

DEERFIELD BEACH HOUSING AUTHORITY
533 South Dixie Highway, Suite 201
Deerfield Beach, FL 33441
Phone #: 954-425-8449

LOW INCOME HOUSING APPLICATION

Dear Applicant: **(PLEASE READ CAREFULLY)**

Thank you for your interest in the Deerfield Beach Housing Authority’s Low Income Housing Rental Program.

The Deerfield Beach Housing Authority’s goal is to provide a safe, decent and sanitary housing for low-income families. This Housing Authority, with the purpose of establishing assistance priorities, has adopted the following local preferences:

- Head of household is disabled **or** 52 to 61 years of age – 2 points
- Head of household is 62 + years old – 3 points
- Lives or works in the City of Deerfield Beach – 3 point
- Works at least 30 hours per week for the past 6 months – 3 points
- Works at least 20 hours per week for the past 6 months – 2 point

The Housing Authority will also consider the following local preferences:

- Date and time of receipt of a completed application
- Families with income needed to achieve de-concentration of poverty and income mixing.
- Graduates of transitional housing programs

Maximum Family Size:

Circle the one that applies to your family size.

1 PERSON	1-2 PERSON	2-4 PERSON	3-6 PERSON
0 Bedroom Palms	1 Bedroom Palms	2 Bedrooms Stanley Terr.	3 Bedrooms Stanley Terr.

Palms of Deerfield Apartments- Elderly facility with 0 to 1 bedrooms (Age requirement: 52 years of age or older)

Stanley Terrace Apartments - Family units with 2 to 3 bedrooms

Below is a list of income limits:

MEDIAN FAMILY INCOME (EFFECTIVE 5-14-10): \$65,400									
	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON	
30% OF MEDIAN	\$ 15,050.00	\$ 17,200.00	\$ 19,350.00	\$ 21,500.00	\$ 23,250.00	\$ 24,950.00	\$ 26,700.00	\$ 28,400.00	
VERY LOW INCOME	\$ 25,100.00	\$ 28,650.00	\$ 32,250.00	\$ 35,800.00	\$ 38,700.00	\$ 41,550.00	\$ 44,400.00	\$ 47,300.00	
LOW INCOME	\$ 40,150.00	\$ 45,850.00	\$ 51,600.00	\$ 57,300.00	\$ 61,900.00	\$ 66,500.00	\$ 71,100.00	\$ 75,650.00	

The families must not exceed the LOW INCOME amounts to qualify for housing. According to the Quality Housing and Work Responsibility Act of 1998, HUD requires at least 40% of all new admissions to have incomes at or below 30% of the area median income.

RECEIPT OF APPLICATIONS:

Every application constitutes the basic legal record which support the Authority’s determination of eligibility status, rent, and size of unit for which the applicant and/or tenant is qualified. **The following procedure will be followed in processing all applications:**

1. Read all documents carefully, complete areas applicable to your family, and sign where needed. All entries by applicants are to be made in blue or black ink **ONLY**.

2. Review the list of required documents and eligible immigrant documents then attach copies and/or original to your application. The list shows you if a copy or original document is needed.
3. **ALL APPLICATIONS, ALONG WITH THE REQUIRED DOCUMENTS MUST BE RETURNED IN PERSON OR BY CERTIFIED MAIL. NO FAXES WILL BE ACCEPTED. NO EXCEPTION WILL BE MADE.**
4. Applicants who provide ALL requested information will be placed on the appropriate waiting list based on the above local preference, date, and time received.
5. **Should applicants fail to provide ALL the information requested, their case will be placed on an inactive status and they must reapply during the next enrollment period.**



The Deerfield Beach Housing Authority will not discriminate because of race, color, creed, national origin, marital status, familial status, age, disability or sexual orientation.



Affordable Housing Resident Selection Criteria

All applicants will be reviewed for suitability as renters. Past and current rental habits and practices will be examined. It is the policy of the Deerfield Beach Housing Authority to deny admission to applicants whose habits and practices may reasonably be expected to have a detrimental effect on the operations of the development or neighborhood, or on the quality of life of its residents.

