



Montrose County Housing Authority
222 Hap Court
Olathe, Co 81425

Dear Prospective Resident,

We are so excited that you have chosen to make **Olathe Family Housing** your future home! We are sure you will be pleased living here and enjoy the many amenities our community has to offer. To make the application process as smooth as possible, refer to the list below of the few things we will need from you.

- Please complete the entire application. If something does not apply, write **N/A**; do not leave any lines blank. To help us process your application, provide accurate phone numbers where requested. This preliminary application places you on the waitlist, but it does not guarantee a unit. A unit may be offered only after your name reaches the top of the waitlist and all required verifications are completed.
- All household members aged 18 or older must sign the application and the attached release of information form.
- Once your application reaches the top of the waitlist, you will need to provide the following for all household members: a copy of a state-issued ID or driver's license, birth certificate, Social Security card, income verification, most recent bank statement, list of assets, and, if applicable, immigration documentation such as a permanent resident card. The government may use wage-matching tools to compare the wage and benefit information you provide with information from the State Department of Labor.
- We will notify you by mail when your name reaches the top of the waitlist and invite you to an interview. At that time, we will complete a background check and verify your landlord references and income. If you qualify, we will show you any available units during the interview. One-half of the deposit is required to hold a unit. If you cancel after 48 hours, the holding deposit becomes non-refundable.
- **This institution is an equal opportunity provider and employer. Management does not discriminate based on race, color, religion, creed, national origin, sex, disability, familial status, sexual orientation, gender identity, or age, except when age is an eligibility requirement, at any stage of the occupancy process.**
- Please also sign

I/we authorize Montrose County Housing to verify my/our rental history, employment, criminal history, and credit history. I/we also agree to the terms and conditions listed above. I/we understand that Owner/Management reserves the right to rerun criminal background checks every twelve months to confirm continued compliance with rental criteria.

Applicants Signature

Date

Applicant Signature

Date



FOR OFFICE USE ONLY

Application # _____ Date: _____ Time: _____
Staff: _____

Income Category _____ Priority _____ Type income _____ Bdrms _____

PLEASE INDICATE YOUR PROGRAM PREFERENCE BELOW

Olathe Family Housing ()

What size of apartment are you needing? 3-bedroom _____ 4-bedroom _____

Domestic farm worker -

the term "domestic farm labor" means any person (and the family of such person) who receives a substantial portion of his or her income from primary production of agricultural or aquacultural commodities, the handling of agricultural or aquacultural commodities in the unprocessed stage, or the processing of agricultural or aquacultural commodities, without respect to the source of employment, except that— (A) such person shall be a citizen of the United States, or a person legally admitted for permanent residence, or a person legally admitted to the United States and authorized to work in agriculture; (B) such term includes any person (and the family of such person) who is retired or disabled, but who was domestic farm labor at the time of retirement or becoming disabled; and (C) in applying this paragraph with respect to vacant units in farm labor housing, the Secretary shall make units available for occupancy in the following order of priority: (i) to active farm laborers (and their families); (ii) to retired or disabled farm laborers (and their families) who were active in the local farm labor market at the time of retiring or becoming disabled; and (iii) to other retired or disabled farm laborers (and their families).

To qualify for Farmworker housing, at least 65% of the household's total income must come from farm labor. An eligible household must include a domestic farm laborer, retired domestic farm laborer, or disabled domestic farm laborer as the tenant or co-tenant. Can you provide documentation of farm labor employment? _____

I certify that, if rented, a unit it will serve as the household's primary residence?

Yes /No _____
Initials

Name of Head of Household: _____

Mailing Address: _____

Current address _____

Home Phone _____ Message Phone _____

Annual Income for all household members: \$ _____



A.

FAMILY COMPOSITION (Include all people who live in your household starting with head of household).

