Nazareth Villages, Inc.
P. O. Box 15 ♦ Nazareth, KY 40048
(502) 348-4911 ♦ Fax (502) 349-6640 ♦ nazarethvillages.org

Thank you for your interest in housing at Nazareth Villages I! Nazareth Villages I is HUD Subsidized housing where rent is approximately 30% of your income and you can receive medical deductions for unreimbursed out of pocket medical expenses. Electric, water, cable, and internet are all included in your monthly rent amount.

Please take the time to fill out the application entirely. All information must be filled out in order for us to process your application. Any application that is not complete will be returned. Your name will be placed on the waiting list AFTER we have a completed application. We complete both criminal and credit background screenings.

PART 1: HEAD OF HOUSEHOLD

First Name: _____
Last Name: _____
Maiden/Alias Name(s): _____
Social Security Number: _____-_____-_____
Date of Birth: _____/_____/_____
Sex: (circle one) MALE FEMALE NO ANSWER
Phone Number: (_____) _____-_____
Alternate Number: (_____) _____-_____
Age at time of application: _____
Driver's License Number: _____ Issuing State: _____

In order to complete your application, you must provide copies of your Driver's License and Social Security Card!

PART 2: HOUSEHOLD MEMBERS (List who will be living in the apartment)

First Name	Last Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	___-___-___	___/___/___	___	Y or N	_____
_____	_____	___-___-___	___/___/___	___	Y or N	_____

*Each adult member must complete a separate criminal and credit screening consent form

PART 3: CURRENT HOUSING

- **Indicate below if any situation applies to your current housing:**
  - Displacement by a Government Agency: Yes No
  - Presidentially Declared Disaster: Yes No
  - Currently live in subsidized housing: Yes No

EQUAL HOUSING OPPORTUNITY

LEGAL ADDRESS
(Where you currently live)
Address:_____
City: _____
State: _____ Zip: _____
How long have you lived here:
From:_____ To:_____

Do you currently own your home?
YES or NO If yes how long:

*If your legal or mailing address changes, you must notify Nazareth Villages to maintain your waiting list status.

MAILING ADDRESS
(Where you currently receive mail)
Address:_____
City: _____
State: _____ Zip: _____

Current Landlord Information:
Name: _____
Address:_____
City: _____
State: _____ Zip:____
Phone #:

PART 4: PREVIOUS HOUSING- *We must have previous 10 years of housing history*

Previous Address:
Location/Name of Property:
_____
Dates: From_____ to _____
Previous Landlord Contact Information:
Name: _____
Address:_____
City: _____
State: _____ Zip:____
Phone #: (___) ____-_____

Previous Address:
Location/Name of Property:
_____
Dates: From_____ to _____
Previous Landlord Contact Information:
Name: _____
Address:_____
City: _____
State: _____ Zip:____
Phone #: (___) ____-_____

If you have owned your own home anytime within the past 10 years please list the address and dates of ownership:
Dates: From_____ to _____ Address _____
Dates: From_____ to _____ Address _____

PART 5: INCOME

LIST GROSS MONTHLY INCOME:

Type of Income	Issued/Paid By	Gross Monthly Amt.	Held by which member
Employment			
Social Security, Disability			
Pension			
Interest/Dividends from investments			
Alimony			
Other			

Does any member receive Social Security benefits from another person? YES NO
If yes, please list claim number: _____

PART 6: ASSETS

LIST ASSETS HELD BY ALL MEMBERS:

Type of Asset	Financial Institution	Value	Held by which member
Checking Accounts			
Savings Accounts			
Bonds, Stocks, CD's, Investments			
Real Estate			
Other			

***Does any member own any real property (land, buildings, etc)? _____**
If yes, please list: _____
***Has any member disposed of any assets in the past 2 years for less than fair market value? _____**
If yes, please list: _____

PART 7: OTHER INFORMATION

- **List Personal References (Other Than Family)**
  - Name: _____ Phone: _____ Relationship: _____
  - Name: _____ Phone: _____ Relationship: _____
- **Person To Be Notified In Case Of Emergency:**
  - Name: _____ Phone: _____ Relationship: _____
- **Does any member pay out of pocket medical expenses? YES NO**
- **Are any members of the household students? YES NO**
- **Are any members of the household a US Military Veteran? YES NO**
- **How did you hear about Nazareth Villages? _____**
- **Do you have a pet that will be living with you? YES NO**

By signing this form, I consent to the release of my Criminal Record and Credit Screening to Nazareth Villages, and I agree that I will not file any claim or lawsuit relating to the sites' use of my criminal record for screening purposes.