1. Interview & Home Visit: A detailed interview will be conducted on all applicants prior to admission to establish whether applicants demonstrate the ability and willingness to comply with the terms of the lease. In addition, it is the policy of the Deerfield Beach Housing Authority to complete a home visit at the current residence of all applicants prior to admission, giving at least two days notice. Factors to be considered will be housekeeping habits and the ability to maintain a safe and decent living environment.
2. Rental History: Applicants will be screened for rent paying habits, care of rental units and prior ability to comply with the terms of a lease. Written landlord references will be obtained for a period of five years prior to application. An outstanding debt to a previous landlord or Housing Authority, or a prior eviction will result in automatic rejection. Applicants must have verifiable and acceptable landlord references, to include a minimum of six months cumulative rental history within 24 months. Renting from a relative will not be acceptable as rental history because no contract performance can be determined. If a landlord cannot be contacted, six months proof of consecutive payments must be verified and a copy of the lease contract provided. If an applicant cannot produce verifiable and acceptable landlord references, the Deerfield Beach Housing Authority will examine other relevant information pertaining to financial responsibility such as timely payments to a utility or finance company.
3. Age: Applicants must be 18 years of age or older unless Federal/State regulations provide for a variance. Any persons under the age of 18 not meeting a variance provided by Federal/State Regulations must occupy an apartment with parent guardian of legal age. Applicants applying to The Palms of Deerfield Beach Apartments must be 52 years of age and older only.
4. Criminal Activity: A national Criminal Background Check will be performed on all adult applicants. Applications will be rejected if: any household member has been involved, or is engaged in, or has been evicted for involvement in any drug related criminal activity; violent criminal activity; or other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by others. Lifetime registration requirement under a State sex offender registration program or a conviction/arrest for manufacturing or producing methamphetamines will result in automatic rejection. A pattern of abuse of alcohol or drugs that interferes with the health, safety, or right to peaceful enjoyment of the premises by others by any household member will result in rejection.



5. **Credit:** A credit check will be conducted on all adult applicants by an independent agent contracted by the Palms of Deerfield Beach, Inc. The lack of credit history will not disqualify an applicant, but a negative credit history will. A credit score under 140 will result in automatic rejection.
6. **Falsification of Application:** An Applicant's falsification, misinterpretation or omission of information or paperwork related to eligibility, income family compensation, assets or rental history will result in automatic rejection.

Rejection/Right to Appeal: All rejected applicants have the right to appeal. Applicants who are ineligible will be notified promptly in writing upon the Deerfield Beach Housing Authority's determination of ineligibility of the reasons for the rejection. Applicants will have 10 days from the date of the rejection notice to submit a written request for an appeal. Written requests may be hand delivered or mailed to the Deerfield Beach Housing Authority at 533 South Dixie Highway, Suite 201, Deerfield Beach, FL 33441. Mailed requests must be postmarked before the 10 day period has expired. At the discretion of the applicant, the appeal may be in written form or in the form of a meeting to discuss the reasons for rejection and circumstances to be considered. If the Applicant appeals the rejection, the Deerfield Beach Housing Authority will set a date for the appeal meeting within 14 business days of receipt of the notification of appeal and will notify the applicant in writing of said appeal date. The meeting will be for the purpose of reviewing the written appeal of the applicant or to hear the verbal appeal of the applicant. The Agent will provide a staff person, who was not involved in the processing of the rental application or the original decision to reject the application to hear or review such an appeal. The Agent will give the applicant a final decision of the appeal in writing within five (5) days of the appeal review or hearing.

Waiting List: All applicants who submit a completed application will be notified in writing of subsequent tenant selection, rejection or waiting list status. The Deerfield Beach Housing Authority will maintain a list of eligible applicants based upon unit size, local preferences and date and time application is received.

Pets: All animals must have management approval, a signed pet agreement and comply with the Deerfield Beach Housing Authority's Rules Governing Pets. It is the Applicant's responsibility to submit a \$30.00 non-refundable pet permit application fee and complete a pet permit application prior to move in. A \$300.00 additional pet security deposit will be required prior to move in.



I have read and understood the entire Resident Selection Criteria.
(Return this document with your completed application)

Applicant

Co-Applicant/Spouse

Other Adult

Other Adult

It is the policy of the Deerfield Beach Housing Authority to comply fully with all Federal, State and local nondiscrimination laws and with rules and regulations governing Fair Housing and Equal Opportunity in housing. Specifically, the Deerfield Beach Housing Authority shall not on account of race, color, sex, sexual orientation, religion, creed, national origin or ethnic origin, familial status, or disability, deny any family or individual the opportunity to apply for or receive assistance within the requirements and regulations of HUD and other regulatory authorities.

THINGS YOU SHOULD KNOW

Purpose

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or re-certification forms contain false or incomplete information, you may be:

Evicted from your apartment or house

Required to repay all overpaid rental assistance you received

Fined up to \$10,000

Imprisoned for up to 5 years; and/or

Prohibited from receiving future assistance

Your State and Local governments may have other laws and penalties as well.

Asking Questions

When you sit down with the person who fills out your application, you should know what is expected of you.

If you do not understand something, say so. That person can answer your question or find out what the answer is.

