

Please return your application with the following:

Copies of :

1. Drivers License
2. Social Security Card
3. Birth Certificate

* If a mistake is made on any area of the application, please cross it out, initial and date the area.

* If an area does not apply to you, please use the word "NONE". Please do not use "N/A".



10133 Lapeer Road
Davison, MI 48423

A Senior Citizen Apartment Community

(810) 653-2985 TTY/TTD: 711
FAX: (810) 658-0658

Dear Applicant:

Thank you for your interest in Taeckens Terrace, a subsidized housing community for seniors, 62 or older. Taeckens Terrace has 91 units, of which eight are special ADA accessible apartments. It is convenient to shopping, banking, restaurants, and the Davison Senior Activity Center. Please refer to the enclosed "Points of Interest."

Enclosed is an application packet that should be completed, signed and returned to Taeckens Terrace. When a completed application is received in the office, it will be date stamped and entered on the waiting list. You will be notified for an interview appointment to initiate the certification process.

Taeckens Terrace is not a licensed care facility. Residents must assume responsibility for their own care, and the care of their apartment.

In determining whether an applicant is eligible for this development, please be advised of the established guidelines to be verified prior to final approval of your application:

Federal/State Requirements	Household Size	Criminal History
Landlord References	Misinformation/Fraud	Illegal Drug History
Income & Asset Levels	Credit History	Sex Offence History
Age 62 or Older	Medical Expenses	

Eligible U.S. citizens or permanent legal residents

Effective April 18, 2022, income limits for Section 8/202 Federal Housing Communities:

One Person	\$27,900 annual
Two Persons	\$31,850 annual

HUD required Income Preference: Forty percent of all incoming residents must be qualified at thirty percent of the median income.

Eligible Tenant's rent is 30% of their adjusted monthly income.

Should your address and /or telephone number change, it is the applicants' responsibility to inform the office.

Please do not hesitate to call the office if you have any questions (810) 653-2985.

Sincerely,

Mandy Belanger
Site Manager
Taeckens Terrace

Applicant Name:		For Office Use Only Management Initials -	
		Application No. (Date and Time)	
Home Ph.:	Cell Ph.:	Date: / /	Time: :
Email:			

- INSTRUCTIONS TO APPLICANT -

Please provide the following information:

- ☐ Everyone's drivers license or State I.D. card or alien registration card.
 - ☐ Income Verification for the entire household (i.e., Check stubs, Social Security, SSI, ADC; etc.
 - ☐ Verification of Social Security Numbers for all household members.
 - ☐ Verification of age for all household members.
- Each household member 18 years of age and older must complete a separate application in its entirety.
 - **ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.**
 - All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
 - If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
 - As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
 - After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Selection Criteria, your application will be declined.
 - Management will conduct a full investigation of your application, including a credit, criminal check, sex offender query, terrorist alert query, and landlord verification.. After information is received and compiled you will be notified in writing of a scheduled informal interview with the manager, or you will be sent a denial letter.
 - We will process your application according to our standard procedures which are summarized in the Resident Selection Plan, posted in the Management Office. Upon completion of processing your application, including the informal interview, you will receive a letter from our office notifying you of the decision on your application. If you are approved, you will be placed on the waiting list by the date and time of your application. TTY/TTD: 711
 - **Failure to contact the office every six (6) months will result in your application being denied.**

- MANAGEMENT USE ONLY -

- Completed application received? Date _____ Time _____ Initials _____
- Credit Check received? Date: _____
- Criminal history verified? Date _____
- Would prior landlords rent to applicant again? _____
- Did applicant pay rent on time? _____
- All income and asset verifications received? Gross Annual Income= \$ _____
- Move-out verification from a Federal Assisting program confirmed? ☐ Yes ☐ No ☐ N/A
- EIV Existing Tenant Search Report produced on **ALL** household members. ☐

X

Signed by Property Manager or Designate for Final Approval

Date _____

HOUSEHOLD INFORMATION

Full Name of Household as they appear on SS Card	Relationship	Sex (Optional)	Age	Date of Birth	Race/Ethnicity of Head of Household	Social Security No. or Alien Registration No.	Drivers License Number
1.	Head						
2.							
3.							
4.							
5.							
6.							

