

# St. Mark's Terrace HDF Corp.

110 Chapel St.  
Penn Yan, NY 14527  
(315) 536-2440

36 Millard St.  
Dundee, NY 14837  
(607) 243-5377

## THANK YOU FOR YOUR RECENT INQUIRY FOR AN APARTMENT AT ST. MARK'S TERRACE

An application for admittance to St. Mark's Terrace is enclosed, and I would like to alert you to the importance of the following sections of the application:

1. St. Mark's terrace is subsidized by the U.S. Department of Housing and Urban Development (HUD). In our Penn Yan facility, residents must be age 62 and over; support persons for a resident may be under age 62. In our Dundee facility, residents must be age 62 and over; support persons for a resident may be under 62.
2. Income limits for admittance are set at 80% of the median income in Penn Yan, and 50% of median income in Dundee for our area (Yates County) by HUD.

### Current limits:

#### Penn Yan

One Person: \$45,950.00  
Two Persons: \$52,500.00

#### Dundee \*\*

One Person: \$28,700.00  
Two Persons: \$32,800.00

\*\* We have received a waiver enabling us to rent out some apartments at a higher income level:

One Person: \$45,950.00  
Two Persons: \$52,500.00

Upon receipt of your completed application, it will be registered according to the date it is received. A personal interview will be arranged including a tour of the building with a visit to an apartment.

In accordance with the policy of our Board of Directors, one-bedroom apartments in Penn Yan are occupied by one or two people, and efficiencies are to be occupied by one person. All apartments in Dundee have one bedroom and can be occupied by one or two persons.

Several services are available through St. Mark's Terrace and other supportive agencies. These will be discussed at the interview, but in summary they include the following:

1. The Enriched Housing Program (see enclosed brochure).
2. Full maintenance of the apartments electrical, plumbing, heating and appliance needs, (stove & refrigerator are provided).
3. Yearly cleaning of the windows.
4. Preventive maintenance program for carpeting and painting.
5. On site, noon-time nutritional meals, five days per week, available at both facilities.



6. Transportation to medical appointments can be arranged by residents, through The Office of the Aging. They ask that these transportation requests be made two weeks prior to the scheduled appointment.
7. The use of the community room and kitchen for small or large family gatherings is available. Reservations need to be made through the business office.
8. A full-sized on-site laundry at reasonable rates.
9. A game/reading room (Penn Yan).
10. A visiting lobby
11. All units are grab-bar equipped in the full-sized bathroom. In Dundee, all units are equipped with walk-in showers; tub rooms are located on each floor for those wanting a bath
12. Service Coordinator (Penn Yan)

The current rental structure is:

<b>Penn Yan</b>		<b>Dundee</b>
Efficiency	\$440.00	based on 30% of adjusted gross income
1 Bedroom	\$497.00	
Suite	\$648.00	

These rentals include heat, electricity, cooking fuel, water and garbage collection.

Subsidy units may be available to residents who qualify. In a subsidized unit the resident pays no more than 30% of their adjusted gross income for their rent. Subsidy is not available for the suites.

We hope this letter provides the answers to some of your questions. We would be happy to address any further questions you may have by telephone or during an interview.



# APPLICATION FOR RESIDENCY

## St. Mark's Terrace HDF Corp.

110 Chapel St.  
Penn Yan, NY 14527  
315-536-2440  
Fax 315-536-1253

## St. Mark's Terrace Dundee HDF Corp

36 Millard St.  
Dundee, NY 14837  
607-243-5377  
Fax 607-243-5377

Website: [stmarksterrace.net](http://stmarksterrace.net)

TTD/TTY 711 National Voice Relay

For Office Use Only:

Date Application received \_\_\_\_\_ Time received \_\_\_\_\_ By \_\_\_\_\_

Applicant Name:		
Current Address:		
City, State, Zip		
Home Phone	Cell Phone	
Email Address		
Birth date:	Social Security #	

If you do not have a Social Security Number, you claim exempt because:

- You are a ineligible non-citizen  
 You were 62 as of 1/31/2010 and receiving HUD Housing Assistance as of 1/31/2010

Are you currently receiving housing assistance? Yes  No

Co Applicant Name:		
Current Address:		
City, State, Zip		
Home Phone	Cell Phone	
Email Address		
Birth date:	Social Security #	

If you do not have a Social Security Number, you claim exempt because:

- You are a ineligible non-citizen  
 You were 62 as of 1/31/2010 and receiving HUD Housing Assistance as of 1/31/2010



## Rental History:

Current Landlord

Address

City, State, Zip

Contact Name

Phone Number

How long have you lived at this address

Reason for leaving


Were you ever asked to allow or participate in the extermination

of pests(this includes roaches, bed bugs, rodents, etc.)