Completing the Application or Re-certification Form

When you give your answers to application questions, you must include the following information:

Income:

All sources of money you and any member of your family receives (wages, welfare payments, alimony, social security, pension, etc.)

Any money receive on behalf of your children (child support, social security for children, etc.)

Income from assets (interest from a savings account, credit union, or certificate of deposit, dividends from stocks, etc.)

Earnings from second job or part time job

Any anticipated income (such as a bonus or pay raise you expect to receive)

The Deerfield Beach Housing Authority has access, via an on-line system (developed by HUD), to the State of Florida wages information. It includes a history on social security, wage, and unemployment benefits. All source of income must be reported to the Housing Authority.

Assets:

All bank account, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your

family/household who will be living with you.

Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.

Family/Household Members:

The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application or Re-certification Form

Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.

When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief.

You are committing fraud if you sign a form knowing that it contains false or misleading information. Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

Re-certifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household

composition immediately. Be sure to ask when you must re-certify. You must report on re-certification forms:

All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.

Any family/household member who has moved in or out.

All assets that you or your family/household members own and any asset that was sold in the last two years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

Do not pay any money to file an application

Do not pay any money to move up on the waiting list

Do not pay for anything not covered by your lease

Get a receipt for any money you pay

Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the

manager of your project or Housing Authority. If you cannot report to the manager, call the local HUD office or the HUD Hotline at (202) 472-4200.

This is not a toll free number. You can also write to the HUD Hotline at 451 Seventh Street, SW, Room 8254, Washington, DC 20410.

APPLICANT/PARTICIPANT/TENANT

DATE

OTHER ADULT

DATE

OTHER ADULT

DATE

OTHER

DATE

REQUIRED DOCUMENTS

Please provide us with the following documents, if applicable:

- **Proof of Citizenship** (*see next page for immigration documents*)
 - Birth certificate, valid U.S. passport, and/or certificate of citizenship (*ALL household members*)
- **Social Security Cards** (*ALL household members*)
- **Picture I.D.** (**Valid Florida DL or FL ID ONLY**) (*ALL household members 18 years and older*)
- **Marriage Certificate** (*If applicable*)
- **Proof of ALL household Income (No exceptions, please bring ALL required documents)**
 - Copy of last 3 current pay stubs
 - Copy of current tax return, along with W-2(s)
 - Original statement from employer on letter head with the following information:
 - Beginning and/or ending date of employment
 - Rate of pay
 - Overtime rate after 40 hours
 - Frequency of pay (weekly, biweekly, etc.)
 - # of hours work per week
 - For Broward County School, please provide the # of days work per year
 - Copy of Social Security and/or Supplemental Security Income (SSI) benefits
 - Proof of cash assistance or food stamps from DCF
 - Proof of alimony
 - Original child support (*Actual court order or notarized statement*)
 - Unemployment benefits, workman compensation, or military service pay
 - Contribution from family, friends, and/or organizations (*notarized statement*)
- **Proof of residency**
 - Lease
 - Electric bill (FPL)
 - Phone bill (home and/or cellular)
 - Water bill
- **Miscellaneous**
 - Proof of out of pocket childcare expense directly from the childcare provider.
 - Life insurance policy (*Whole Life or Universal or Term Insurance*)
 - Proof of (12 months) out-of-pocket medical expenses (*disabled, handicapped, or 62 years + ONLY*)
 - Verification of full-time student status (*class schedule & financial aid docs. for students 18 years +*)
 - Guardianship/court documents (*foster care or relative care giver*)
 - Verification of current bank accounts: include credit unions, C.D., checking, savings, mutual accounts, or stocks (*Last 3 months*)
 - Verification of car payment and insurance
 - Police report/background check from the county where you reside, dated within the last 30 days, for ALL household member 18 years + (**ONLY FOR SECTION 8 PROGRAM APPLICANTS AND PORT-INS.**)

Failure to provide ALL documents required, at the same time, will result in your family being dropped from the waiting list, not being recertified, and/or terminated from the Section 8 or Public Housing Program.

ACCEPTABLE DOCUMENTS FOR ELIGIBLE IMMIGRANTS

Please provide us with the following document(s):

- **Alien Registration Receipt Card** (form 1-551)

- **Arrival-Departure Record** (form 1-94) 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"
 - D) "Paroled Pursuant to Section 212 (d) (5) of the INA"

Note: If form 1-94, Arrival-Departure Record, is not annotated, then 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 INS asylum officer granting asylum (if application is filed on or after October 1st, 1990) or from an INS district director granting asylum (if application filed before October 1st, 1990)
 - C) A court decision granting withholding of deportation
 - D) A letter from an asylum officer granting withholding of deportation (if application filed on or after October 1st, 1990)
-
- **Temporary Resident Card** (form I-688), which must be annotated "Section 245A"

 - **Employment Authorization Card** (form I-688B), which must be annotated "Provision of Law 274.a12 (11)" or "Provision of Law 274a.12"

 - A receipt issued by the INS indicating that an application for issuance of replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Failure to provide ALL documents required, at the same time, will result in your family being dropped from the waiting list, not being recertified, and/or terminated from the Section 8 or Public Housing Program.