- Is any household member a U.S. Military Veteran? Yes ☐ No ☐
- Are you seeking housing as a result of being displaced by government action or a
Presidentially declared disaster? Yes ☐ No ☐
- Are you currently receiving Section 8? Yes ☐ No ☐
- Will any of the household members live anywhere except in your apartment? Yes ☐ No ☐
- Is there a part or full-time student over age 18 in this household? Yes ☐ No ☐
- Are there any other persons who will live in your apartment on a less than full-time basis? Yes ☐ No ☐
- Have you or any other member of your household ever used any name(s) or social security
number(s) other than the one you are currently using? Yes ☐ No ☐
- If you answered "YES" to any question above, please explain: _____
- Were you 62 or older as of 1/31/2010 and do not have a SSN? If you answered "YES" to the question above, were you
receiving HUD assistance at another location on 01/31/2010? Yes ☐ No ☐
- How did you learn about this apartment community? _____
- Are you homeless, disabled, a domestic violence survivor or youth aging out of foster care? Yes ☐ No ☐

RESIDENCE HISTORY

You must report ALL places you have lived for the past five (5) years. Use an additional sheet if necessary.

Present Address	Street Address:				From: ____/____/____		Landlord Name:	
	City:		County:		State:		Zip:	
	Reason for Moving:				Landlord Phone:			
Previous Address	Street Address:				From: ____/____/____		Landlord Name:	
	City:		County:		State:		Zip:	
	Reason for Moving:				Landlord Phone:			
Previous Address	Street Address:				From: ____/____/____		Landlord Name:	
	City:		County:		State:		Zip:	
	Reason for Moving:				Landlord Phone:			
Previous Address	Street Address:				From: ____/____/____		Landlord Name:	
	City:		County:		State:		Zip:	
	Reason for Moving:				Landlord Phone:			
Previous Address	Street Address:				From: ____/____/____		Landlord Name:	
	City:		County:		State:		Zip:	
	Reason for Moving:				Landlord Phone:			
Previous Address	Street Address:				From: ____/____/____		Landlord Name:	
	City:		County:		State:		Zip:	
	Reason for Moving:				Landlord Phone:			
Previous Address	Street Address:				From: ____/____/____		Landlord Name:	
	City:		County:		State:		Zip:	
	Reason for Moving:				Landlord Phone:			

You must report ALL states you have resided in. All Household Members are required to report this information.

State:	From: <u> / / </u>	To: <u> / / </u>	Last Street Address in that State:	City:	County:
State:	From: <u> / / </u>	To: <u> / / </u>	Last Street Address in that State:	City:	County:
State:	From: <u> / / </u>	To: <u> / / </u>	Last Street Address in that State:	City:	County:

- | | No | Yes | If 'Yes' you must answer the following: |
|---|--------------------------|--------------------------|---|
| • Have you or any member of your household ever been evicted? | <input type="checkbox"/> | <input type="checkbox"/> | From Where? _____
When? _____ Why? _____ |
| • Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity? | <input type="checkbox"/> | <input type="checkbox"/> | From Where? _____
When? _____ |
| • Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord? | <input type="checkbox"/> | <input type="checkbox"/> | To Whom? _____
How Much? \$ _____ |
| • Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs? | <input type="checkbox"/> | <input type="checkbox"/> | Explain: _____

_____ |

ASSET INFORMATION

You *must* report ALL Assets below. Use an additional sheet if necessary.

CHECKING	Name of Bank:	Avg. 6 Month Balance:	Current Interest Rate:
Account No:	Address:		
	City: State Zip:	Bank Phone Number:	
SAVINGS	Name of Bank:	Current Balance:	Current Interest Rate:
Account No:	Address:		
	City: State Zip:	Bank Phone Number:	
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:	Current Value	Annual Income:
Type of Asset:	Address:		
Account No:	City: State Zip:	Institution Phone Number:	
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:	Current Value	Annual Income:
Type of Asset:	Address:		
Account No:	City: State Zip:	Institution Phone Number:	

