

# MCDUGAL PROPERTY MANAGEMENT PRE-APPLICATION FOR RENTAL

1. Head of Household \_\_\_\_\_ Age \_\_\_\_\_ Soc.Sec.#: \_\_\_\_\_  
Spouse \_\_\_\_\_ Age \_\_\_\_\_ Soc.Sec.#: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed

2. Race of Head of Household - Check one (*this information is required by HUD*):

White  Black  American Indian or Alaskan Native  Asian or Pacific Islander  Hispanic  Other

3. Current Address: \_\_\_\_\_  
(Address) (City) (State) (Zip)

How long have you lived there? \_\_\_\_\_ Phone No. \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Landlord's phone \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Reason for moving? \_\_\_\_\_

Have you ever been displaced? \_\_\_\_ If so, from where and when? \_\_\_\_\_

Have you ever applied for a government-subsidized unit before? \_\_\_\_\_

Where? \_\_\_\_\_

4. Residences for past three years:

ADDRESS	LANDLORD	PHONE	FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Current Source of Income: \_\_\_\_\_

**List all income sources.** This includes, but is not limited to, full and/or part-time employment, all income from welfare agencies, Social Security, Pension, SSI, Disability Compensation, Armed Force Reserves, unemployment compensation, baby-sitting, care-taking of elderly or disabled, alimony, child support, educational loans, scholarships and grants, income from rental property, interest on assets, dividends, annuities, regular contributions from people not residing with you.

**CURRENT EMPLOYER OR AGENCY PROVIDING INCOME FOR LAST THREE YEARS**

NAME	ADDRESS	PHONE
_____	_____	_____

GROSS INCOME (rate of pay) \_\_\_\_\_ (check the appropriate frequency below):

PER WEEK  EVERY TWO WEEKS  TWICE MONTHLY  MONTHLY

6. Assets (List all assets, which include, but are not limited to, sums in checking accounts, savings accounts, safe deposit boxes and cash on hand; stocks and bonds; certificates of deposit; real estate; other investments.

Checking Acct: Bank \_\_\_\_\_ Acct.# \_\_\_\_\_ Amt.\$ \_\_\_\_\_

Passbook Savings: Bank \_\_\_\_\_ Acct.# \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Savings Certificate: Bank \_\_\_\_\_ Acct.# \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Credit Union Shares: \_\_\_\_\_ Credit Union Name: \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Stocks & Bonds (Value):\$ \_\_\_\_\_ War Bonds (Value):\$ \_\_\_\_\_

Do you now own real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give full address of property: \_\_\_\_\_

Have you disposed of any assets for less than Fair Market Value in the past two (2) years? Yes \_\_\_\_\_ No \_\_\_\_\_



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7. Do you have any criminal charges or complaints ever been filed against you or any member of the household for actions against people or property? Yes \_\_\_ No \_\_\_  
(If "Yes", list where?) City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

8. Are you or any member of the household currently engaged in the illegal use of any drugs or controlled substances? Yes \_\_\_ No \_\_\_

Have you or any member of the household recently been or are you currently undergoing rehabilitative treatment for drug or alcohol addiction? Yes \_\_\_ No \_\_\_ If "Yes", please provide name of treatment center and attending physician:

\_\_\_\_\_  
(Treatment Center) (Physician's Name)

9. Are you as applicant or any member of your household subject to a lifetime registration requirement under any state sex offender registration program? Yes \_\_\_ No \_\_\_

If you checked "Yes" please provide details below. Failure to respond to this question may jeopardize the approval of the application:

\_\_\_\_\_

**NOTE:**

- (1) This application and information contained therein must be renewed by calling the office **EVERY 6 MONTHS** TO KEEP YOUR POSITION ON THE WAITING LIST.
- (2) Deposit made for an apartment is refundable prior to signing of the lease. The owner/agent has 30 days in which to refund the deposit.
- (3) Copies of birth certificates and social security cards will be required on all household members prior to initial occupancy.
- (4) Applicants **MUST** provide a complete list of all states in which any household member has lived. Failure to provide accurate information to Owner/Agent is grounds to deny the application
- (5) Regardless of when the applicant and all household members move in, if any household member engages in criminal activity (including sex offenses) while living on the property, termination of the lease contract and eviction will be pursued to the extent allowed by the lease, HUD regulations and the state/local law.