Authorization for the Release of Information Privacy Act Notice

to the U.S. Department of Housing and Urban Development(HUD) and the Housing Agency/Authority(HA)

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

PHA requesting release of Information; (**cross out space if none**)
(Full address, name of contact person and date)

DEERFIELD BEACH HOUSING AUTHORITY
412 SW 2ND STREET
DEERFIELD BEACH, FL 33441

IHA requesting release of Information; (**cross out space if none**)
(Full address, name of contact person and date)

xx xx
xx xx
xx xx
xx xx
xx xx
xx xx

Authority: 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 that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers;(2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA consent may request information from financial institutions to verify your eligibility and level of benefits.

and
Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect is the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information 6103(1)(7)(A) (other than tax return information) for certain routine uses, such as to the other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees and may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certification
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to sign Consent Form: Your failure to sign the form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures Section 8 informal hearing procedures.

Sources of Information To Be Obtained

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

U.S. Social Security Administration(HUD only) (This consent limited to wage and self employment information and payments of retirement income as referenced at Section of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current former employers concerning salary and wages and (b) institutions concerning unearned income (i.e., interest and

consent form. **Private owners may not request or receive these information authorized by this form.**

level

Who Must Sign the Consent Form: Each member of your release household who is 18 years of age or older must sign the consent information form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

dends). I understand that income information obtained from sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the of benefits. Therefore, this consent form only authorizes directly from employers and financial institutions of regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Original is retained by the requesting organization. (7/94)

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and the fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of 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. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will effect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

Hud, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purpose cited on the form HUD 9886. 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 HA or the owner responsible for the unauthorized disclosure or improper use.

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)**

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division).	O/A requesting release of information (Owner should provide the full name and address of the Owner).	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).
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Notice To Tenant: Do not sign this form if the space above for the 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 207 of the Consolidated Appropriations Act of 2004 State privacy law. (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law HUD, the 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 unauthorized reporting of these individuals. Information may be disclosed by the Secretary obtained based of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

household who is Section 904 of the Stewart B. McKinney Homeless Assistance Amendments regardless of Act of 1988, as amended by section 903 of the Housing and Community each Development Act of 1992 and section 3003 of the Omnibus Budget adult Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. household This law requires you to sign a consent form authorizing: (1) HUD the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information following programs tion; and (2) HUD, O/A, and the PHA responsible for determining 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). (administered by

Purpose: In signing this consent form, you are authorizing HUD and the above-named 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, in order 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 form computer matching programs with these sources to verify your eligibility housing and level of benefits. This form also authorizes HUD, the O/A, and the owner PHA to seek wage, new hire (W-4), and unemployment claim information tenant

income information it obtains in accordance with any applicable After receiving the information covered by this notice of consent, O/A, and the PHA may inform you that your eligibility for, or level assistance is uncertain and needs to be verified and nothing else. HUD, O/A, and PHA employees may be subject to penalties for disclosures or improper uses of the income information that is on the consent form.

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

Persons who apply for or receive assistance under the are required to sign this consent form:
Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs

the Office of Housing)
Section 202; Sections 202 and 811 PRAC; Section 202/162
PAC Section 211(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 may result in the denial of assistance or termination of assisted benefits. If an applicant is denied assistance for this reason, the must follow the notification procedures in Handbook 4350.3. If a

from current or former employers to verify information obtained through must follow computer matching.

is denied assistance for this reason, the owner or managing agent the procedures set out in the lease.

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

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 Member over age 18

Date

Spouse

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Original is retained on file at the project site (02/2007)

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887

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.

1065-K1 Partners Share of Income, Credits, Deductions, etc.
104-1 K1 Beneficiary's Share of Income, Credits, Deductions, etc.
1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

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

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.

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.

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).

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

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

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

HUD, the O/A, or the PHA or the owner shall inform you, or a third 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

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

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 (O/A), or a Public Housing Authority (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.