I, the undersigned, do hereby authorize the administrative office of the courts to provide to Nazareth Villages records for any arrest, convictions, or information available.

I/We hereby affirm that the answers to the foregoing questions are true and correct, and that I/We have not knowingly withheld any facts or circumstances which would, if disclosed, affect this application unfavorably.

_____ _____
APPLICANT SIGNATURE **DATE**

_____ _____
ADDITIOINAL ADULT MEMBER SIGNATURES **DATE**

EQUAL HOUSING OPPORTUNITY

FOR OFFICE USE ONLY

Date Application Received: ___/___/___
Time: _____am/pm Received By: _____

Checklist
Initial when completed/received

Forms/Documents

Completed Application…….._____
Copy of Driver's License/ID (all members)…….._____
Copy of Social Security Card (all members)..._____
Credit/Criminal Consent Form (all members)……_____
Form 92006 Completed……._____
Race & Ethnic Data Reporting Form……._____
Criminal/Sex Offender Background Info Form.._____
Tenant Release and Consent Form….._____
Asset Checklist Form Completed……_____
Form 50059 Assets Disposed of Form……_____
Info Release HUD 9887/9887-A Form……_____
Citizenship Declaration Form…….._____
Family Summary Sheet Completed)… ____
Owners Summary of Family Form……_____
Student Certification Form Completed……_____
Receipt of Fact Sheet, Rights, & EIV……_____
Multi Consent Form…._____
Given House Rules/Sign Acknowledge…._____
Cable List & Fee Schedule……_____
Personal Property Liability Waiver……_____
Fitness Center User Acknowledgment …_____

Next Steps

Entered in Yardi system…….._____
Income level calculated and input….._____
Yardi criminal and credit screening….._____
Name placed on appropriate waitlist……_____
Given to director for approval……_____
Previous landlord checks completed…._____
Personal reference checks completed……_____
KY screenings……_____
Existing Tenant Search……_____
Recap Sheet Completed…._____

Review of Application

_____ Approved

_____Approved Pending

_____Rejected/Denial

_____Rejection Letter Mailed

Approved by:

_____

Title:

_____

Date:

_____

Move-In

Lease……_____
Security Deposit Receipt/Return Form….._____
Move-In Inspection & Checklist….____
Given Quick Reference Sheet ……_____
50059……_____
Source Listing……_____
VAWA 91067 Form……_____
Next Recertification……_____
Assign Parking……_____
Pet Rules, Sitters, & Deposit (if applicable)……____

Animal Information **YES** **NO**

Pet Rules……____
Alternate Caregivers……____
Deposit……____
Vaccination Records……____

CONTACT NOTES LOG

_____

_____

_____

_____

Gross Annual Income

Nazareth Villages, Inc.
P. O. Box 15 ♦ Nazareth, KY 40048
(502) 348-4911 ♦ Fax (502) 349-6640 ♦ nazarethvillages.org

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize SEE LIST BELOW to release without liability, information regarding my/our employment, income, and/or assets to Nazareth Villages I for purposes of verifying information provided as part of my/our apartment rental application.

INFORMATION COVERED

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

Past and Present Employers
Previous Landlords (including Public Housing Agencies)
Support and Alimony Providers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers
Utility Companies
Veterans Administration
Retirement Systems
Banks and other Financial Institutions

CONDITIONS

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

SIGNATURES

Head of Household	**(Print Name)**	**Date**
Spouse	**(Print Name)**	**Date**
Adult Member	**(Print Name)**	**Date**
Adult Member	**(Print Name)**	**Date**

NOTE: This general consent may not be used to request a copy of a tax return, if a copy of a tax return is needed, IRS Form 4506, "Request for a copy of tax form" must be prepared and signed separately.

