



Managing and
Developing
Communities
You're Proud to
Call Home

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Corinthian Gardens Apartments
1011 University Avenue
Des Moines, Iowa 50314

IMPORTANT INFORMATION FOR ALL APPLICANTS. PLEASE FOLLOW ALL DIRECTIONS

Dear Applicant,

Thank you for your interest in Corinthian Gardens Apartments. If you make the decision to go forth with the application process, please read and fill out this application **completely** and honestly.

Please make sure to return all of the pages of this original application, even if there is no signature on them. In order to complete the application, the signed, dated original application must be accompanied by copies of the following:

- Social Security Card
- Photo ID
- Birth Certificate OR
 - Valid passport
 - Baptismal Certificate
 - Military Discharge Papers (form DD214)
 - Immigration and/or Naturalization Paperwork
 - Census document showing age
 - Social Security benefit letter with birth date printed by Social Security. If using, this document must be dated within the past 90 days of the application date.

We need a separate landlord reference for every landlord you have had in the past five years. If five years of landlord references are not available, we will need two personal references. Personal references can not be family members.

Applications will NOT be accepted if the above documents are not provided. All pages of applications must be signed and dated in order to be processed. Incomplete applications will be held for 90 days. If an application is older than 90 days and incomplete, it will be destroyed.

If you would like to tour the building, or if you have any questions while filling out the application, please feel free to call me at (515) 280-3531.

Thank you,

Shelby Heilman



NEWBURY MANAGEMENT COMPANY
National Search Consent Form

Personal Information

I _____
(PRINT please) Last Name First Middle Maiden

have made application for housing with _____
Corinthian Gardens Apartments
Name of Property Applying For

My current address is _____
Street

City State Zip

My Previous address was _____
Street

City State Zip

My date of birth is _____ Social Security Number _____

My Driver's License Number OR State ID Number _____ State _____

Release

I hereby authorize Newbury Management Company to obtain my entire criminal history including arrests and convictions for the purpose stated above. I also acknowledge that Newbury Management will check my credit and check to see if I am a registered sex offender. I acknowledge that a photocopy or facsimile copy of this release shall be as valid as the original.

Complete Legal Signature of Applicant Date

CREDIT CHECK - (Real Page)

- Approved
- Denied, explain below

NATIONAL TERRORIST - (Real Page)

- Approved
- Denied, explain below

NATIONAL CRIMINAL SEARCH – (Real Page/Iowa Courts)

- Approved
- Denied, explain below

NATIONAL MOST WANTED - (Real Page)

- Approved
- Denied, explain below

NATIONAL SEX OFFENDER SEARCH – (Real Page)

- Approved
- Denied, explain below

IOWA COURTS – (iowacourts.state.ia.us)

- Approved
- Denied, explain below

NATIONAL EVICTION SEARCH – (Real Page)

- Approved
- Denied, explain below

Date Received: _____

Time Received: _____

Property: Corinthian Gardens Apartments



APPLICATION FOR HOUSING

Bedroom Size Requested: Efficiency _____ 1 Bdrm _____ 2 Bdrm _____ 3 Bdrm _____ 4 Bdrm _____ 5 Bdrm _____

(The use of white out, black out, or alteration of original information will void this document.)

Applicant Name: _____			
Last	MI	First	
Co-Applicant Name: _____			
Last	MI	First	
Current Address: _____			
City: _____	State: _____	Zip Code: _____	Tel #: _____

Any applicant, who purposefully falsified, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing nor placed on the waiting list.

Household Composition

Complete, in your own handwriting. List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the head.

Member Full Name	Relationship	Date of Birth	Age	Sex	Student of High Education Y or N	Marital Status*	Social Security #
	HEAD						

***Marital Status:** M-Married; S-Single; D-Divorced; SP-Separated; W-Widowed

***If divorced please provide a copy of the legal separation or divorce decree.**

PLEASE LIST ALL STATES IN WHICH ANY HOUSEHOLD MEMBER HAS RESIDED:

These states will be subject to a criminal records and national sex offender registry search. Admission is prohibited to individuals subject to a lifetime registration requirement under a state sex offender registration program.