Original is retained on file at the project site
(02/2007)

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 &
4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887

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

- rent
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.
- Upon
- Administrator)
- information
3. Owners are required to give each household a copy of the HUD 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

limitations

Instructions to Applicants and Tenants

- This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.
- The
- information
- Should
1. Read this material which explains:
 - * HUD's requirements concerning the release of information, and
 - * Other customer protections.
- notify
- Owner
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.

sign

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.

the

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and

information that you have provided which will affect the amount of 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 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 affect your eligibility and level of benefits to ensure that you are eligible for

housing benefits and that these benefits are set at the correct levels.

the request of the HUD office or the PHA (as Contract

the housing Owner may provide HUD or the PHA with the

you have submitted and the information the Owner receives under 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

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.

PHA and the Owner are also required to protect the income

they obtain in accordance with any applicable state privacy law.

the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to

you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the

to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is 18 years of age or older 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

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

Office of Housing)

Section 202

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

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

Original is retained on file at the project site (02/2007)

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887-A

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 Owner must follow the Owner 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. prohibited.

has
Conditions
incorrect.

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 me both earned and unearned income), the O/A has verified whether you **purposes and** have 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 **and its**

this consent to a photocopy of the individual verification form that you **to** 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 Owner must provide you with information obtained under this consent in accordance with State privacy laws.

If an adult member of the household, due to extenuating circumstances, is unable to sign the required 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.

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

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

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and

reason to believe that the information that you have supplied is

If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read this information on the purposes and uses of information that is verified and/or it has been explained to

and consent to the release of information for these

uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent

uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, the PHA and any Owner (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 PHA or the Owner responsible for the unauthorized disclosure or improper use.

Original is retained on file at the project site
(02/2007)

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 &
4571.3 and HOPE II Notice of Program Guidelines

form **HUD-9887-A**

HUD Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are 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:

Rev. 1.

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 improper consent to the release of this information by signing form HUD-9887.

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 the consent to the release of this information by signing the form HUD-9887-A, tge firm GYD-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 informa-

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: income used in determining tenant rents. 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 owner 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 owner 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

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

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 findings.

O/As must keep tenant files in location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of actions the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or

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

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 tion 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 Owner must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

State privacy laws. Employees of HUD, the O/A, the PHA are subject to penalties for using these consent forms improperly.

You do not have to sign 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.

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

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



CITIZENSHIP CERTIFICATION

The U.S Department of Immigration and Nationalization Act, Section 214

Notice To Applicants, Program Participants, and Tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully in the U.S.

Please read the Declaration statement carefully and sign and return to the Housing Authority Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I _____ certify under penalty of perjury, that, to the best of my knowledge: I am lawfully within the United States because (Please check the appropriate box):

I am a citizen by birth, a naturalized or national of the United States.

I have eligible immigration status and I am 62 years of age or older. (Attach evidence of proof of age).

I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form

Permanent residence under section 249 of INA. (**Alien Registration Receipt Card- Form 1-55**)

Amnesty under section 245A of the INA or Section 210. (**Temporary Resident Card - Form I-688 or 688B**)

Refugee asylum or conditional entry status under section 207, 208, or 243(h) of the INA. (**Arrival-Departure-Form 1-94**)

Parole status under section 212 (d) (5) of the INA. (**Arrival-Departure - Form 1-94**)

Threat to life or freedom under section 243 (h) of the INA. (**Arrival-Departure-Form 1-94**)

Signature

[DATE]

Check box on left if signature is of the adult residing in the unit who is responsible for the child named on the statement above.

NOTE: Each individual listed on the application MUST fill out this form.



AUTHORIZATION TO OBTAIN CRIMINAL BACKGROUND RECORDS

I/We hereby consent to and authorize the Deerfield Beach Housing Authority (“the Authority”) to obtain any and all records concerning my/our criminal background, including but not limited to NCIC records, Florida Department of Law Enforcement records of and in any other State(s) in which I have lived, and the records of any State(s) sex offender registration, including the Florida Section Predator program.

This consent and authorization shall terminate upon termination of my/our tenancy under Public Housing or section 8 assistance by the Authority.

I/We consent to and authorize any law enforcement agency to release to the Authority my/our criminal background records, including any records of my/our arrest or conviction of any criminal offense under laws of any State in the Continental U.S or of any country.

Print Name of Head of Household

Signature

Print Name of Other Adult

Signature

Print Name of Other Adult

Signature



HOUSING ASSISTANCE APPLICATION/CONTINUED OCCUPANCY FORM
 412 SW 2nd Street *Deerfield Beach, FL 33441*Phone: 954-428-0678 Fax: 954-428-7133

PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS Section 8 _____ Palms/Stanley _____

Legal Name of Head of Household: _____

Address of Residence: _____ City: _____ Zip: _____

Mailing address: _____ City: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

(APPLICANTS ONLY)

Current Landlord's Name: _____ Phone: _____

Landlord's Address _____

Monthly Rent \$ _____ # of Bedrooms _____ # of Persons in Household _____

(APPLICANTS ONLY)

Previous Address _____

Landlord's Name: _____ Phone: _____

Landlord's Address _____

Reason for Leaving _____

Personal Declaration

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the Social Security Card. All adult members of the household must sign below certifying the information pertaining to them. Please Print.