I/We, the applicant(s), agree to give the management agent the authority to investigate my credit rating, criminal records, current and past rental record, and all other information necessary to determine eligibility. I understand that any misrepresentation of information on this form will disqualify me from consideration for leasing.

**I/We hereby affirm that the foregoing information is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Head of Household Date

\_\_\_\_\_  
Signature of Spouse or Co-Applicant Date

**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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes 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 officer or employee of HUD, the PHA 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 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408, f, g, and h.

**BELOW FOR OFFICE USE ONLY**

**PRE-APPLICATION RETURNED:** Time: \_\_\_\_\_ Date: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_

APPLICATION STATUS:  Approved for Waiting-list  Denied (Must be sent to Regional Director)

**COMMUNITY DIRECTOR:** INITIAL, DATE, AND NOTE COMMENTS WHEN CONTACTED BY PROSPECTIVE RESIDENT, AS APPLICABLE, ON THE WAITING LIST.



**MCDUGAL PROPERTY MANAGEMENT  
INDEPENDENCE OAKS APARTMENTS**

**CHRONIC MENTAL ILLNESS VERIFICATION**

To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_  
Applicant: \_\_\_\_\_  
SS# \_\_\_\_\_

Dear Sir/Madam:

The above-named person is applying for admission to subsidized housing in a housing community established to provide a living environment for persons recovering from a severe mental illness. Since this housing community is intended specifically for the Chronically Mentally Ill, we must by law obtain verification of this person's condition. The applicant has named you as a person who can provide this verification. It would be appreciated if you could supply the information requested below, and promptly return this form in the attached stamped, self-addressed envelope. If you have any questions you may call me at your convenience at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_/\_\_\_\_\_  
Community Director / Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Apartments  
(address)  
(City, State, ZIP)

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\_\_\_\_\_ Apartments does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

*This property does not discriminate against persons with disabilities or on the basis of disabled status in the admission or access to, or treatment of employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).*

Name: Patrice Walker, 6800 Park Ten Blvd., Suite 238E, San Antonio, TX 78213  
Telephone – Voice: (210) 220-1908 TTY: (800) 735-2989



**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**

**RELEASE: I hereby authorize the release of the requested information.**

Signature of Applicant/Resident

Date

**VERIFICATION**

1. Please provide a brief explanation of current psychiatric illness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Current diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is applicant currently taking any prescription medications relevant to psychiatric condition? Yes \_\_\_\_\_  
No \_\_\_\_\_

Is applicant currently undergoing any medical treatment relevant to psychiatric condition? Yes \_\_\_\_\_  
No \_\_\_\_\_

If "Yes" to either of the above, does the applicant have a need for residential support services or other assistance in maintaining medication or treatment? Please explain this need:

4. Is applicant receiving active case management services? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please provide the following information:

\_\_\_\_\_  
Name of Case Manager

\_\_\_\_\_  
Phone number

5. Any past history of suicidal ideation/behavior? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" please describe last incident, including date and relevant circumstances, if any:

6. Any past history of homicidal/assault behavior? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" please describe last incident, including date and relevant circumstances, if any:

7. Any evidence of current abuse of illegal drugs and/or controlled substances? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", is applicant currently undergoing rehabilitation treatment for this abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

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Please explain this abuse and corresponding treatment as it relates to this applicant's ability and willingness to comply with the terms of the HUD Model Lease, the name of the agency providing treatment, as well as any mitigating circumstances:

8. Any past history of criminal charges or complaints files against this applicant for actions against people or property? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Please list family and community support systems available to applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. In your opinion, could applicant benefit from case management or Occupational Therapy services? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", may we contact you for a prescription? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. In your opinion, does this applicant qualify for admission to the apartments? \_\_\_ Yes \_\_\_ No
12. May we contact you for further elaboration or clarification if needed? Yes \_\_\_\_\_ No \_\_\_\_\_

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Name of person completing this verification form	Signature
Title	Agency
Phone	Date

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Telephone – Voice: (210) 220-1908 TTY: (800) 735-2989*



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)

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

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

**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-9 887:** Allows the release of information between government agencies.
3. **Form HUD-9 887-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

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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**Notice To Tenant: Do not sign this form if the space above for 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 Re quiring A pplicant's/Tenant's Cons ent 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.**

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date  
cc:Applicant/Tenant  
Owner file

**Penalties for Misusing this Consent:**

HUD, the O/A, 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.

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 03/31/2014)

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
<b>Name of Owner/Managing Agent</b>		<b>Type of Assistance or Program Title:</b>
<b>Name of Head of Household</b>		<b>Name of Household Member</b>

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	<input type="checkbox"/>
Not-Hispanic or Latino	<input type="checkbox"/>
Racial Categories*	Select All that Apply
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other	<input type="checkbox"/>

**\*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.

**MCDUGAL PROPERTY MANAGEMENT  
INDEPENDENCE OAKS APARTMENTS**

**LANDLORD VERIFICATION**

TO: \_\_\_\_\_  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(City, State and ZIP)

DATE: \_\_\_\_\_  
RE: (Applicant Name) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY DIRECTOR/DIRECTOR/PROPERTY OWNER:**

The person(s) herein identified is/are an Applicant/Resident for/in rental assisted housing, insured by the Federal Government. To become eligible, the Department of HUD requires the Owner to verify all aspects upon which eligibility is determined. That we may comply with HUD requirements we ask that you kindly provide the information herein requested. The information will only be used to determine eligibility status and will be kept in strict confidence. Your timely completion and return of this request will be highly appreciated. Stamped return envelope enclosed.

\_\_\_\_\_ **Apartments**  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (City, State, ZIP)

\_\_\_\_\_  
**Community Director** \_\_\_\_\_ **Date** \_\_\_\_\_

**RELEASE AND CONSENT:**

I/We, the Applicant(s) tenant(s) agree to give the Management/Owner the authority to investigate my/our current and past rental record, tenant conduct, credit rating and all other information necessary to determine eligibility. I/We understand that any misrepresentation of information on my/our part will disqualify me/us from consideration for leasing and may be grounds for eviction.

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Current Landlord       Previous Landlord       Other \_\_\_\_\_

Dates of Applicant's Tenancy:      From \_\_\_\_\_ To \_\_\_\_\_

**1. RENT PAYMENT, PRACTICE**

A. Is/Was Applicant current on rent? \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

B. Has/Had he/she ever been late? \_\_\_\_\_ How Late \_\_\_\_\_ How Often \_\_\_\_\_

*This property does not discriminate against persons with disabilities or on the basis of disabled status in the admission or access to, or treatment of employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).*

*Name: Patrice Walker, 6800 Park Ten Blvd., Suite 238E, San Antonio, TX 78213  
Telephone - Voice: (210) 220-1908 TTY: (800)735-2989*



C. Have/Had you ever begun eviction proceedings for non-payment? \_\_\_\_\_  
When \_\_\_\_\_

MPM #154 (Rev. 10/01/2010)

2. CARE OF UNIT, HOUSEKEEPING

A. Does/Did the Applicant keep the unit clean and orderly? \_\_\_\_\_

B. Has/Had the Applicant damaged the unit? \_\_\_\_\_ Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How Expensive? \_\_\_\_\_ How many times? \_\_\_\_\_