- | | No | Yes | If 'Yes' you must answer the following: |
|---|--------------------------|--------------------------|---|
| • Has any household member disposed of any assets for <i>Less than Fair Market Value</i> during the past two (2) years? | <input type="checkbox"/> | <input type="checkbox"/> | Date Disposed of: <u> / / </u>
Description of Asset: _____
_____ |
| • Has any household member sold any Real Estate in the last two years? | <input type="checkbox"/> | <input type="checkbox"/> | Date Disposed of: <u> / / </u>
Description of Asset: _____
Sales Price: \$ _____ |
| • Does any household member have an interest in any Real Estate, Boat or Mobile Home? | <input type="checkbox"/> | <input type="checkbox"/> | Description of Asset: _____
Value: \$ _____
Annual Income from Asset: \$ _____ |

SOURCES OF INCOME

You ***must*** report income from ALL sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. ***If anyone outside your household gives you money or pays your bills, you must report it as a source of income.*** Use additional sheets if necessary.

Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source: \$ _____
Address:			Phone Number:		
City:	State	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)		
Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		
Address:			Phone Number:		Average Annual Income from this Source: \$ _____
City:	State	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)		

CHILD CARE EXPENSES

If you pay for Child Care, please list name of provider(s) below.

Name of Provider:		Street Address:		Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State	Zip:	
Name of Provider:		Street Address:		Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State	Zip:	
Amount you pay: \$ _____ per _____				

HANDICAP CARE EXPENSES

If you pay for care of Handicapped or Disabled household member, list name of provider(s) below.

Name of Provider:		Street Address:		Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State	Zip:	
Name of Provider:		Street Address:		Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State	Zip:	
Amount you pay: \$ _____ per _____				

AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles owned by or registered to household members. Use additional sheets if necessary.

Make and Model Number:		License Plate Number:	State:	Insurance Agent:	Phone:
Color:	Year:	License Expiration Date:		Street Address:	Policy No:
Name on Registration:		VIN #	City:	State:	Zip:
Make and Model Number:		License Plate Number:	State:	Insurance Agent:	Phone:
Color:	Year:	License Expiration Date:		Street Address:	Policy No:
Name on Registration:		VIN #	City:	State:	Zip:

RENTERS INSURANCE

We recommend that you carry Renters Insurance. *Your personal belongings are not covered by our insurance* . If you have coverage, please provide information below.

Insurance Agent:			Phone:
Street Address:			Policy No:
City:	State:	Zip:	Expiration Date:

PERSONAL REFERENCES

List two (2) references (Not related to you).

Name:		Address:		
Phone No:	City:	State:	Zip:	
Name:		Address:		
Phone No:	City:	State:	Zip:	

EMERGENCY CONTACT

Provide the name of the person and an alternate; we should contact in case of an emergency.

Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:
Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:

ELDERLY/HANDICAPPED/DISABLED STATUS

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program. In addition to giving special considerations with regards to allowances in determining rent we also will make reasonable accommodations or modifications based on disability. Please check any box that applies to you:

Head of Household and/or Spouse is: ☐ 62 years of age or older ☐ Handicapped ☐ Disabled

☐ My household requires an accessible (barrier-free) unit

If you checked one of the boxes above, complete this section. List payments made on outstanding medical bills; medical insurance premiums; medical and dental costs that are NOT covered by insurance. Use a separate sheet if necessary.

Name of Provider:		Street Address:		Description of Expense: _____
Phone: _____	Policy No: _____	City: _____	State: _____ Zip: _____	Amount you pay: \$ _____ per _____
Name of Provider:		Street Address:		Description of Expense: _____
Phone: _____	Policy No: _____	City: _____	State: _____ Zip: _____	Amount you pay: \$ _____ per _____
Name of Provider:		Street Address:		Description of Expense: _____
Phone: _____	Policy No: _____	City: _____	State: _____ Zip: _____	Amount you pay: \$ _____ per _____

PERSONAL & EVICTION HISTORY

This property's eligibility criteria excludes housing to individuals and households with specific types of personal, eviction, and criminal history. **You must** answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected, OR, if move-in has occurred, you may be evicted.