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE UNIT

Family Members (Everyone in household)	Relation to HEAD	Social Security #	Age	Sex	Date of Birth	Occupation/School
	HEAD OF HOUSEHOLD					

Do you anticipate any change in your family size in the next 12 months? Yes ___ No ___

If yes, explain changes below: _____

Marital Status of Head of Household: ___ Single ___ Married ___ Separated ___ Divorced.

If married, attach copy of marriage license. Or, attach Divorce Decree/Final Dissolution of Marriage.

GENERAL INFORMATION

1) Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes ___ No ___ If yes, explain below: _____

2) Does anyone other than an adult who live in the home share custody of any of the children listed? Yes ___ No ___ If yes, who? _____

3) Are any family members temporarily absent from the home? Yes ___ No ___ If yes, state the reason they are absent. _____

4) **Full Time Students:** List information for any household member age 18 and older who is attending school full-time. **Provide a recent letter from the school verifying enrollment. (Report cards and registration or enrollment forms are not verification. (Letter must indicate full-time status.)**

Household member _____ **Hours per week:** _____

School Name: _____ Address: _____

City: _____ Zip: _____ Telephone: _____

Date First Enrolled: _____ Anticipated Date of Graduation: _____

Letter from School Attached? Yes ___ No ___

Household member _____ **Hours per week:** _____

School Name: _____ Address: _____

City: _____ Zip: _____ Telephone: _____

Date First Enrolled: _____ Anticipated Date of Graduation: _____

Letter from School Attached? Yes ___ No ___

PART B: DRUG/CRIMINAL ACTIVITY

Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities. Criminal activity not disclosed upon application is grounds for denial or termination of housing assistance.

1. Have you or any household member ever been charged, arrested or convicted for any criminal, other than a minor traffic offense, including drug related activity? Yes ___ No ___

If yes, Household Member _____ Date: _____ Reason: _____

Household Member _____ Date: _____ Reason: _____

Household Member _____ Date: _____ Reason: _____

2. Have you or any household member ever been convicted of the manufacture or production of methamphetamine (speed) on the premises of assisted housing? Yes ___ No ___

3. Are you or any household member subject to lifetime registration as a sex offender? Yes ___ No ___

If yes, provide the following: Name of Household member _____

PART C: RENTAL/HOUSING HISTORY

- Has any household member previously received housing assistance or participated in any other Housing Authority? If yes, which Housing Authority? _____
 Dates of participation: _____ Was assistance terminated? Yes ___ No ___
- Have you or any other household member ever had an eviction filed against them? Yes ___ No ___
- Do you or any other household member owe money to a Housing Authority or Private Landlord? Yes ___ No ___ If so, how much? \$ _____

PART D: INCOME INFORMATION

- Are any household members self-employed, work full-time, part-time or seasonally? Yes ___ No ___
Provide the wages below, including tips, bonuses, and commissions. Attach last 3 paystubs.

Household Member	Amount	Frequency	Employer/Payer Address and Telephone	Payment Method (Cash/Paycheck)

- Does any household member receive benefits, such as, unemployment, worker compensation, or severance pay? Yes ___ No ___

Household Member	Benefit Type	Amount

- Does any household member receive child support from the absent parent? Yes ___ No ___

If yes, attach a copy of the Court Order and child support payment history printout. If party pays you directly, please provide a notarized letter from that party. If party pays expenses for your child such as clothing, daycare or food, provide a notarized letter from that party estimating their monthly donation to the child(ren).

Minor's Name	Name of Absent Parent:	Child Support Amount: \$
	Case Number:	(monthly/weekly/biweekly)
Minor's Name	Name of Absent Parent:	Child Support Amount: \$
	Case Number:	(monthly/weekly/biweekly)
Minor's Name	Name of Absent Parent:	Child Support Amount: \$
	Case Number:	(monthly/weekly/biweekly)

- Does any household member receive alimony? Yes ___ No ___

Household Member	Amount	Former Spouse Name

5. Does any household member receive cash, food stamps, or Medicaid assistance? Yes ___ No ___

Attach printout of benefit amount from <http://www.myflorida.com/accessflorida>

Household Member	Amount

6. Does any household member receive Social Security or Supplemental Security Income? Yes ___ No ___

Attach a copy of each most recent award letter to this application and provide the following:

Household Member	Benefit Type (SSA or SSI)	Amount

7. Does any household member receive income from a pension or annuity? Yes ___ No ___

Attach most recent benefit letter from Agency/Company.