Yes

No

Do you currently have any outstanding balances owed to this landlord?

Yes

No

Have you given this landlord notice that you will be moving?

Yes

No

Have you been evicted or is this landlord attempting to evict you or

another person living with you?

Yes

No

Previous Landlord

Address

City, State, Zip

Contact Name

Phone Number

How long have you lived at this address

Reason for leaving


Were you ever asked to allow or participate in the extermination

of pests(this includes roaches, bed bugs, rodents, etc.)

Yes

No

Do you currently have any outstanding balances owed to this landlord?

Yes

No



## Household Composition and Characteristics:

You must provide a complete list of states where each member has lived. This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each State listed.

**Failure to provide a complete list will result in rejection of the application.**

### Household Member #1

Have you ever been convicted of a crime?

Yes  No

If yes, please explain and give dates:

Are you a registered sex offender?

Yes  No

### Household Member #2

Have you ever been convicted of a crime?

Yes  No

If yes, please explain and give dates:

Are you a registered sex offender?

Yes  No

### Household member #1

Please list each state where you have lived:

### Household member #2

Please list each state where you have lived:

### Pet & Assistance/Companion Animals:

Please review our Pet Policies. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

You must also complete a pet application, show proof of vaccinations & health certificate.

Pet deposit is \$300.00

Animal Type:(dog,cat, bird etc,)	Breed:	Height:	Weight:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member? Yes  No



Do you require any reasonable accommodations in order to live here?

Yes  No

Do you have a scooter, electric wheelchair or other mobility device?

Yes  No

**Property and Unit Size**

Please check all that would apply

Penn Yan:	Efficiency	<input type="checkbox"/>
	1 Bedroom	<input type="checkbox"/>
	1 Bedroom Suite	<input type="checkbox"/>

Dundee:	1 Bedroom	<input type="checkbox"/>
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**Income & Asset Information:**

**Household member #1**

Are you employed? Yes  No

Employer

Address

Contact person and phone number

How much income do you expect to receive in the next 12 months?

**Household member #2**

Are you employed? Yes  No

Employer

Address

Contact person and phone number

How much income do you expect to receive in the next 12 months?



**Household member #1**

**Income**

Monthly Social Security      Check \_\_\_ Direct Deposit \_\_\_ Pre-paid debit card \_\_\_  
Monthly Retirement          Check \_\_\_ Direct Deposit \_\_\_ Pre-paid debit card \_\_\_  
Monthly VA                    Check \_\_\_ Direct Deposit \_\_\_ Pre-paid debit card \_\_\_  
Monthly Unemployment      Check \_\_\_ Direct Deposit \_\_\_ Pre-paid debit card \_\_\_  
Alimony                        Check \_\_\_ Direct Deposit \_\_\_ Pre-paid debit card \_\_\_  
Monthly Public Assistance    Check \_\_\_ Direct Deposit \_\_\_ Pre-paid debit card \_\_\_  
Income from a Pension or Annuity or other asset  
Periodic payments from Long-Term Care Insurance, Disability or Death Benefit  
Any lump sum amounts from delay of payments for SSI or VA Disability  
Other?

\$
\$
\$
\$
\$
\$
\$
\$
\$
\$

**Household Member #2**

**Income**

Monthly Social Security      Check \_\_\_ Direct Deposit \_\_\_ Pre-paid debit card \_\_\_  
Monthly Retirement          Check \_\_\_ Direct Deposit \_\_\_ Pre-paid debit card \_\_\_  
Monthly VA                    Check \_\_\_ Direct Deposit \_\_\_ Pre-paid debit card \_\_\_  
Monthly Unemployment      Check \_\_\_ Direct Deposit \_\_\_ Pre-paid debit card \_\_\_  
Alimony                        Check \_\_\_ Direct Deposit \_\_\_ Pre-paid debit card \_\_\_  
Monthly Public Assistance    Check \_\_\_ Direct Deposit \_\_\_ Pre-paid debit card \_\_\_  
Income from a Pension or Annuity or other asset  
Periodic payments from Long-Term care Insurance, Disability or Death Benefits  
Any lump sum amounts from delay of payments for SSI or VA Disability  
Other?