Is the applicant or any member of the applicant's household subject to a lifetime sex offender registration requirement in any state?

YES NO

If yes, please list the household member name and the state in which registered:

Is any family member a student at an institution of high education? YES _____ NO _____

If yes please provide status:

CURRENT FULL TIME _____ CURRENT PART-TIME _____ FUTURE STUDENT (12 months) _____

Please list school information below:

School Name & Address: _____

School Name & Address: _____

QUESTIONS – ALL MUST BE ANSWERED

Use back for extra space

- Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility impairments?
Yes No If yes, explain _____
- Do you or anyone else in your household qualify for housing because of a handicap or disability? Yes No
- 1. Are you a current illegal user of a controlled substance? _____
- 2. Have you ever been convicted of possession of a controlled substance or paraphernalia? Yes No
- 3. Have you ever been convicted of the illegal manufacturing or distribution of a controlled substance? Yes No
 - If you answer “yes” to any of the three questions, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? _____
- 4. Have you ever been evicted? _____ If so, explain _____
- 5. Have you ever received a written notice for non-payment of rent? _____ If yes, explain _____
- 6. Have you always received all of your security deposited refund? _____ If no, explain _____
- 7. Is there anyone currently living with you that is not on this application? _____ If so, explain _____
- 8. Do you have sole legal and physical custody of your children?
Yes No If no, please explain custody arrangement: _____
- 9. Does your household have a pet? _____
- 10. Do you receive Housing Assistance (HRA Section 8 Certificate ___ or Voucher ___ or RAFS ___)
- 11. How did you select our community? Drive by ___ Referral ___ Newspaper ___ Other _____
- 12. Have you or anyone named on this application ever been convicted of a crime other than a simple misdemeanor (i.e. traffic ticket, etc.)? If so, explain _____

CURRENT HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Tel #: _____

Address: _____

How long have you resided at your current address? _____ Rent? \$ _____

PREVIOUS HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Tel #: _____

Address: _____

How long did you reside at this address? _____ Rent? \$ _____

PREVIOUS HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Tel #: _____

Address: _____

How long did you reside at this address? _____ Rent? \$ _____

HOUSEHOLD INCOME INFORMATION

All information will be verified by a third party

For each household member age 18 or older, list current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment. If a household member has more than one source of income, use a separate line for each source.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	YES	NO	MONTHLY AMOUNT
1	Wages, salaries (includes overtime, tips, bonuses, commissions, self-Employment)?			\$
2	Does any member work for someone who pays him/her cash?			\$
3	Regular pay for a member of the armed forces?			\$
4	Welfare benefits (AFDC, TANF, FIP)?			\$
5	Worker's Compensation?			\$
6	Unemployment benefits or Severance pay?			\$
7	Child Support?			\$
8	Alimony?			\$
9	Education grants, scholarships or VA student benefits?			\$
10	Social Security Payments?			\$
11	Pensions (PERA, railroad, etc.)?			\$
12	Death Benefits?			\$
13	Retirements Benefits?			\$
14	Annuities or life insurance dividends?			\$
15	Net income from rental property?			\$
16	Regular cash contributions or gifts from individuals not living in the unit?			\$
17	Interest income?			\$
18	Income from a business trade, or are you currently active in farming?			\$
19	Other, (list)?			\$

Question #	Family Member	SOURCE(S) OF INCOME <u>AND</u> THEIR ADDRESS

HOUSEHOLD ASSETS

All information will be verified by a third party

	DO YOU HAVE MONEY HELD IN:	Yes	No	Amount
1	Checking Account			\$
2	Savings Account			\$
3	Stocks			\$
4	Capital Investments			\$
5	Bonds			\$
6	Trusts			\$
7	Securities			\$
8	IRA/KEOGH Accounts			\$
9	Certificates of Deposit			\$
10	Pension/Retirement Funds			\$
11	Mutual Funds			\$
12	Treasury Bills			\$
13	Safety Deposit Box			\$