Household Member	Amount	Frequency	Agency/Company/Address

8. Does any household member receive regular cash or (in-kind) contributions from individuals not living in the unit? Yes ___ No ___ **If yes, please attach a notarized statement from the payer.**

Household Member	Amount	Frequency	Payer Name/Address/Phone #

9. Did any household member file a Federal Income Tax return in the past two years? Yes ___ No ___

If yes, attach a copy of past two years the tax return(s) with W-2 (s)

Household members who file Income Tax Returns: _____

PART E: ASSETS

1. Does any household member receive income from assets including interest on checking or savings accounts, interest from certificates of deposits, dividends from stocks or bonds, or income from rental property? Yes ___ No ___

Attach the last 3 months checking account and/or savings account statements and/or the last monthly or quarterly statement of investment earnings.

Household Member	Bank Name / Address	Type of Account	Current Cash Value

2. Do you or any household member own or have any interest in any real estate, mobile home, or personal property held as an investment (such as gems, jewelry, coin collections, antique cars, boats, etc.)?

Yes ___ No ___ **If yes, provide: Household member: _____ Asset: _____**

3. Has any household member sold or disposed of any asset in the past two years for less than fair market value (real estate, mobile home, and/or land)? Yes ___ No ___

If yes, please describe: _____

4. Does any household member have a Whole Life or Universal Life insurance policy with a pre-death cash value? Yes ___ No ___.

Attach a copy of the life insurance policy to include the Cash Value page and provide the following:

Household Member	Insurance Agency / Address	Policy Number	Current Cash Value

PART F: EXPENSES

1. Does any household member have expenses for childcare of a child age 12 or younger? Yes ___ No ___
If yes, attach recent receipts/contract or letter from provider on company letterhead or notarized statement from an individual.

Minor's Name:	Childcare Provider: Address:	Telephone:	Monthly Cost to You: \$
Minor's Name:	Childcare Provider: Address:	Telephone:	Monthly Cost to You: \$
Minor's Name:	Childcare Provider: Address:	Telephone:	Monthly Cost to You: \$

2. Is any portion of your childcare expenses reimbursed from an outside agency or person?
 Yes ___ No ___ if yes, provide name _____

3. Indicate the dollar monthly expenditures for your household. Attach copies of all recent statements/agreements or receipts.

Rent \$	Telephone \$	Medical \$	Credit Card \$
Electric \$	Car Payment \$	Cable \$	Credit Card \$
Gas \$	Car Insurance \$	Insurance \$	Loan \$
Water \$	Fuel \$	Rentals \$	Food \$
Misc \$	Childcare \$	Other (specify)\$	
TOTAL EXPENSES \$		vs.	TOTAL MONTHLY INCOME =

PART G: ELDERLY OR DISABLED FAMILIES ONLY

Complete the following questions if the Head of Household, Spouse, or Co-head is either 62 years of age or older or a person with a disability who is 18 years of age or older.

1. Do you pay for a care attendant or for any equipment for any household member (s) with a disability that is necessary to permit that person or someone in the household to work? Yes ___ No ___

Care Attendant Name	Address / Telephone	Monthly Cost
Medical Equipment	Supplier	Monthly Cost

2. Do you pay for any other kind of medical insurance? Yes ___ No ___

Household Member	Insurance Provider	Policy Number	Monthly Premium

3. Do you have any outstanding medical bills that you are paying? Yes ___ No ___

Attach a statement of amount due and record of past payments from all Providers.

Household Member	Name of Provider	Monthly Amount

4. Do you pay out-of-pocket for prescription drugs? Yes ___ No ___

Attach a printout from each Pharmacy going back one full year from current date.

Household Member	Name of Pharmacy	Monthly Amount

PART H: CERTIFICATIONS

Please let DBHA staff know if you need any assistance in understanding the following notice or Certified Statement:

IMPORTANT NOTICE: Chapter 409.325 of the Florida Statutes makes it a crime, punishable by fine from \$5000 to \$50,000, or by imprisonment for up to five (5) years, or both, if a housing applicant or tenant deliberately makes false statements about his or her income, or fails to disclose a material fact affecting income and rent.

If you as an applicant or program participant, knowingly give the Deerfield Beach Housing Authority false information about your income, or fail to report changes in your family household or income in person **within 10 days of a change** you may be charged with fraud under Chapter 409.325 and/or Section 1001 of Title 18 of the United States Code.

If as a result of committing fraud, withholding information, or making a misrepresentation to the DBHA you receive rental assistance or lower rent to which you are not entitled, you will be responsible for making restitution (repayment) in full to the DBHA and will be subject to local/state and federal prosecution. This could also result in fines, imprisonment or both as well as the loss of your eligibility for any Federal Housing Programs.