\$
\$
\$
\$
\$
\$
\$
\$
\$
\$



**Household Member #1**

**Assets**

Have you sold or given away any real property or other assets valued at \$1000 or more (including cash donations) in the past two years.

Yes  No

Are any benefits deposited in to a Direct Express Debit Card account?

Yes  No

Do you have a checking account?

Yes  No

(you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements)

Do you have a savings account?

Yes  No

What is the current balance?

\$

Do you have a 401K or other employment savings account?

Yes  No

What is the current balance?

\$

Do you own a IRA or other retirement account?

Yes  No

What is the current balance?

\$

Do any of your retirement accounts have a Required Minimum Distribution?  
What is the amount?

Yes  No

Do you own a home or other property?  
What is the assessed value?

Yes  No

Do you have business income?  
Current value of Business?

Yes  No

Do you own stocks/bonds/certificate of deposits(CD)?  
Total current value?

Yes  No

Do you own a life insurance policy?  
What is the cash value?

Yes  No

Do you own an annuity?  
What is the current balance?

Yes  No





**Household member #2**

**Assets**

Have you sold or given away any real property or other assets valued at \$1000 or more (including cash donations) in the past two years.

Yes  No

Are any benefits deposited in to a Direct Express Debit Card account?

Yes  No

Do you have a checking account?

Yes  No

(you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements)

Do you have a savings account?

Yes  No

What is the current balance?

\$

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\$

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\$

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Yes  No

Total current value?

\$

Do you own a life insurance policy?

Yes  No

What is the cash value?

\$

Do you own an annuity?

Yes  No

What is the current balance?

\$



**PENALTIES FOR MISUSING THIS CONSENT:**

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

**Applicant Certification**

By signing this document, I certify that if selected to receive assistance, the unit I/We occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize St. Mark's Terrace to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State or Local agencies. I/We certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I/we understand that if I move or if my contact information changes, it is my responsibility to contact St. Mark's Terrace to update my file. Failure to do so may result in being removed from the waiting list and being offered an apartment. Names on the waiting list will be maintained and honored in the order of the date and time the completed application was received.

I/we give permission to St. Mark's Terrace to obtain criminal, credit, drug and sex offender information as part of a background check in determining my eligibility for housing.

Applicant Name (please print):	
Applicant Signature:	Date:
Co-Applicant Signature:	Date:
Management Signature:	

**\*\*YOU MUST SIGN THE APPLICATION IN ORDER FOR IT TO BE ACCEPTED\*\***

The application must be signed by the applicant or by Power of Attorney for the applicant with a copy of the POA submitted with the application.

The policy of St. Mark's Terrace to abide by all federal, state and local laws when providing housing without regard to race, creed, color, religion, handicap, national origin, marital status, sex, or sexual orientation - actual or perceived, or gender identity.



## **ST. MARK'S TERRACE HDF CORP. RESIDENT SELECTION CRITERIA**

It is the policy of St. Mark's Terrace Housing Development Fund Corporation to abide by all federal, state and local laws when providing housing to elderly persons, without regard to race, creed, color, religion, handicap, national origin, marital status, sex, actual or perceived sexual orientation or gender identity. Moreover, we are committed to taking all necessary steps in ensuring that properties managed by St. Mark's Terrace HDF Corporation provide a safe and happy environment for all residents to live.