14	Insurance Settlement			\$
15	Lump sum payments (include inheritance, insurance settlement, lottery winnings, etc.)			\$
16	Cash value of Whole Life Insurance Policy			\$
17	Other (list)			\$
18	Do you currently hold a contract for deed?			\$
19	Do you currently own real estate?			\$
	If yes, please list the location(s), number of acres owned, any expenses (i.e. taxes, insurance, etc.) and any income received:			\$
20	Do you have any coin collections, antique cars, gems/jewelry, stamps, or any other items held for investment purposes?			\$
21	Are any assets held jointly with another person?			\$
	If yes, person's name and the asset(s) held jointly:			\$

Question #	Family Member	List Name AND Address of Bank or Institution where funds are kept. Provide a copy of the entire property tax statement for any real estate owned.

I/We hereby certify that I/we have _____ have not _____ sold or disposed of any assets for less than Fair Market Value during the two-year (24-month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Relationship to Head of Household	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$
	\$		\$

HOUSEHOLD ALLOWANCE INFORMATION

All information will be verified by a third party

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include childcare costs, payments on outstanding medical bills, medical insurance premiums, cost of assistive devices, cost of attendant care and any other medical and dental costs NOT covered by an outside source; e.g. insurance, Medicare, state agency or charitable organization.

	Do you expect to incur any of the following expenses:	Yes	No	Monthly Amount
1	Childcare which enables you or another household member to work, go to school or to seek employment			
2	Attendant care for a handicapped or disabled household member?			
3	Medicare premiums?			
4	Other medical insurance premiums?			
5	Outstanding medical bills on which you are currently paying?			
6	Cost of assistive devices for handicapped or disabled household member?			
7	Drug cost not covered by insurance?			
8	Do you receive medical assistance through the Public Assistance Program?			
9	Do you expect to have any additional medical expenses during the next twelve (12) months, i.e. glasses, dental, hearing aid batteries? If Yes, explain: _____ _____			

Question #	Family Member	List Name AND Address of Service Provider, Day Care Center, Insurance Company, Doctor, etc. (Use back of page for extra space)

SIGNATURES

I (we) certify this housing is/will be my (our) permanent residence.

I (we) do/will not maintain a separate subsidized rental unit in a different location.

I (we) certify all household and income information is correct.

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

ALL HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST SIGN BELOW

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Newbury Management does not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in, it's federally assisted programs and activities.

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

**IFA Compliance Questionnaire
(For All LIHTC and HOME Projects)**



Complete one form per adult household member who will occupy the unit at time of move-in.

Property Name: Corinthian Gardens Apartments	IFA Project #: 16-16
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Applicant's Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Marital Status	Birth Date <i>Month, Date, year</i>

Current Address:				
	<i>Street Address (including Unit #, if applicable)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Daytime Tel #:		Evening Tel #:	
Email Address:			

Check either **YES** or **NO** to each question. If you respond "Yes" to any question, please provide a brief explanation in the space provided below the question. You may be required to supply additional documentation to verify your response.

HOUSEHOLD INFORMATION:	
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
1.	Do you expect any additions to the household within the next twelve months?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
2.	Is there anyone living with you now who won't be living with you at this property?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
3.	Do you have any minor children?

INCOME INFORMATION <i>Do you receive or expect to receive income in the next 12 months from any of the following sources:</i>	
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
4.	Social Security, SSI or other payments from the Social Security Administration?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
5.	Employment pensions or retirement benefits, veteran's benefits or annuities?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
6.	Employment wages or salaries (including overtime, bonuses, tips, commissions and cash)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
7.	Self-employment salaries (including overtime, bonuses, tips, commissions and cash)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
8.	Unemployment benefits or workman's compensation?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
9.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such support)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
10.	Court ordered alimony or child support?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
11.	Alimony or child support paid directly from the payor that is not court-ordered?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
12.	Regular payments from a severance package from a previous employer?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
13.	Regular payments from any type of settlement (insurance settlement/award from lawsuit)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
14.	Regular payments as a member of the Armed Forces?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
15.	Regular payments from disability, death benefits or life insurance dividends?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
16.	Regular gifts or payments from anyone outside of the household (including cash or goods)?