CERTIFIED STATEMENT: The information requested on this form is being collected in connection with regulations of the Deerfield Beach Housing Authority, authorized by the United States Department of Housing and Urban Development (HUD) to determine a client's eligibility or continued occupancy; apartment size; and the amount of contribution by the client(s). It will be used to provide the basis for managing the program(s), and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies; when relevant, to civil, criminal, or regulatory investigators or

prosecutors. Failure to provide any information may result in a delay, or termination of continued housing assistance, or subsequent determination that initially approved eligibility was erroneous. Any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under 18USC1001 / 18USC666 and/or FL 419.39.

APPLICANT(S)/TENANT(S) STATEMENT:

I/WE do hereby affirm and attest that all of the information above about me and my household are true and correct. I understand that the DBHA requires me/us to report in **WRITING** within ten (10) business days of the date of any changes to my/our (but not limited to) income, martial status, job, and/or family size that occur any time during the year.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

DBHA Representative

Date

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact Deerfield Beach Housing Authority at 954-428-0678.

Revised 06/21/11



Applicant Required Documents Check-off List

Please be sure the following documents below are mailed to our office at Business Skills Center, 533 South Dixie Highway, Suite 201, Deerfield Beach, Florida 33441 within 30 business days from the date of your online application submission:

- **Proof of Citizenship** (*see next page for immigration documents*)
 - Birth certificate, valid U.S. passport, and/or certificate of citizenship (*ALL household members*)

- **Social Security Cards** (*ALL household members*)

- **Picture I.D. (Valid Florida DL or FL ID ONLY)** (*ALL household members 18 years and older*)

- **Marriage Certificate** (*If applicable*)

- **Proof of ALL household Income (No exceptions, please bring ALL required documents)**
 - Copy of last 3 current pay stubs
 - Copy of current tax return, along with W-2(s)
 - Original statement from employer on letter head with the following information:
 - Beginning and/or ending date of employment
 - Rate of pay
 - Overtime rate after 40 hours
 - Frequency of pay (weekly, biweekly, etc.)
 - # of hours work per week
 - For Broward County School, please provide the # of days work per year
 - Copy of Social Security and/or Supplemental Security Income (SSI) benefits
 - Proof of cash assistance or food stamps from DCF
 - Proof of alimony
 - Original child support (*Actual court order or notarized statement*)
 - Unemployment benefits, workman compensation, or military service pay
 - Contribution from family, friends, and/or organizations (*notarized statement*)



- **Proof of residency**
 - Lease
 - Electric bill (FPL)
 - Phone bill (home and/or cellular)
 - Water bill

- **Miscellaneous**
 - Proof of out of pocket childcare expense directly from the childcare provider.
 - Life insurance policy (*Whole Life or Universal or Term Insurance*)
 - Proof of (12 months) out-of-pocket medical expenses (*disabled, handicapped, or 62 years + ONLY*)
 - Verification of full-time student status (*class schedule & financial aid docs. for students 18 years +*)
 - Guardianship/court documents (*foster care or relative care giver*)
 - Verification of current bank accounts: include credit unions, C.D., checking, savings, mutual accounts, or stocks (*Last 3 months*)
 - Verification of car payment and insurance
 - Police report/background check from the county where you reside, dated within the last 30 days, for ALL household member 18 years +
 - Resident Selection Criteria document
 - Things You Should Know document
 - HUD 9886 form
 - HUD 9887 form
 - Citizenship Certification document (ALL household members)

ACCEPTABLE DOCUMENTS FOR ELIGIBLE IMMIGRANTS

Please provide us with the following document(s):

- **Alien Registration Receipt Card** (form 1-551)

- **Arrival-Departure Record** (form 1-94) 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”
 - D) “Paroled Pursuant to Section 212 (d) (5) of the INA”

Note: If form 1-94, Arrival-Departure Record, is not annotated, then 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 INS asylum officer granting asylum (if application is filed on or after October 1st, 1990) or from an INS district director granting asylum (if application filed before October 1st, 1990)
 - C) A court decision granting withholding of deportation
 - D) A letter from an asylum officer granting withholding of deportation (if application filed on or after October 1st, 1990)
- **Temporary Resident Card** (form I-688), which must be annotated "Section 245A"
 - **Employment Authorization Card** (form I-688B), which must be annotated "Provision of Law 274.a.12 (11)" or "Provision of Law 274a.12"
 - A receipt issued by the INS indicating that an application for issuance of replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Failure to provide ALL documents required, at the same time, will result in your family being dropped from the waiting list, not being recertified, and/or terminated from the Section 8 or Public Housing Program.