**The following guidelines will be used as our selection criteria in the process of screening all applicants:**

- \* Applicants must be 62 years of age or older, verifiable by birth certificate or other legal documents.
- \* Applicants must meet the area's very low-income limit as determined by the U.S. Department of Housing and Urban Development. 40% of Section 8 assisted units that become available in each year of the project's fiscal year will be made available for leasing to tenants whose income does not exceed 30% of the area's median income ("extremely low income") at the time of admission. If more than one person is eligible for Section 8 subsidy available, determination will be made based on the date of application. If there are no extremely low-income applicants, management will actively market for extremely low-income families.
- \* Applicants and tenants must disclose Social Security numbers for all family members and provide proof of numbers reported. Exception to disclosure of SSN: individuals who do not contend eligible immigration status and individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010. The timeframe for providing SSN: applicants must disclose and provide verification of SSN for all non-exempt household members before they can be housed. The applicant who has not disclosed or provided verification of SSNs for all non-exempt household members has 90 days from the date they are first offered an available unit to disclose and or verify the SSNs. After 90 days, if the applicant is unable to disclose and or verify the SSNs of all non-exempt household members, the applicant will be determined ineligible and removed from the waiting list. A child under the age of 6 years old added to the applicant household within the six-month period prior to the household's date of admission will have a maximum of 90 days after the date of admission to provide the social security number and adequate documentation that the social security number is valid. If the household does not provide the social security number and adequate documentation to verify the social security number within the prescribed timeframe, HUD requires that the household's tenancy be terminated. An additional 90 days will be granted if the failure to provide documentation of SSN is due to circumstances that are outside the control of the tenant or applicant.
- \* Assistance in Subsidized housing is restricted to US citizen or nationals and non-citizens who have eligible immigration status as determined by HUD. All family members, regardless of age, must declare their citizenship or immigration status. Applicants who hold a non-citizen student visa are ineligible for assistance as are any non-citizen family members living with the student. Non-citizen applicants will be required to submit evidence of eligible immigration status at the time of application which would be (Family Summary Sheet, Citizen Declaration and Forms and/or evidence of citizen/immigration status as required by HUD – 1) signed declaration of eligible immigration status and 2) Proof of age. This will be verified through the US Immigration & Customs Enforcement, Systematic Alien Verification for Entitlements (SAVE) Program.
- \* All adults (18 years and over) must sign an authorization for Release of Information (HUD 9887-9887A) prior to residency, prior to receiving rent assistance and if receiving subsidy, annually thereafter.
- \* All applicants must sign an authorization for a credit, criminal and drug background check.
- \* The unit for which the person or persons are applying must be their only residence.
- \* Only U.S. citizens or eligible non-citizens may receive assistance under Section 8. Proof of status must be provided.

- \* Applicant must be willing and able to pay rent on a timely basis, verifiable by information obtained from previous and current landlords.
- \* Applicant must demonstrate the ability to care for the unit and abide by the lease and house rules, verifiable by information obtained from previous landlords, and/or social or health care workers.
- \* Applicant's household composition must be commensurate with the unit size and type available: one bedroom – no more than two persons.
- \* Applicants will be subject to Drug Free Housing Policy standards. Admission will be prohibited for three years from the date of eviction if any household member has been evicted from federally assisted housing for drug related criminal activity.
- \* Admission will be prohibited if any member of the household is subject to a registration requirement under a State sex offender registration program (including mandatory screening for the State where housing application is filed and any other state where the household members are known to have resided.) Sex offender checks will be conducted.
- \* A criminal background check will be conducted for all applicants. Adverse findings may prohibit admission.
- \* Admission will be prohibited if there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol may interfere with the health, safety, or right to peaceful enjoyment of the premises by others.
- \* Admission will be prohibited if the owner determines that a household member is currently engaging in or has engaged in violent criminal activity or other criminal activity that threatens the health, safety, and right to peaceful enjoyment of the property by others.
- \* Assistance will be made available to applicants who identify a need for alternate reading of the rental lease; once the lease is signed, residents may request a copy of the document.
- \* St. Mark's waiting list is never closed.
- \* St. Mark's prohibits discrimination on the basis of disability in any program or activity receiving federal assistance from HUD, as defined by Section 504 of the Rehabilitation Act of 1973.
- \* St. Mark's prohibits discrimination in housing and housing related transactions based on race, creed, color, religion, handicap, national origin, disability, marital status, sex, actual or perceived sexual orientation, gender identity and family status, as defined by the Fair Housing Act. The prohibition of discrimination applies to housing, regardless of the presence of federal financial assistance.
- \* Pet Policy: Pets are allowed as explained in the property Pet Policy.
- \* Applicants must return HUD-92006(Supplemental/Optional contact) with their application.
- \* EIV Policy (Enterprise Income Verification) is used at St. Mark's Terrace by the Director. This person has been specifically trained and is an authorized user of this system which authenticates applicant and resident incomes through Social Security and NDNH. Information is gathered using EIV during the initial application process (Existing Tenant Search- to determine if applicant is currently receiving subsidy), as well as after move-in, during re-certifications and during interim recertification to determine income. COLA increase will be added for March recertifications and Cola increases for new move ins will take effect on January. Any printouts obtained using EIV are stored and then destroyed in accordance with HUD notices.