EQUAL HOUSING OPPORTUNITY

Nazareth Villages, Inc.
P. O. Box 15 ♦ Nazareth, KY 40048
(502) 348-4911 ♦ Fax (502) 349-6640 ♦ nazarethvillages.org

ASSETS CHECKLIST

Check Yes or No on ***ALL*** lines below. If Yes, show value to right.

YES	NO	ASSET SOURCE	VALUE
		I have Checking Account (s)	$
		I have Savings Account (s)	$
		I have Cash in Safety Deposit Box/At Home/On Person	$
		I receive Interest on Checking or Savings Account (s)	$
		I have or receive dividends/income from a Trust	$
		I have Equity in Rental Property or other Capital Investments	$
		I have Stocks, Bonds, Treasury Bills	$
		I have Certificates of Deposit, Money Market Funds	$
		I have Individual Retirement and/or Keogh Account (s)	$
		I have Retirement or Pension Funds	$
		I have Lump Sum Receipts	$
		I have Personal Property held as an investment	$
		I presently own Land and/or House	$
		I have Real Estate Land Contracts or Mobil Homes	$
		I have Sold Land and/or House in past two years. DATE:	$
		I have Disposed of Assets in past two years. DATE:	$
		I have a Whole Life Insurance Policy	$
		Other types of income or assets…..	

Assets do not include such things as necessary personal property (clothing, furniture, cars, etc.), vehicles specially equipped for the handicapped, interest in Indian Trust Land, life insurance policies, equity in the cooperative unit in which the family lives, and assets that are not effectively owned by the applicant – i.e., when assets are held in an individual's name but: (a) that assets and any income they earn accrue to the benefit of someone else; and (b) that other person is responsible for income taxes incurred on income generated by the assets.

Signature _____ Date _____

Signature _____ Date _____

WARNING: Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than five years, or both."

EQUAL HOUSING OPPORTUNITY

Nazareth Villages, Inc.
P. O. Box 15 ♦ Nazareth, KY 40048
(502) 348-4911 ♦ Fax (502) 349-6640 ♦ nazarethvillages.org

READ THIS BEFORE YOU COMPLETE AND SIGN THIS FORM HUD-50059.

Privacy Act Notice Statement - The information on this form is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. It will be used to manage the programs covered by this form, to protect the Government's financial interest, and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant to civil, criminal or regulatory investigators and prosecutors. It is mandatory to provide Social Security numbers. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for 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), and the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479).

Tenant(s)'s Certification - I/We certify that the information in Parts II, III, and IV of this form is true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to $10,000, imprisoned up to five years, lose the subsidy HUD pays, and/or have my/our rent increased if I/we furnish false or incomplete information.

Owner's Certification - I certify that this Tenant's eligibility, rent, and assistance payment have been computed in accordance with HUD's regulations and administrative procedures, and that all required verifications were obtained.

Warning to Owners and Tenants - By signing in Part VIII of this form, you are indicating that you have read the above Privacy Act Notice and are agreeing with the applicable certification.

Public Reporting Burden - The reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions; searching existing data sources; gathering and maintaining the data needed; completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600, and to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, D.C. 20503.

CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE.

I or any family member did _____ /did not _____ dispose of one or more assets for less than fair market value in the (24 months) preceding _____/_____/_____.

If assets(s) were disposed of for less than fair market value, describe below.

Asset Disposed of	Date of Disposition	Fair Market Value	Amount Received

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

_____ _____
Signature of Applicant Date

_____ _____
Signature of Spouse (if applicable) Date

EQUAL HOUSING OPPORTUNITY

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.