Please list each person that will reside in the unit [if accepted]. Begin with the Head-of-Household:

LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER	RELATIONSHIP	DATE OF BIRTH	COUNTRY OF CITIZENSHIP	SSN	DISABLED Y/N
				HEAD OF HOUSEHOLD	/ /		- -	
					/ /		- -	
					/ /		- -	
					/ /		- -	

LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER	RELATIONSHIP	DATE OF BIRTH	COUNTRY OF CITIZENSHIP	SSN	DISABLED Y/N
					/ /		- -	
					/ /		- -	
					/ /		- -	
					/ /		- -	

Total Household members who will be living in the home _____

Do you have any house hold members that only live part time in your household? _____

Are there any anticipated changes in household composition over the next 12 months? _____ If yes, list anticipated changes here _____

Citizenship:

ARE ALL HOUSEHOLD MEMBERS U.S. CITIZENS, U.S. NATIONALS OR NONCITIZENS WITH ELIGIBLE IMMIGRATION STATUS?

YES _____ NO _____ IF NO PLEASE EXPLAIN _____

B. DISABILITIES OR ACCOMADATIONS

Affirmative obligations to make programs accessible to persons with disabilities are imposed on Owners that receive Federal financial assistance. When requested, modifications to dwelling units and common areas may be provided [at no cost] as reasonable accommodation to tenants or applicants with a disability. Do you or any Household Member require any reasonable



accommodation in order to fully utilize a dwelling/unit common area?

Yes _____ No _____ If yes please explain: _____

DO YOU OR A QUALIFYING HOUSEHOLD MEMBER REQUIRE ANY OF THE FOLLOWING?

*AN ACCESSIBLE DWELLING UNIT MODIFIED FOR THE BENEFIT OF AN INDIVIDUAL WITH A MOBILITY IMPAIRMENT? ☐ YES ☐ NO

*DWELLING UNIT MODIFIED FOR THE BENEFIT OF AN INDIVIDUAL WITH A VISION IMPAIRMENT OR BLINDNESS? ☐ YES ☐ NO

*A DWELLING UNIT MODIFIED FOR THE BENEFIT OF AN INDIVIDUAL WITH A HEARING IMPAIRMENT OR DEAFNESS? ☐ YES ☐ NO

*PLEASE IDENTIFY ANY OTHER SPECIAL HOUSING NEEDS THAT YOU OR ANY HOUSEHOLD MEMBER (S) REQUIRE? _____

1. Does any member of household member meet the definition of a person with a disability?
Yes _____ No _____
2. Name of person requesting medical deduction _____
3. Does any member of the family require handrails or a wheelchair? Yes _____ No _____
4. Will a service/companion animal live in your unit? _____ I understand that I must provide documentation for my animal _____

A **reasonable accommodation** is a change in rules, policies, practices, or services so that a person with a disability will have an equal opportunity to use and enjoy a dwelling unit or common space.

5. I will be requesting reasonable accommodation for? (Please attach proper paperwork) _____

6. Does anyone in the household qualify under the Victims Against Women Act? (VAWA) _____ (Please provide proper documentation).

C. BACKGROUND INFORMATION

No Family member may engage in substance abuse related criminal activity, or violent criminal activity. The following questions pertain to the head of household and all household members. Answer and provide written response to each question if applicable.

Have you or any household member ever used a different name? Yes _____ No _____
If yes, please explain: _____

Have you or any household member ever been evicted from rental property? Yes _____ No _____
If yes, please explain: _____

Have you or anyone household member ever lived in a rental property that was destroyed or damaged by fire? Yes _____ No _____ If yes, please explain _____

Do you or anyone in your household currently use illegal drug (s) or illegal control substances? Yes _____ No _____ if yes, please explain _____

Have you or any member of your family ever been convicted of a drug related criminal activity, such as: use, possession, distribution, trafficking or manufacture of any illegal controlled substances?