\* Applicants placed on the waiting list will be notified of this determination in writing: it will also be indicated in writing as to when a suitable unit may become available.

\* St. Mark's will provide reasonable accommodations or modifications for resident's personal environment due to their disability.

\*At the time of residency, applicants must pay a security deposit that is put in a separate account and earns interest at the current established rate.

\*Cable Service is available for residents who wish to receive this service. The fee is included in your rent payment.

\*Annual apartment inspections will be conducted. Failure at this inspection could result in termination of subsidy and or eviction.

\* Applicants who are found to be ineligible will receive notification in writing and will be notified of their right to appeal the determination, if they feel the application was wrongfully denied.

Appeals should be addressed to:

St. Mark's Terrace HDF Corp.  
Board of Trustees Admission & Review Committee  
110 Chapel St.  
Penn Yan, NY 14527

\* If any resident or applicant feels that they have been discriminated against in seeking housing would contact:

U.S. Department of HUD  
Buffalo Office  
465 Main St.  
Buffalo, NY 14203-1780 phone# 716-551-5755

Appeals must be received in writing within fourteen (14) days of the receipt of the Denial letter.

St. Mark's Terrace follows current annual income limits established by HUD.

The 2022 limits are:

One Person: \$45,950.00 (Penn Yan)	\$28,700.00 (Dundee)
Two Person: \$52,500.00 (Penn Yan)	\$32,800.00 (Dundee)

The following additions to the resident selection criteria are available in the management plan manual located in the business office.

1. Application Intake and Waiting List
2. Procedure for Rejecting Applicants
3. Unit Transfer Policy
4. Eligibility of Students for Section 8 Assistance
5. Violence Vs. Women and Justice Dept. Reauthorization Act of 05'
6. EIV Policy
7. Reasonable Accommodation Policy
8. Live-In Aide Policy

Applicant Name: \_\_\_\_\_ (print)  
 Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Co Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# St. Mark's Terrace HDF Corp.

## Proof of Income required for admission to St. Mark's Terrace

Please submit the following with your application:

Copies of the last six (6) months checking account statements

A copy of your last savings account statement

Documentation on all interest income on Certificates of Deposits, Stocks, Annuities, Mutual Funds, etc.

In the case of real estate owned: Documentation of any mortgage, rent payments received and the assessed value of your home or property

A copy of your Social Security award letter

Documentation of any pension or retirement income

A copy of your social security card

A copy of your birth certificate

A copy of a government issued ID

Pet documentation: license & rabies certificates, and 2 alternate caretakers

Please note: any assets that were transferred or sold for less than fair market value, must be declared

If you are applying for subsidy: you must also include any out of pocket medical expenses. These would include supplemental health insurance premiums, prescription co-pays, doctor or dentist bills, etc.





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.



Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410



## **SUPPLEMENT TO APPLICATIONS FOR FEDERALLY ASSISTED HOUSING** **INSTRUCTIONS SHEET**

The Department for Housing and Urban Development (HUD) recently created a form for people applying for, or receiving federal assistance to complete and return to the housing agency. This form will give you the option to provide "emergency contact" information if you would like help with different issues that may arise while applying for assistance or during your participation in the program.

Please complete the contact box, list an emergency contact of your choice, and for any reasons that you may feel that you need help and sign the enclosed form and return it with your paperwork.

You also have the option to waive providing this information. If you choose this option, please check the appropriate box and return with your paperwork.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

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

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

# St. Mark's Terrace HDF Corp.

## Landlord Verification

Date:

To:

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

The person named above has applied for a rental unit at our facility. She/he has authorized us to request the information relating to residency in your dwelling.

Please answer all the questions listed below and return this statement to us as soon as possible. All replies will be kept confidential except upon the request of the applicant.

Your assistance and prompt response will be appreciated.