**IFA Compliance Questionnaire
(For All LIHTC and HOME Projects)**



<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	17. Regular payments from lottery winnings or inheritances?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	18. Regular payments from rental property (land contracts or other real estate transactions)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	19. Educational grants, scholarships or other student benefits?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	20. Any other sources of income not listed?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	21. Do you expect any changes to your income in the next twelve months?

ASSET INFORMATION: *An asset is defined as any lump sum amount that you hold and can currently access even though a financial penalty may be imposed.*

<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	22. Checking accounts?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	23. Savings accounts?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	24. Certificates of deposit (CDs), money market accounts or treasury bills?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	25. Stocks, bonds, mutual funds or securities?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	26. Any capital gains (assets sold in excess of purchase price) during the previous 12 months?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	27. Trust Funds?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	28. IRA, KEOGH or other retirement accounts?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	29. Cash on hand over \$500 (other than money previously reported in checking or savings)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	30. Real estate, rental property, (land contracts/contract for deed or other real estate holdings)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	31. Have you sold, disposed or given away any property in the last two years? (such as large charitable contributions over \$500 or real estate)
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	32. Personal property held as an investment (such as paintings, coins, art work or antiques)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	33. Whole or universal life insurance policies (not including term policies)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	34. A safe deposit box with a monetary content of \$500 or more?

OTHER INFORMATION:

<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	35. Are you claiming ZERO Income?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	36. Have you been a student during the current calendar year?

**IFA Compliance Questionnaire
(For All LIHTC and HOME Projects)**



<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	37. Are you currently a student or do you plan to be a student during the current calendar year?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	38. Will you or anyone in your household require a live-in care attendant?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	39. Will your household be receiving Section 8 rental assistance at the time of move-in?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	40. Will your household apply for Section 8 rental assistance in the next 12 months?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	41. Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility or other impairments?

APPLICANT RESPONSIBILITIES:

All Questions that were answered "Yes" will need to be verified through the appropriate third-party sources. It will be your responsibility to provide management will all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.

SIGNATURE:

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify under penalty of perjury that all information and answers provided are true and complete to the best of my knowledge. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I authorize my consent to have management verify the information contained in this application questionnaire and to perform a credit check and criminal background check for purposes of proving my eligibility for occupancy. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

Applicant/Resident Signature

Date

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to “self certify” during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

Notice and Consent for the Release of Information

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

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)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): U. S. Department of Housing and Urban Development, 400 State Ave, 3rd Floor Kansas City, KS 66101	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Corinthian Gardens Associates, LP 1011 University Avenue Des Moines, IA 50314	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.): Iowa Finance Authority, 1963 Bell Ave. Suite 200 Des Moines, IA 50315
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

Shelby Heilman

Name of Project Owner or his/her representative

Property Manager

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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



Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO.

(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under

penalty of perjury, that I am _____

(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a

replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

LANDLORD REFERENCE CHECK FORM

Name: _____
Company/Relationship: _____
Phone #: _____
Address (if mailing): _____

Date: _____
Applicant: _____
Development Name: _____
Corinthian Gardens

I authorize Newbury Management Company. Its subsidiaries or its managing agents to investigate my rental history. The investigation may include, but is not limited to, the questions listed below.

Signature

Date

Signature

Date

To be completed by landlord

Dates of residency: From _____ to _____. Total number of months _____

1. Did the resident pay their rent on time? YES NO
If the resident was late on the rent, how late? _____
How often? _____ Comments _____
2. How much rent was paid each month by this resident? _____
3. Did you receive a security deposit? YES NO
How much of it was returned to the resident? _____
4. Did the resident, their guests, or their family damage the apartment or the property? YES NO
If yes, explain: _____
Did they pay for the damages? _____ Amount of damages \$ _____
5. Were the police ever called as a result of the disturbance? YES NO
If yes, explain: _____
6. Were there problems with the neighbors? YES NO
If yes, explain: _____
7. Does the resident have pets or other potential problems that may be important for a landlord to know? YES NO
If yes, explain: _____
8. Did the resident violate the lease agreement in any way? YES NO
If yes, explain: _____
9. Did the resident give you proper notice for vacating? YES NO
Reason for leaving? _____
10. Have there been any housekeeping issues? YES NO
If yes, explain: _____
11. Have any notices been served during residency? YES NO
If yes, explain: _____
12. Would you re-rent to this resident? YES NO
If no, explain: _____
13. What previous address do your records indicate? _____