Yes _____ No _____
If yes, please explain: _____

Date of conviction? _____



Are you or anyone in your household subject to a State lifetime sex offender registration requirement? _____

Please list ALL states where all household members have resided in? _____

Have you or any household member been convicted of a felonious crime during the last ten years? Yes _____ No _____ if yes please explain _____

Have you or any household member ever been involved in criminal activity that posed a threat to the health, safety, or welfare or others? Yes _____ No _____
If yes, please explain _____

D. Income Information:

List of income for all household members. This includes Social Security, pensions, employment public assistance, disability compensation, alimony, child support, workers compensation, disability compensation, the portion of educational grants and scholarships allotted for subsistence, income from rental property and other income received by the household, whether monetary or non-monetary. **ALL ADULT HOUSEHOLD MEMBERS WILL BE REQUIRED TO SIGN AN INCOME VERIFICATION FORM** Fill in the next portion for every member that has worked for the past 12 months or anticipate they will work in the next 12 months. If you need more room, attach another sheet. Please include self-employment

Are any household members currently working/employed? Yes _____ No _____
If yes, provide the name of Company or Employer _____ Contact
Person _____ Phone Number _____

INDIVIDUAL	SOURCE OF INCOME & ADDRESS	MONTHLY AMOUNT
	Source of Income: Address:	\$
	Source of Income: Address:	\$
	Source of Income: Address:	\$

A. List all sources of income

DO YOU OR ANY MEMBER OF YOUR FAMILY RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES? (Indicate by writing in your monthly amount or -0-)

Unemployment \$ _____ PA \$ _____ SSI \$ _____ W.C. \$ _____

Veteran's Benefits \$ _____ Child Support \$ _____ Retirement Pension \$ _____

Social Security \$ _____ Annuity Payments \$ _____ Other _____

Even if you are not receiving it, ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO RECEIVE, OR EXPECT TO RECEIVE, any of the following types of income assistance?

Public Assistance () Yes () No Child Support () Yes () No
Alimony () Yes () No Social Security () Yes No()



I am entitled to _____ payments and am currently making efforts to collect support owed to us. Describe efforts and attached court order for verification. _____

_____ Periodic payments from trust, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings, if yes please list _____
Please list any income any adjustments to income for which you may qualify? (medical, child care, ect.) _____

E. PLEASE LIST ANY ASSETS YOU HAVE

Savings: Bank & Account # _____ \$ _____
Checking: Bank & Account # _____ \$ _____
Stocks & Bonds: Bank & Account # _____ \$ _____
Insurance, policy cash value _____ \$ _____
Credit Union Shares _____ \$ _____
Savings Cert. Or bonds _____ \$ _____
Other _____ \$ _____
I have no assets-----Initials _____
Yes, I have assets but are under \$5000 combined-----Initials _____
Yes, I have assets and combined they are over \$5000-----Initials _____

TOTAL ASSETS ----- \$ _____

REAL STATE:

Do you now or have you in the past two years owned a home, trailer, property or real estate?

() Yes () No If yes, please explain _____

Have you disposed of any other assets in the past two years below market value?

() Yes () No If yes, please explain _____

Do you currently have real estate in your name? _____

F. RENTAL HISTORY

Have you ever been evicted from any previous housing or been asked to move by the landlord? () No () Yes If yes, please explain _____

Do you presently owe any previous housing charges or rent? () No () Yes

If yes, please explain _____

Amount owing \$ _____

Have you ever lived in a subsidized unit?

() No () Yes When? _____

Where? _____

How long have you lived in the area? _____

G. LANDLORD REFERENCES:

List ALL the addresses where you have lived for the past five years, and the Name, Address, and Telephone # of the Landlord. Also, include the approximate date you rented from each landlord. If you need more space, use another sheet.