C. Has/Had the Applicant paid for the damage? \_\_\_\_\_

D. Will you (did you) keep any of the security deposit? \_\_\_\_\_ \$ \_\_\_\_\_

3. GENERAL

A. Does/Did the Applicant permit persons other than those on the Lease to live in the unit? \_\_\_\_\_ Who? \_\_\_\_\_ How many times? \_\_\_\_\_

B. Has/Had the Applicant or family members damaged or vandalized the common areas? \_\_\_\_\_  
How many times? \_\_\_\_\_ What? \_\_\_\_\_

C. Does/Did the Applicant or family members create any physical hazards to the community or Residents? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Does/Did the Applicant or family members interfere with the rights and peaceful enjoyment of other residents? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Police Report? \_\_\_\_\_

E. Does/Did the Applicant condone loud and unruly guest activity? Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Have/Had you ever begun eviction proceedings for other than non-payment of rent? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Has/Had the Applicant been found to possess or sell illegal substances? \_\_\_\_\_  
Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Name: Patrice Walker, 6800 Park Ten Blvd., Suite 238E, San Antonio, TX 78213*

*Telephone - Voice: (210) 220-1908 TTY: (800)735-2989*



H. Has/Had the Applicant committed a felony? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MPM #154 (Rev. 10/01/2010)

I. Has/Had the Applicant given you any false information? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. Why is/did the Applicant/Resident moving or move? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K. Would you rent to this Applicant/Resident again? \_\_\_\_\_ Why/Why Not?  
\_\_\_\_\_  
\_\_\_\_\_

L. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete all portions of the verification. **For those items which do not apply, please indicate with 'None' or explanation.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Telephone \_\_\_\_\_ Title \_\_\_\_\_

**Warning: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.**

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**MCDUGAL PROPERTY MANAGEMENT  
INDEPENDENCE OAKS APARTMENTS**

**LANDLORD VERIFICATION**

TO: \_\_\_\_\_  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(City, State and ZIP)

DATE: \_\_\_\_\_  
RE: (Applicant Name) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY DIRECTOR/DIRECTOR/PROPERTY OWNER:**

The person(s) herein identified is/are an Applicant/Resident for/in rental assisted housing, insured by the Federal Government. To become eligible, the Department of HUD requires the Owner to verify all aspects upon which eligibility is determined. That we may comply with HUD requirements we ask that you kindly provide the information herein requested. The information will only be used to determine eligibility status and will be kept in strict confidence. Your timely completion and return of this request will be highly appreciated. Stamped return envelope enclosed.

\_\_\_\_\_ **Apartments**  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (City, State, ZIP)

\_\_\_\_\_  
**Community Director** \_\_\_\_\_ **Date** \_\_\_\_\_

**RELEASE AND CONSENT:**

I/We, the Applicant(s) tenant(s) agree to give the Management/Owner the authority to investigate my/our current and past rental record, tenant conduct, credit rating and all other information necessary to determine eligibility. I/We understand that any misrepresentation of information on my/our part will disqualify me/us from consideration for leasing and may be grounds for eviction.

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Current Landlord       Previous Landlord       Other \_\_\_\_\_

Dates of Applicant's Tenancy:      From \_\_\_\_\_ To \_\_\_\_\_

**1. RENT PAYMENT, PRACTICE**

A. Is/Was Applicant current on rent? \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

B. Has/Had he/she ever been late? \_\_\_\_\_ How Late \_\_\_\_\_ How Often \_\_\_\_\_

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When \_\_\_\_\_

MPM #154 (Rev. 10/01/2010)

2. CARE OF UNIT, HOUSEKEEPING

A. Does/Did the Applicant keep the unit clean and orderly? \_\_\_\_\_

B. Has/Had the Applicant damaged the unit? \_\_\_\_\_ Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How Expensive? \_\_\_\_\_ How many times? \_\_\_\_\_