Comments: _____

Signature: _____

Date: _____

Title: _____

Company: _____

PERSONAL REFERENCE CHECK FORM

Name: _____

Date: _____

Company/Relationship: _____

Applicant: _____

Phone #: _____

Development Name: _____

Address (if mailing): _____

I authorize Newbury Management Company its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to, the questions listed below.

Signature

Date

Signature

Date

1. How do you know the applicant(s)? _____
2. For how long have you known the applicant(s)? _____
3. Does this person keep their surroundings neat and tidy? _____
4. Does this person respect the rights and privacy of others? _____
5. Does this person keep their financial obligations? _____
6. Would you rent an apartment to this person? _____
7. What was their most recent address? _____

COMMENTS: _____

Print Name

Signature

Date

PERSONAL REFERENCE CHECK FORM

Name: _____

Date: _____

Company/Relationship: _____

Applicant: _____

Phone #: _____

Development Name: _____

Address (if mailing): _____

I authorize Newbury Management Company its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to, the questions listed below.

Signature

Date

Signature

Date

1. How do you know the applicant(s)? _____
2. For how long have you known the applicant(s)? _____
3. Does this person keep their surroundings neat and tidy? _____
4. Does this person respect the rights and privacy of others? _____
5. Does this person keep their financial obligations? _____
6. Would you rent an apartment to this person? _____
7. What was their most recent address? _____

COMMENTS: _____

Print Name

Signature

Date

FAMILY SUMMARY SHEET

Mrb. No.	Last Name of Family Member	First Name of Family Member	Relationship to HOH	Sex	Date of Birth
Head					
#2					
#3					
#4					
#5					
#6					
#7					
#8					
#9					
#10					
#11					
#12					
#13					
#14					

OWNER SUMMARY OF FAMILY

Mrb. No.	Last Name of Family Member	First Name of Family Member	Relationship to HOH	Sex	Date of Birth	Declaration	Date
Head							
#2							
#3							
#4							
#5							
#6							
#7							
#8							
#9							
#10							
#11							
#12							
#13							
#14							

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

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

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Signature of Applicant

Date

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

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

Student Status Certification



Property Name:	Corinthian Gardens Apartments
Household Name:	

This page is to be used when qualifying households for eligibility with the LIHTC program (one document per household)

Check A, B, C or D, as applicable (note that “student(s)” include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. Household contains at least one occupant who is not a student, has not been a student, and will not be a student during the current and/or upcoming calendar year. A student is defined as someone who attends school full time for any part of five or more months in a calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- B. Household contains all students, but the following occupant(s) is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.

	PT Student Name:
1.	
2.	
3.	
4.	

- C. Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:
 - 1. Is at least one student receiving assistance under Title IV of the Social Security Act (known as TANF in Iowa –provide TANF award letter or 3rd party verification)? (YES) (NO)
 - 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation) (YES) (NO)
 - 3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation) (YES) (NO)
 - 4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent? (YES) (NO)
 - 5. Are the students married and entitled to file a joint tax return (provide marriage certificate or tax returns)? (YES) (NO)
- D. No member of this household has been a student during the current calendar year or plans on becoming a student in the current or upcoming calendar year.