Your present or most recent address: _____



Landlord's name _____
Address _____
Landlord's phone # _____. Rented from _____ to _____
Monthly rent \$ _____. Are you being evicted? _____

.....
Your previous address: _____

Landlord's name _____
Address: _____
Landlord's phone # _____. Rented from _____ to _____
Monthly rent \$ _____. Did you leave in good terms? _____

.....
H. PLEASE ANSWER THE FOLLOWING BY PLACING AN X IN THE YES OR NO' COLUMN

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Has anyone in your household turned 18 during the past year? | () | () |
| 2. Does anyone in your household, age 18 or older attend school full time | () | () |
| 3. If you answered yes to (2) above, does the student receive or expect to receive a Pell Grant, Tuition Waiver, or any other form of Tuition/Fees Books Reimbursement or Assistance? | () | () |
| 4. Does anyone live with you who is not listed in the household information section of page 2? ----- | () | () |
| 5. Do you plan to have anyone living with you in the future who is not listed in the household information section on page 2? ----- | () | () |
| 6. Is any member of your household employed full-time, part-time, seasonally employed or self-employed? ----- | () | () |
| 7. Does any member of your household EXPECT TO WORK for any period during the next twelve months? ----- | () | () |
| 8. Does any member of your household work for someone who pays them in Cash?----- | () | () |
| 9. Is any member of your household on a leave of absence from work due to layoff, medical leave, maternity leave or military leave?----- | () | () |
| 10. Does any member of your household now receive or EXPECT TO RECEIVE Any other type of income?----- | () | () |

AUTOMOBILE IDENTIFICATION

Year/Make/Model _____ Lic. Plates# _____
Year/Make/Model _____ Lic. Plates# _____

LIST 2 PERSONAL OR EMPLOYER REFERENCES OTHER THAN FAMILY

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>
1.	_____	_____	_____
2.	_____	_____	_____

Higher Education Student Status: The following question(s) apply to the head of household.



ARE YOU CURRENTLY ENROLLED AS EITHER A PART-TIME OR FULL-TIME STUDENT AT AN INSTITUTION OF HIGHER EDUCATION FOR THE PURPOSE OF OBTAINING A DEGREE, CERTIFICATE OR OTHER PROGRAM LEADING TO A RECOGNIZED EDUCATIONAL CREDENTIAL? YES _____ NO _____

If you answered yes above, please respond the following questions:

ARE YOU OVER THE AGE OF 24? ☐ YES ☐ NO

ARE YOU MARRIED? ☐ YES ☐ NO

ARE YOU A VETERAN OF THE UNITED STATES MILITARY? ☐ YES ☐ NO

DO YOU HAVE A DEPENDENT CHILD [OR CHILDREN]? ☐ YES ☐ NO

Applicant Certification:

I/we certify and attest that all information given in this application, attachments or submissions to Montrose County Housing Authority is true, accurate and complete. I/we understand that if any information is false, misleading or incomplete, management may decline this application or, if move-in has occurred, terminate the lease. I/we authorize management to make any and all inquiries to verify information and to contact previous and current landlords or other sources for verification of information provided in this application. If my/our application is approved and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment.

I/we agree to notify Montrose County Housing Authority in writing of any changes in household address, phone numbers, income, assets and/or household composition. I/we have read and understand the information in this application. I/ we understand that applicants accepted for housing at a Olathe Meadows Senior Housing cannot maintain a secondary residence elsewhere. I/we have been informed that the Tenant Selection Plan, which describes the procedures for processing application, is available for review at Montrose County Housing Office.

I authorize the Montrose County Housing Authority (MCHA), or its agent, attorney or assign to order and review one or more consumer reports relating to me (including, but not limited to, credit history, rental history (including with other properties owned by property owners affiliated with Landlord), and criminal history). I further authorize Montrose County Housing Authority, its agent, attorney or assign to order or prepare, and review, investigative consumer reports relating to me. I understand and authorize MCHA, its agent, attorney or assign to continue to obtain or prepare consumer reports and investigative consumer reports on me both during the duration of any lease or agreement I may enter into as a result of this application and at any time thereafter, including for the purposes of collection of amounts I may owe under any lease or other agreement. I further authorize and direct all employers, financial institutions, banks, creditors, residential managers/landlords to release any and all information relating to me to MCHA or its agent, attorney or assign. I acknowledge that I have received a summary of my rights under the Fair Credit Reporting Act.