HUD-9887/A Fact Sheet

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

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.):
Five Points Plaza Building 40 Marietta Street Atlanta, GA 30303	Nazareth Villages, Inc. P.O. Box 15 Nazareth, KY 40048	Kentucky Housing Corporation 1231 Louisville Road Frankfort, KY 40601-6191

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 verity 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 Barters 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 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.

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.

Nazareth Villages, Inc.
P. O. Box 15 ♦ Nazareth, KY 40048
(502) 348-4911 ♦ Fax (502) 349-6640 ♦ nazarethvillages.org

CRIMINAL AND CREDIT CHECK CONSENT FORM

REQUEST FOR CRIMINAL AND CREDIT REPORT ON:

NAME _____
LAST ***FIRST*** ***MIDDLE*** ***MAIDEN***

PLEASE LIST ANY FORMER MARRIED OR ALIAS NAMES:

_____ _____ _____

ADDRESS:

_____
 # & STREET ***CITY*** ***STATE*** ***ZIP***

_____ _____ _____
DATE OF BIRTH ***DRIVER'S LICENSE NUMBER*** ***SOCIAL SECURITY NUMBER***

BY SIGNING THIS FORM, I CONSENT TO THE RELEASE OF MY CRIMINAL RECORD TO NAZARETH VILLAGES, AND I AGREE THAT I WILL NOT FILE ANY CLAIM OR LAWSUIT RELATING TO THE SITES' USE OF MY CRIMINAL RECORD FOR SCREENING PURPOSES.

I, THE UNDERSIGNED, DO HEREBY AUTHORIZE THE ADMINISTRATIVE OFFICE OF THE COURTS TO PROVIDE TO NAZARETH VILLAGES RECORDS FOR ANY ARREST, CONVICTIONS, OR INFORMATION AVAILABLE.

_____ _____
SIGNATURE OF APPLICANT ***SIGNATURE OF MANAGER***
(MUST BE SIGNED BY APPLICANT AND NOT PRINTED)

_____ _____
DATE ***DATE***

OPTIONAL AND SUPPLEMENTAL 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.

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

Applicant Name:	
Mailing Address:	
Telephone Number:	Cell Phone Number:
Name of Additional Contact Person or Organization:	
Address:	
Telephone Number:	**Cell Phone Number:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

□ Emergency
□ Unable to contact you
□ Termination of rental assistance
□ Eviction from unit
□ Late Payment of rent
□ Assist with Recertification Process
□ Change in lease terms
□ Change in house rules
□ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the nondiscrimination 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.

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.

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)

Nazareth Villages, Inc 083-355-48-NP-L8 65 Village Dr. Nazareth, KY 40048

Name of Property	**Project No.**	**Address of Property**
Nazareth Villages, Inc.		Section 8

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 incompliance 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 provide 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 no 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.

Nazareth Villages, Inc.
P. O. Box 15 ♦ Nazareth, KY 40048
(502) 348-4911 ♦ Fax (502) 349-6640 ♦ nazarethvillages.org

CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents. Nazareth Villages I/II will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from an apartment or other housing site for drug-related activity?
   ____Yes ____No Date(s): _____
2. Do you currently use illegal drugs or abuse alcohol? ____ Yes ____No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? ____Yes ____No
4. Have you been convicted of any drug-related crime?
   ____Yes ____No Date(s): _____
4. Have you been convicted of any felony or misdemeanor?
   ____Yes ____No Date(s): _____
6. Have you been convicted of any crime involving fraud or dishonesty?
   ____Yes _____No Date(s): _____
7. Have you been convicted of any crime involving violence?
   ____ Yes ____No Date(s): _____
8. Are you currently charged with any of the above criminal activities? ____Yes ____No
9. Please list all states in which you have lived or have held licenses to drive (include driver's license #s).
   _____
10. Have you ever used or been known by any other name? ____Yes ____No
    If yes, please list names used: _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Nazareth Villages I/II to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Nazareth Villages I/II, to a public housing authority, or to an agency/organization contracted by Nazareth Villages I/II to conduct criminal background checks.

_____ _____ _____
Applicant's Signature Date Name (Please Print)