C. Has/Had the Applicant paid for the damage? \_\_\_\_\_

D. Will you (did you) keep any of the security deposit? \_\_\_\_\_ \$ \_\_\_\_\_

3. GENERAL

A. Does/Did the Applicant permit persons other than those on the Lease to live in the unit? \_\_\_\_\_ Who? \_\_\_\_\_ How many times? \_\_\_\_\_

B. Has/Had the Applicant or family members damaged or vandalized the common areas? \_\_\_\_\_  
How many times? \_\_\_\_\_ What? \_\_\_\_\_

C. Does/Did the Applicant or family members create any physical hazards to the community or Residents? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Does/Did the Applicant or family members interfere with the rights and peaceful enjoyment of other residents? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Police Report? \_\_\_\_\_

E. Does/Did the Applicant condone loud and unruly guest activity? Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Have/Had you ever begun eviction proceedings for other than non-payment of rent? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Has/Had the Applicant been found to possess or sell illegal substances? \_\_\_\_\_  
Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

MPM #154 (Rev. 10/01/2010)

I. Has/Had the Applicant given you any false information? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. Why is/did the Applicant/Resident moving or move? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K. Would you rent to this Applicant/Resident again? \_\_\_\_\_ Why/Why Not?  
\_\_\_\_\_  
\_\_\_\_\_

L. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete all portions of the verification. **For those items which do not apply, please indicate with 'None' or explanation.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Telephone \_\_\_\_\_ Title \_\_\_\_\_

**Warning: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.**

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Telephone - Voice: (210) 220-1908 TTY: (800)735-2989*



**McDOUGAL PROPERTY MANAGEMENT  
INDEPENDENCE OAKS APARTMENTS  
STATEMENT OF NO ASSETS**

Date: \_\_\_\_\_

In reference to HUD Handbook 4350.3, Part III, Net Family Assets and Income and more specifically Items #26 a, b & c, I hereby certify that I/we do not have any assets such as:

- A. Interest bearing checking account(s)
- B. Savings account(s)
- C. Bonds and/or Stocks
- D. Certificate(s) of Deposit (CDs)
- E. Property and/or Real Estate
- F. Safety Deposit Box(s)

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that any person who knowingly and willingly makes false or fraudulent statements to any department of the United States Government is guilty of a felony. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes 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 officer or employee of HUD, the PHA 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 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408, f, g, and h.

**Independence Village Apartments** does not discriminate on the basis of handicap status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

\_\_\_\_\_/\_\_\_\_\_  
Head of Household Signature / Date

\_\_\_\_\_/\_\_\_\_\_  
Spouse/Co-Head of Household Signature / Date



**MCDUGAL PROPERTY MANAGEMENT  
 PERSONAL DECLARATION  
 (To be used at recertification and interim adjustments)**

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household. All Adult members of the household must sign below certifying the information pertaining to them is correct. **Please print.**

1. **HOUSEHOLD COMPOSITION:** List all persons who will be living in your home. Listing head of household first:

ADULTS (Name)	BIRTH DATE	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #	MARITAL STATUS

CHILDREN (Name)	BIRTHDATE	RELATIONSHIP TO HEAD OF HOUSEHOLD

If separated or divorced, list name and address of spouse/ex-spouse as follows:

Name	Address, City-State, Zip Code	Social Security # (if known)
Name	Address, City-State, Zip Code	Social Security # (if known)

2. **TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household.

EMPLOYMENT: Name of household member who is employed: \_\_\_\_\_

Employer or Firm where employed: \_\_\_\_\_

Employment: \_\_\_\_\_  
 Phone \_\_\_\_\_ Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Other Family Member Employed: Name \_\_\_\_\_

Employer or Firm where employed: \_\_\_\_\_

Employment: \_\_\_\_\_  
 Phone \_\_\_\_\_ Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_