All household members aged 18 or older must sign below:

Signature Date

Signature Date

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

Ethnicity

Hispanic or Latino _____ Not Hispanic or Latino _____

Race: (Mark one or more)

American Indian/Alaskan native _____ Asian _____

Black or African American _____ White _____

Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ Female _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadline vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.



"This institution is an equal opportunity provider and employer."

***You can mail or drop off completed application to 222 Hap
Court, Olathe, Co 81425***

Please Do not Email Application

***If you have questions or need help with application, please call
970-323-3035.***



MONTROSE CO HOUSING AUTHORITY



222 HAP COURT
OLATHE, CO 81425
(970) 323-3035

TENANT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to MONTROSE CO HOUSING AUTHORITY (Owner or Agent), for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identify; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies
Veterans Administration	Previous Landlords (including public housing agencies)
State Unemployment Agencies	Social Security Administration
Retirement Systems	Support and Alimony Providers
Banks/Other Financial Institutions	Medical and Child Care Providers
Credit Check	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

Signature

Printed Name & Date

Signature

Printed Name & Date

Signature

Printed Name & Date

Signature

Printed Name & Date



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

APPLICANT NOTIFICATION TO REQUEST A REASONABLE ACCOMMODATION

Under Section 504 of the Rehabilitation Act of 1973 Housing Authorities and Owners must allow qualified individuals' reasonable accommodation request for a change, exception or adjustment to a rule, policy, practice or service when such accommodations may be necessary to afford a disabled individual equal opportunity to use and enjoy the benefits of Olathe Meadows and the common use spaces, are not fundamental changes to the program, are not an undue burden on finances, staff time or resources.

Reasonable modifications to the lease, unit or rental property should be directed to the owner/management directly.

Examples of housing authority reasonable accommodations, but not limited to:

- Assistance with paperwork or paperwork submission by different means
- Extensions to Voucher expiration,
- deadlines for paperwork etc.
- Communication issues
- Live-in Aide

A qualified individual with a disability / handicap may request a reasonable accommodation by contacting MCHA staff either verbally or in writing. Depending on the nature of your request, the applicant/participant may be requested to complete an accommodation request form. If the applicant/participant is unable to complete the form due to a disability staff will accommodate the individual by assisting him / her.

Applicants/participants should also be aware HUD permits all housing providers to verify the individual requesting the reasonable accommodation is eligible for such a benefit under the law. Therefore, staff may request individuals to provide additional information and/ or sign verification consent forms. All requests for accommodation will be processed in accordance with established policy and procedures. If the request cannot be approved because the accommodation or modification presents an undue administrative and financial burden or would fundamentally alter the program, a dialog between the applicant/participant and your assigned housing staff person called interactive process will occur to see if the offer of an alternative accommodation might effectively meet the need without posing an undue administrative and financial burden or fundamental alteration. Written determination will be made generally within ten business days unless an alternative communication method has been requested and approved.

The Montrose County Housing Authority is committed to comply with all requirements of Section 504 of the Rehabilitation Act of 1973.

Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

This institution is an equal opportunity provider and employer.



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)	
☐ Emergency	☐ Assist with Recertification Process
☐ Unable to contact you	☐ Change in lease terms
☐ Termination of rental assistance	☐ Change in house rules
☐ Eviction from unit	☐ Other: _____
☐ Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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Signature of Applicant

Date

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

Form HUD- 92006 (05/09)



Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must immediately report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

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The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6392 (TDD). USDA is an equal opportunity provider and employer.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center -- FCRA, Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6, Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs, Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs, Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street, Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs, Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management, Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator -- GIPSA, Washington, DC 20250 202-720-7051