	<u>No</u>	<u>Yes</u>	<u>If 'Yes' you must answer the following:</u>
• Are you or any member of your household a current, illegal user of or addicted to a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household currently or in the past used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household subject to a lifetime sex offender registration in any state?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household an alcohol abuser whose behavior could interfere with others' health, safety, and right to peaceful enjoyment?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____

APPLICANT CERTIFICATION

1. We certify that all information given in this application and any addenda thereto is true, complete, and accurate. We understand that if any of this information is false, misleading, or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.
2. We authorize management to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental or credit screening services, any criminal background checks, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State or Local agencies.
3. If your application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income, and household composition.
5. We have read and understand the information in this application, in particular the information contained in the Instructions for Head of Household; and we agree to comply with such information.
6. We have been notified that the Resident Selection Criteria, which summarizes the procedures for processing applications, is posted in the Management Office.
7. We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, damages, and Security Deposits.
8. We authorized management to obtain one or more "Consumer Reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

FAIR CREDIT REPORTING ACT

THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES; SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, INCOME AND CREDIT BACKGROUND, POLICE RECORDS, SEX OFFENDER REGISTRY, AND ALSO TERRORIST ALERT QUERY. ALL INFORMATION YOU OR OTHERS GIVE US WILL BE HELD IN STRICT CONFIDENCE. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, CREED, AGE, SEX, HANDICAP, OR FAMILIAL STATUS. BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE OWNER/MANAGER TO VERIFY THIS INFORMATION THROUGH ANY SOURCE THAT IT DEEMS APPROPRIATE. ANY FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF YOUR APPLICATION.

WARNING:

TITLE 18, SECTION 1001 OF THE U.S.CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDELENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT, HUD, THE PHA, AND ANY OWNER (OR ANY EMPLOYEE OF HUD, THE PHA, OR THE OWNER) MAY BE SUBJECT TO PENALTIES FOR UNAUTHORIZED DISCLOSURES OR IMPROPER USES OF INFORMATION COLLECTED BASED ON THE CONSENT FORM. USE OF THE INFORMATION COLLECTED BASED ON THE VERIFICATION FORMS ARE RESTRICTED TO THE PURPOSES CITED THEREIN. 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 \$5000. ANY APPLICANT OR PARTICIPANT AFFECTED BY NEGLIGENT DISCLOSURE OF INFORMATION MAY BRING CIVIL ACTION FOR DAMAGES, AND SEEK OTHER RELIEF, AS MAY BE APPROPRIATE, AGAINST THE OFFICER OR EMPLOYEE OF HUD OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSURE OR IMPROPER USE. PENTALTY PROVISIONS FOR MISUSING THIS SOCIAL SECURITY NUMBER ARE CONTAINED IN THE SOCIAL SECURITY ACT AT 208(A)(6),(7) AND (8). VIOLATION OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 U.S.C. 408 (A) (6), (7) AND (8).

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK. I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

I HAVE READ AND UNDERSTAND THE ABOVE.

APPLICANT SIGNATURE

Date

MANAGEMENT SIGNATURE

Date



The Owner does not discriminate against persons with disabilities.

Our Section 504 Coordinator is Michael Rigdon
14381 North Rd. Fenton, MI 48430. 810-750-7000
Equal Housing Opportunity



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant

Date

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

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

INCOME & ASSETS CHECKLIST

(Complete a separate form for each household member who is age 18 or older or an emancipated minor.)

Household Member Name:	Unit Number:
Development Name: Taeckens Terrace	

	Yes	No	COMPLETE EACH ITEM:
			<input type="checkbox"/> Initial Certification/MI <input type="checkbox"/> Annual Certification <input type="checkbox"/> Interim Certification Due to <input type="checkbox"/> Change in Income <input type="checkbox"/> Change in Household Composition <input type="checkbox"/> Unit Transfer <input type="checkbox"/> Other _____
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.
INCOME			
4			I have a job and receive money/wages, tips, or bonuses. List the businesses or companies that pay you: _____
5			I am self-employed or operate my own business. List the types of jobs you do: _____
6			I earn income as a day laborer, seasonal worker, gig worker, or independent contractor.
7			I receive Social Security or Railroad Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHHS for the State-paid portion of an SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds, 401(k), IRA, or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider: _____
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance (does not include food stamps or Medicaid).
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from a trust, annuity, or inheritance. If yes, from how many sources? ____
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery, casino or online gaming, or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active-duty allotments or regular pay as a member of the National Guard or Reservist pay.
25			I am a member of an Indian Tribe receiving gaming payments.
26			I receive periodic payments from insurance policies or any type of settlement. If yes, how many policies or settlements? _____ From what Sources? _____

