____
<input type="checkbox"/> Re-certification	
<input type="checkbox"/> Other	Unit # _____

INCOME INFORMATION

	YES	NO		MONTHLY GROSS INCOME
1.	<input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	(use <u>net</u> income from self-employment only) \$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="text-align: center;"><u>Name of Employer</u></div> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
3.	<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments. If yes, from how many persons do you receive support? _____	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
12.	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal support payments	\$ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
14.	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
15.	<input type="checkbox"/>	<input type="checkbox"/>	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received <i>*For Households receiving Section 8 Assistance Only</i>	\$ _____

ASSET INFORMATION

YES	NO		INTEREST RATE	CASH VALUE	
16.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
17.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____

STUDENT STATUS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: K-12, College, Trade School, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current calendar year?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to any of the previous three questions are you:
<input type="checkbox"/>	<input type="checkbox"/>	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)
<input type="checkbox"/>	<input type="checkbox"/>	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
<input type="checkbox"/>	<input type="checkbox"/>	• Married and filing (or are entitled to file) a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	• Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual
<input type="checkbox"/>	<input type="checkbox"/>	• Previously enrolled in the Foster Care program (currently age 18-24)

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE



Town Oaks of Kenedy

120 Water Street Kenedy, TX 78119

830-583-3850 Phone & Fax Number

****This questionnaire applies to all adults in the household****

- Yes No Do you have a savings account? If so, what bank? _____
- Yes No Do you have a checking account? If so, what bank? _____
- Yes No Do you have a Money Market/IRA account? If so, where? _____
- Yes No Do you own any property? House _____ Trailer _____ Land _____
How much is the approximate value? _____
- Yes No Do you have any stocks/bonds/ certificates of deposit? What are the balances? _____
How much have you earned this year? _____
- Yes No Do you receive income from a Trust Fund or any type of inheritance?
How much? _____ How often? _____
- Yes No Have you sold or given away assets (ex: house) for less than fair market value
in the past 24 months? If yes, complete the following table.

Description of Asset (Ex: house, land, certificates of deposit)	Date Disposed Of	Amount Sold For	Market Value (Actual value of asset)	Cash Value*

* Cash value is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such costs can include but are not limited to penalties for withdrawing funds before maturity, broker/legal fees for the sale or conversion of assets, and/or settlement costs for real estate transactions.

- Yes No Are you currently paying for any medications that you are required to take daily?
- Yes No Are you currently paying for any required daily over the counter medicines?
- Yes No In the past year, have you bought or are you currently paying for any other health or medically related items, such as eyeglasses, hearing aids, dentures, etc, or old medical bills?
- Yes No Are you currently paying for health insurance? If yes, how much? _____
- Yes No Are you currently paying for child care services? If so, where? _____

I, _____, hereby attest to the above information as being true and accurate to the best of my knowledge. I understand that all of the information with a "Yes" response will need verifying from the agencies in reference. I also understand that any false statements will be considered "Fraud" and are punishable under federal law and my eligibility for housing assistance with the Town Oaks of Kenedy can be denied.

Signature of Applicant: _____ Date: _____

Signature Co-Applicant: _____ Date: _____

Signature of interviewer: _____ Date Interviewed Client: _____

PENALTIES FOR MISUING 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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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. 408 (a) (6), (7) and (8).

Town Oaks of Kenedy and Town & Country Management do not discriminate against persons with disabilities in the admission or access to, treatment or employment in, its federally assisted programs and activities has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Town and Country Management P.O. Box 201447 Austin, TX 78720, 512-249-9887.

Family Summary Sheet

(List all people that will live in the residence)

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
Spouse/ Co-Head					
3					
4					
5					
6					
7					
8					
9					
10					

PENALTIES FOR MISUSING THIS COSENT: 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 purpose cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

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FOR OFFICE USE ONLY

 Date Received: _____ Received By: _____

Owner's Notice No. 1 For An Applicant Family

Dear Applicant(s):

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens, Nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payment Programs
- c. Section 2345 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 101/Rent Supplement Program

You have applied, or are applying for, assistance under one of these programs; therefore, **you are required** to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format (**see sample Family Summary Sheet in Exhibit 3-4**) to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Declaration Format Sheet. If there is 10 people listed on the Family Summary Sheet, you will have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Format and any other forms and/or evidence to the name and address listed below:

return with application

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact: Tricia Taylor at (830) 583-3850 they will be happy to assist you.

Town Oaks of Kenedy and Town & Country Management do not discriminate against persons with disabilities in the admission or access to, treatment or employment in, its federally assisted programs and activities has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Town and Country Management P.O. Box 201447 Austin, TX 78720, 512-249-9887.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the ****Citizenship**** Declaration Format. **Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.**

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Attachments

Applicant Date

Co-applicant Date

Manager Date





**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Town Oaks of Kenedy
 120 Water St.
 Kenedy, TX 78119
 830-583-3850

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

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.

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.): Department of Housing & Urban Development 801 Cherry Street Fort Worth, TX 76102	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Town Oaks of Kenedy 120 Water Street Kenedy, TX 78119 Tiffany Medina, Property Manager	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.): SHCC, 1124 S IH 35, Austin, Texas 78704 P: 512.474.5332 F: 512.437.3882 TTY 800.735.2988
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

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

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Tiffany Medina

Name of Project Owner or his/her representative

Property Manager

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). 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.

Town Oaks of Kenedy

"New Beginnings Through Housing"

120 Water Street Kenedy, TX 78119

830-583-3850 Phone & Fax

Business Hours: Monday – Thursday 8:00 am – 5:00 pm/Friday 8:00 am – 3:00 pm

Acknowledgement

I _____ acknowledge I received the below named documents with my Application Packet.

- 1.) EIV Brochure
- 2.) Is Fraud Worth It Fact Sheet

Signature

Date

Town Oaks of Kenedy and Town & Country Management do not discriminate against persons with disabilities in the admission or access to, treatment or employment in, its federally assisted programs and activities has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Town and Country Management, 12312 W. Cow Path, Austin, TX 78727, 512-249-9887.