3. **OTHER SOURCES OF INCOME:**

TANF \$ \_\_\_\_\_ Rental Property Income \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_ How often: \_\_\_\_\_  
Social Security \$ \_\_\_\_\_ Stock Dividends \$ \_\_\_\_\_  
S.S.I (Supplement Check) \$ \_\_\_\_\_ How Often: \_\_\_\_\_  
V. A. Benefits \$ \_\_\_\_\_ Savings Account \$ \_\_\_\_\_ % rate.  
Workers Compensation \$ \_\_\_\_\_ Bank Name: \_\_\_\_\_  
Unemployment Benefits \$ \_\_\_\_\_ Account #: \_\_\_\_\_  
Self: Odd jobs earnings \$ \_\_\_\_\_ Checking Account Yes \_\_\_\_\_ No \_\_\_\_\_  
Assets: Have you dispose of any assets for Bank Name: \_\_\_\_\_  
Less than fair market value within the past two years? Account #: \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

4. **OTHER QUESTIONS INCLUDING SSN AND CRIME INFORMATION**

- a. Does anyone outside of your household pay for any of your bills or give you money?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain?
- b. Have you or any other adult family members ever used any names or Social Security numbers other than the one you are currently using? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Have you or any family member lived in assisted housing? Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Have you or anyone in your household ever been convicted of any crime other than a traffic violation?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain?
- e. Are you or any member of your household subject to a lifetime registration requirement under any state sex offender registration program? Yes \_\_\_\_\_ No \_\_\_\_\_

If you checked "Yes" please provide details below. Failure to respond to this question may jeopardize the approval of this recertification.

\_\_\_\_\_

- f. Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes \_\_\_\_\_ No \_\_\_\_\_, If yes, please explain? \_\_\_\_\_

5. **VEHICLE INFORMATION:**

Do you own a car? \_\_\_\_\_ Model/Year \_\_\_\_\_ License No. \_\_\_\_\_  
Do you own a second car? \_\_\_\_\_ Model/Year \_\_\_\_\_ License No. \_\_\_\_\_  
Do you drive someone else's car? \_\_\_\_\_ Model/Year \_\_\_\_\_ License No. \_\_\_\_\_

6. **EXPENSES:**

- a. Do you or anyone in your household pay for childcare or depended care? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide approximate monthly amount: \$ \_\_\_\_\_
- b. Do you or anyone in your household pay for prescription medications which were not covered by Medicare or insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide approximate monthly amount: \$ \_\_\_\_\_



- c. Do you or anyone in you household pay for medical equipment prescribed by your doctor and or not covered by Medicare or insurance. Yes \_\_\_ No \_\_\_. If yes please provide approximate amount. \$ \_\_\_
  
- d. Do you or anyone in your household pay for outstanding medical bills, such as doctor/hospital which was not covered by Medicare or insurance? Yes \_\_\_ No \_\_\_\_\_. If yes, please provide approximate monthly amount. \$ \_\_\_\_\_  
Name of household member paying for the above expenses: \_\_\_\_\_

**CERTIFICATION**

I hereby swear and attest that all of the information above about me is true and correct. I understand that all changes in the income of any household member as well as any changes in the household composition must be reported to the management immediately.

**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**

*RELEASE: I hereby authorize the release of the requested information.*

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member Signature

\_\_\_\_\_  
Date

**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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes 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 officer or employee of HUD, the PHA 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 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408, f, g, and h.

\_\_\_\_\_ does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

In case of an emergency who may we contact:

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_



**MCDUGAL PROPERTY MANAGEMENT  
INDEPENDENCE OAKS APARTMENTS**

**NATIONAL CRIMINAL BACKGROUND CHECK AUTHORIZATION**

Date: \_\_\_\_\_

To: **Tenant Tracker**

From: **Independence Oaks Apartments**

**PO Drawer 1990**

**303 Sleepy Hollow Drive**

**McKinney, TX 75070**

**Cleveland, TX 77327**

**RETURN THIS VERIFICATION TO THE PROPERTY LISTED ABOVE**

SUBJECT: Verification of National Police/Criminal Background Check for the following person:

NAME: \_\_\_\_\_ Social Security # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Dear Sir/Madam:

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the apartment community listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