Are you a relative or friend of the applicant? Yes \_\_\_ No \_\_\_

Are you the Current Landlord \_\_\_ Previous Landlord \_\_\_ or other \_\_\_

Dates of Applicant's Tenancy? From \_\_\_ to \_\_\_

Amount of monthly rent? \_\_\_\_\_ Where utilities included in the rent? Yes \_\_\_ No \_\_\_

Does the applicant pay rent on time? Yes \_\_\_ No \_\_\_

Has she/he ever paid their rent late? Yes \_\_\_ No \_\_\_ How late? \_\_\_\_\_ How often? \_\_\_\_\_

Have you ever begun/completed eviction proceedings for non-payment? Yes \_\_\_ No \_\_\_

Have tenant paid utilities ever been disconnected? Yes \_\_\_ No \_\_\_

Does the applicant keep the unit clean, safe and sanitary? Yes \_\_\_ No \_\_\_

Has the applicant damaged the unit? Yes \_\_\_ No \_\_\_ Describe \_\_\_\_\_

Has the applicant paid for the damage? Yes \_\_\_ No \_\_\_

Will you keep the security deposit? Yes \_\_\_ No \_\_\_

Does the applicant have problems with insect/rodent infestation? Yes \_\_\_ No \_\_\_

Is the applicant listed on the lease for the unit? Yes \_\_\_ No \_\_\_



Did the applicant permit persons other than those on the lease to live in the unit on a regular basis? Yes \_\_\_ No \_\_\_

Has the applicant, family members or guests damaged or vandalized common areas? Yes \_\_\_ No \_\_\_

Did the applicant, family members or guests interfere with rights and quiet enjoyment of other tenants? Yes \_\_\_ No \_\_\_  
Describe \_\_\_\_\_

Has the applicant, family members or guests engaged in any criminal activity, including drug related criminal activity in the unit or building? Yes \_\_\_ No \_\_\_

Has the applicant given you any false information? Yes \_\_\_ No \_\_\_ Describe \_\_\_\_\_

Has the applicant, family members or guests acted in a physically violent and or verbally abusive manner toward neighbors, landlords or landlord's staff? Yes \_\_\_ No \_\_\_  
Describe \_\_\_\_\_

Would you readmit this applicant? Yes \_\_\_ No \_\_\_ If not, why \_\_\_\_\_

.....

\_\_\_\_\_  
Name & title of person supplying this information (please print)

\_\_\_\_\_  
Landlord/Agent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\* Please return in the enclosed stamped, self addressed envelope.

.....  
RELEASE: I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

.....

Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosure or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the office or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

# SERVICE COORDINATOR PROGRAM

On site at St. Mark's is a Service Coordinator. **The Service Coordinator's** primary role is to provide information/referrals as well as to serve as an advocate to the residents. Below are just some of the things that the Service Coordinator may be able to help you with.

- Professionally assess for possible needed services
- Link residents with appropriate community resources
- Serve as advocate for services needed to remain as independent as possible
- Act as liaison with community programs and organizations
- Provide referrals to counseling services if needed.
- Determine what various health insurances cover (Medicare and secondary insurances) and help reviewing statements, bills.
- Assistance with determining eligibility for SSI, Medicaid, Lifeline, Food Stamps, etc.
- Assist with preparation of paperwork for entitlement programs such as Medicaid, Food Stamps, etc.
- Help locate physicians, dentists, etc. who are taking new patients or accept Medicaid.
- Arrange for nutrition site or home delivered meals.
- Help arrange for transportation to medical appointments.

The primary purpose of a Service Coordinator is to ensure that the resident has all the supportive services necessary to continue living independently and comfortably at St. Mark's Terrace. Please feel free to call on your Service Coordinator at any time. Remember, whatever information you provide to your Service Coordinator will be kept confidential.

*Michelle Lewis    Service Coordinator*



# 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**





RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# EIV & You

ENTERPRISE INCOME VERIFICATION



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

## What is EIV?

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



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

The Social Security Administration:

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

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

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

## What is the information in EIV used for?

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

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

- correctly reported your income

They will also be able to determine if you:

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

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

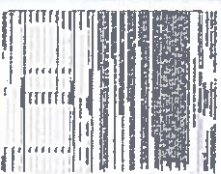
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or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

## Who has access to the EIV information?

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

## What are my responsibilities?

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





### **Penalties for providing false information**

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

### **Protect yourself, follow HUD reporting requirements**

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

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

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

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

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



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

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

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

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

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

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

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

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

If you need further assistance, you may contact the contract administrator for the property you live in, and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-695-8470.



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

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

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