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature Date

Applicant/Resident Signature Date

**LIHTC
For Office Use Only:**

**Under \$5,000 Asset Certification
(For LIHTC Projects or Self-Certification for HOME*)**



For households who combined NET assets DO NOT exceed \$5,000.
Complete one form per household; include assets from children of the household

Property Name: Corinthian Gardens Apartments	IFA Project #: 16-16
Household Name:	BIN & Unit #: IA-16-16001 Apt #

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(AxB) Annual Income	Source		(A) Cash Value*	(B) Int. Rate	(AxB) Annual Income	Source
			Savings Account					Checking Account
			Cash on Hand					Safety Deposit Box
			Certificates of Deposit					Money Market Funds
			Stocks					Bonds
			IRA Accounts					401K Accounts
			Keogh Accounts					Trust Funds
			Equity in Real Estate					Land Contracts
			Lump Sum Receipts					Capital Investments

				(Name of Asset)
			Whole Life Insurance Policies	
			Other Retirement/Pension Funds	
			Personal Property held as an Investment**	
			Any account only accessed through a debit card***	
			Other (Attach list if necessary)	

PLEASE NOTE: Certain Funds (e.g. Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are:

* 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.

** Personal property held as an investment may include, but is not limited to, gems or coin collections, art, antique cars, etc. DO NOT include necessary personal property such as, but not necessarily limited to, household furniture, daily use of autos, clothing, assets of an active business, or special equipment for use of the disabled.

***Do not count food stamp accounts or checking accounts already listed. Example: Payroll, Social Security or Welfare Accounts

2. Disposed Assets

(YES) (NO) I/We have disposed of assets for less than fair market value in the last 2 years. Examples would include such items as charitable donations or giving/selling assets (such as real estate) to family.

3. No Assets

(YES) I/We DO NOT have any assets at this time.

The Net Family Assets (as defined in CRF 813.102) above do not exceed \$5,000 AND the Annual Income from the Net Family asset is: \$_____ . This amount is included in the total Gross Annual Income.

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature Date

Applicant/Resident Signature Date

Applicant/Resident Signature Date

Applicant/Resident Signature Date

*May not be used for HOME Full Recertification Requirements

Corinthian Gardens Apartments



Managing and
Developing
Communities
You're Proud to
Call Home

Project: Corinthian Gardens Apartments

Unit #: _____

I/we have received a copy of the following documents:

- Residents Rights and Responsibilities***
- Fact Sheet for HUD Assisted Residents***
- EIV and You Brochure***
- HUD 9887/9887A Fact Sheet***

at the time of my/our:

_____ x _____ Move In

_____ Annual Recertification

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date

Management Representative

Date



Newbury Management Company does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

**ACKNOWLEDGEMENT OF RECEIPT OF FORM HUD-5380, "NOTICE OF RIGHTS
UNDER THE VIOLENCE AGAINST WOMEN ACT" AND FORM HUD-5382
"CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT,
OR STALKING, AND ALTERNATE DOCUMENTATION"**

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of the HUD-5380
Form and the HUD-5382 Form

Please Print Name

Unit #

Signature

Date

For Office Use Only

We have attempted to obtain written acknowledgement of the receipt of the HUD-5380 and
the HUD-5382, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

*This acknowledgement must be signed by each adult household member occupying the unit.

Disclosure of Agency

Newbury Management Company d/b/a Newbury Living is a licensed real estate broker in the state of Iowa, and it employs licensed real estate salespeople licensed in the state of Iowa.

Agency means a relationship in which a Real Estate Broker or Licensee represents a client by the client's consent whether expressed or implied, in an immovable property transaction. An agency relationship is formed when a real estate licensee works for a client in their best interest and represents them. Agency relationships can be formed with buyers and sellers or lessors and lessees. Newbury Living is considered the Agent.

A *client* is someone who engages a licensee for professional advice and services as their agent. The property's owner is considered Newbury Living's client.

Duties the Agent owes to the Client:

- To obey all lawful requests.
- To promote your best interest.
- To exercise reasonable skill and care.
- To keep information that could materially harm the negotiation position confidential.
- To present all offers in a timely manner.
- To seek a transaction at the price and terms acceptable to the client.
- To account for all money or property received from the client in a timely manner.

Newbury Living and/or its employees will act as an Agent for the following property:

Corinthian Gardens Associates, LP d/b/a Corinthian Gardens Apartments
1011 University Avenue
Des Moines, IA 50314

Applicant

Date

Applicant

Date

Newbury Living Employee

Date