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**VERIFICATION REQUESTED:**

A. Please indicate in the space below whether and when any family members have been arrested or convicted of any crimes related to the following:

- |                             |  |
|-----------------------------|--|
| 1. Homicide/Murder          | 8. Drug trafficking/use/possession           |
| 2. Rape or child molesting  | 9. Child abuse/domestic violence             |
| 3. Burglary/robbery/larceny | 10. Public intoxication/drunken & disorderly |
| 4. Threats or harassment    | 11. Receiving stolen goods                   |
| 5. Destruction of property  | 12. Fraud                                    |
| 6. Vandalism                | 13. Prostitution                             |
| 7. Assault or fighting      | 14. Disorderly conduct                       |





B. Please also indicate whether and when this person is listed on a lifetime registration requirement under any state sex offender registration program.

Family Member Names	S.S. #	Crime(s)	Date	Status/Disposition

Signature \_\_\_\_\_

Title \_\_\_\_\_ / Phone \_\_\_\_\_ / Date \_\_\_\_\_

**RELEASE:** *I hereby authorize the release of the requested information.*

Signature of Applicant/Resident \_\_\_\_\_ / Date \_\_\_\_\_

**Note to Applicant/Tenant:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

**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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes 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 officer or employee of HUD, the PHA 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 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408, f, g, and h.

**Independence Oaks Apartments** does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

**Note: TDD SERVICES (TELEPHONE DEVICE FOR THE DEAF) ARE AVAILABLE THROUGH SOUTHWESTERN BELL'S RELAY TEXAS. THIS SERVICE IS FREE-OF-CHARGE. THE TOLL-FREE TELEPHONE NUMBER IS: 1-800-735-2988 (1-800-RELAY-TX).**



McDougal Property Management  
**Independence Oaks Apartments**

Thank you for your interest in Independence Oaks Apartments and for completing the rental application. Please complete this checklist to ensure that all documents were completed correctly and you have included all forms required for your application to be processed.

**Did you:**

**1. Application for Rental:**

- Did you complete it in its entirety?
- Did you read the document?
- Did you answer all questions on the application?
- Did you sign and date the application?

**2. Chronic Mental Illness Verification:**

- Did you complete the **top portion** only of the form with the name and address of your physician?
- Did you read the document?
- Did you sign and date page 2?

**3. Community Policy:**

- Did you Read the document?
- Did you initial next to each numbered section?
- Did you sign and date the document?

**4. Landlord Verification:**

- Did you complete the **top portion** only of the form with the name and address of your landlord?
- Did you read the document?
- Did you sign and date the document?

**5. Tenant Consent to the Release of Information:**

- Did you read the document?
- Did you sign and date page 3?
- Did you print, sign and date the documents?

**6. Family Summary Sheet:**

- Did you list every person who will be living in this apartment?

**7. Statement of No Assets:**

- Did you read the document?
- Did you sign and date the document?



**8. Race and Ethnic Data Reporting Form:**

- Did you read the document?
- Did you complete the top section with your name and date?
- Did you select your Ethnic Category?
- Did you select your Racial Category?
- Did you complete a form for each person who will live in this apartment?

**9. Supplement to Application for Federally Assisted Housing:**

- Did you read the document?
- Did you complete your name, address, and telephone numbers?
- Did you list a contact person or organization, their address, telephone number, email address, relationship to applicant and check the boxes that apply?
- Did you sign and date the document?

**10. Did you include:**

- A copy of your **photo identification** (driver's license, identification card, etc.)
- Copies of **Social Security Cards** (for each person listed on the application)?
- Proof of Income** (for ALL income of all persons listed on the application)?
- Copies of **Birth Certificates** (for all persons listed on the application)?

If you have checked each item on this checklist, your application is ready for processing! Please do not submit your application until all items are checked. If you have questions, please contact me (281) 592-0777.

Thank you,

Treva Purvis Community Director  
Independence Oaks Apartments