	Yes	No	COMPLETE EACH ITEM:
54			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.
55			I have joint ownership on one or more of the above assets.
ALLOWANCES / DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)			
56			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
57			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
58			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
59			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
60			I pay childcare expenses for a child age 12 or under in order to be gainfully employed or to further my education.
61			The Department of Health and Human Services (DHHS) pays childcare expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, DHHS pays full partial.
62			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
63			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.
OTHER ITEMS			
64			I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
65			I have received The HUD Form 9887/9887A (for new move-ins, dependent turning 18 and Initial Certifications only), The HUD Fact Sheet, Resident Rights and Responsibilities Brochure, and "Is Fraud Worth It?" flyer, and "EIV & You" brochure.
66			I have been given the opportunity to update the information on HUD-Form 92006, Supplement to Application for Federally Assisted Housing.
67			California Residents Only: I have received the RentTrack Written Opt-In Handout, Written Opt-Out Handout and Resident FAQs for purposes of Rent Reporting under SB-1157.
SPECIAL CONSIDERATION OF ASSETS			
68			Section 8 PBRA Programs only: My household's assets exceed \$100,000+
69			I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i> </div>

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading, or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature

Date

TO BE COMPLETED BY OWNER/MANAGEMENT AGENT

IMS will verify assets every year.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

****Apply the Passbook Savings Rate individually to assets that *DO NOT* have a determinable interest rate, only if the household's total cash value of assets exceeds the Asset Threshold for the calendar year.**

Current Passbook Savings Rate: 0.40 % (can be found on huduser.org)

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Owner/Management Signature

Date

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

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

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

Attachment to forms HUD-9887 & 9887-A (02/2007)

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): US Department of Housing and Urban Development 477 Michigan Avenue Detroit, Michigan 48226 Attention: Director, Multifamily Division	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Independent Management Services, Agent 14381 North Road Fenton, Michigan 48430	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.): MSHDA, Multifamily Division 735 E. Michigan Avenue, PO BOX 30044 Lansing, Michigan 48912
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Independent Management Services, Managing Agent

Name of Project Owner or his/her representative

Site Manager

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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

TAECKENS TERRACE

Senior Apartment Community

10133 Lapeer Rd.

Ph: (810)653-2985

Davison, MI. 48423

Fax: (810)658-0658

No Smoking/Vaping Policy and Agreement

Due to the increased risk of fire, increased costs for maintenance, and the possible health effects of secondary smoke, Taeckens Terrace (Landlord) is adopting the following No Smoking/Vaping policy, which covers all or part of the property located at 10133 Lapeer Rd, Davison, Michigan. The following terms, conditions and rules are hereby, incorporated into the rental agreement.

1. PROPERTY SUBJECT TO NO SMOKING/VAPING POLICY

The entire property is no smoking/vaping, including but not limited to all buildings, dwelling units, porches, patios, balconies, yards, garages, parking areas and other common areas (collectively the "Property").

2. DEFINITION OF SMOKING

The term "smoking" means the process of inhaling, exhaling, breathing, carrying, or possessing any lighted cigar, cigarette, pipe, or other tobacco product or similar lighted product in any manner or any form.

3. DEFINITION OF VAPING

The term "vaping" means the process of inhaling, exhaling, breathing, carrying, or possessing any electronic smoking devices such as e-cigarettes, e-pipes, e-hookahs, e-cigars, or similar device.

4. NO SMOKING/VAPING PROPERTY

4.1 Complete Complex – Resident agrees and acknowledges that the Property has been designated as a no smoking/vaping living environment. Resident agrees they will not smoke/vape anywhere on the Property or adjacent to and within 25 feet of any portion of the Property. Resident will not permit any guests or visitors of Resident to smoke/vape on the Property.

4.2 Designated Portions of Property No Smoking/Vaping – Resident agrees and acknowledges that designated proportions of the Property have been designated as no smoking/vaping. Resident agrees that they will not smoke/vape on the no smoking portion of the Property and will not permit any guests or visitors of the resident to do so.

4.3 Resident Agrees to Inform All Guests or Visitors of the No Smoking/Vaping Policy and to require any guest or visitor who violates the Policy to leave. Resident is responsible for the actions of their guests/visitors.



EQUAL HOUSING OPPORTUNITY



5. LANDLORD NOT A GUARANTOR OF SMOKE/VAPE FREE ENVIRONMENT.

Resident acknowledges that Landlord's adoption of a No Smoking/Vaping Policy, and the efforts to designate all or some of the Property as non-smoking/vaping do not make the Landlord or any of its managing agents the guarantor of Resident's health or of the smoke/vapor free condition of the non-smoking/vaping portions of the Property. However, Landlord will take reasonable steps to enforce the No Smoking/Vaping Policy. Landlord is not required to take steps in response to smoking/vaping unless Landlord has actual knowledge or proof of the smoking/vaping and the identity of the person and/or the responsible resident.

6. LANDLORD DISCLAIMER

Resident acknowledges that Landlord's adaption of a non-smoking/vaping environment, and the efforts to designate all or portions of the Property as non-smoking/vaping does not in anyway change the standard of care that the Landlord has under applicable law to render the Property any safer, more habitable or improved in terms of air quality standards than any other rental premises. Landlord specifically disclaims any implied or express warranties that the Property will be free from secondary smoke/vapor. Resident acknowledges that Landlord's ability to police, monitor or enforce this Addendum is dependent in significant par on voluntary compliance by and Resident's guests/visitors. Residents with respiratory ailments, allergies or other conditions relating to smoke/vapor are put on notice that Landlord does not assume any higher duty of care to enforce this addendum than any other Landlord obligation under the rental agreement.

7. EFFECT OF BREACH

Resident understands and agrees with the conditions of this Addendum and the failure to adhere to any of the conditions of this Addendum will constitute both a material non-compliance with rental agreement and serious violation of the rental agreement. In addition, Resident will be responsible for all costs to remove smoke/vapor odor or residue upon any violation of this Addendum.

Resident

Date

Resident

Date

Manager

Date



EQUAL HOUSING OPPORTUNITY



Credit Threshold Amendment to Resident Selection Criteria

This will hereby amend the Credit Threshold as follows:

Resident Selection Criteria, Section III – Selection Criteria, Part a – Credit Standing.

1) Effective February 1, 2024 and expiring on January 31, 2025;

or

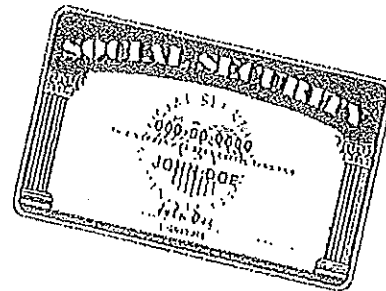
2) Will expire once 100% occupancy is achieved and a six (6) month waitlist maintained (approximately 2:1 ratio – approved applicants to vacant units), whichever comes first.

In an effort to achieve a positive marketing situation; applicants will be denied only if: **Utility Companies, Landlord cases, court cases/ civil actions, sex offender status, terrorist alerts, and criminal** appear on the credit reports.

This Amendment must be posted with the current Resident Selection Criteria and a copy is to be filed in every resident file moved in accordance with the criteria set forth in this amendment (on or between the Effective and Expiration Dates mentioned above).

Do you have a Social Security Number (SSN)?

If you do not disclose a SSN, you may not be able to receive housing assistance.



The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.



The SSNs of all members of my household have been provided. What do I do?

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.



I have not provided SSNs for all of my household members to the property owner/manager. What do I do?

Does everyone in your household have a SSN?

Yes

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.

No

1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

Note: If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.



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