



TENANTS TO HOMEOWNERS, INC

**TTH**

CREATING STABILITY  
THROUGH PERMANENTLY  
AFFORDABLE HOUSING

To Be Completed by Office Staff

Date Rec'd: \_\_\_\_\_

Time Rec'd: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

## Rental Program #2

### LCHT Accessible Housing Application Instructions

**ATTENTION:** This program is HUD funded and is for individuals with physical disabilities. Medical forms are required. Your rent will be greater of 10% of Gross Income, 30% of your Adjusted Gross Income or \$25. You do not need a Section 8 voucher to apply, as HUD already subsidizes these units with Section 8. We have two LCHT properties, one in East Lawrence and one in West Lawrence. These units are all electric, paid by the tenant. Water and trash are paid by the landlord. We have one and two-bedroom units in this program.

**We will discard applications that do not include all of the following:**

**The application must be filled out completely.**

- The "Case Management Disclaimer" must be read and signed by applicant.
- The "Tenant Release and Consent" form must be signed by applicant.
- The HUD required "Disability Verification" form must be completed by a medical professional. It must be sent in from the medical professional's office either by fax, mail, or e-mail.
- A copy of all Photo IDs and Social Security cards must be submitted for all household members.
- Current Income Verification must be provided:
  - If applicable, 6 MONTHS of consecutive pay stubs for each job.
  - If applicable, Social Security/SSDI benefit letter.
  - If applicable, 6 MONTHS of consecutive bank statements for all accounts. All pages of the bank statements must be provided, and statements must have the bank logo and the account holders name and address. Printed screen shots of bank accounts will be rejected.

**THE APPLICATION and APPROVAL PROCESS:**

- There is no application fee. We offer application forms to anyone who requests one. Accepting an application does not indicate the application will be approved.
- You will be placed on the HUD property waiting list once all items have been submitted.
- We conduct preliminary background checks within the first 2 weeks of receiving the application. Please note that a felony or sex crime will disqualify you for life for any TTH or LCHT program. Evictions within the past 5 years also disqualify you from the program. If this information is not disclosed on the application and found in the background check, we will notify you within 2 weeks of receiving the application that you are disqualified. Note: the final background check is completed once applicant name is the next up on the waiting list. This could be one year or more upon initial check, so please be aware the background check is conducted again before move-in.
- Once a unit becomes available, we will contact applicants and request more information to verify updated income and assets.
- Rent for these accessible properties are based on your income, assets, medical expense deductions and medical mileage deductions for medical appointments. Information gathered will remain confidential and will only be used to verify your eligibility and calculate your rent. If you wish to submit medical expenses and medical mileage deductions, you may do so by consenting to 3rd party verification from the medical provider. These expenses are calculated on an annual basis. First, during your initial move-in and then once per year during your recertification process.

*LCHT Accessible Housing, LLC owns this property. This property receives tax credit funding and HUD Section 202/8 project-based subsidy. The nature of the HUD contract limits program eligibility to those with physical disabilities. We are [also] pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are not barriers to obtaining housing because of race.*



Tenants to Homeowners, Inc.  
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[lawrencelandtrust@yahoo.com](mailto:lawrencelandtrust@yahoo.com) / [www.tenants-to-homeowners.org](http://www.tenants-to-homeowners.org)

## **Case Management Disclaimer**

LCHT Accessible Housing, LLC is the owner, TTH, Inc. is the property manager of the (20) properties at 2218, 2222, 2226 Yale and 1401 and 1405 East 21<sup>st</sup> Terrace. TTH, Inc. acts solely as the property manager and does not provide or claim to provide any case management or additional supportive housing services for the tenants or prospective tenants of said properties.

If you are not capable of living independently, need assisted living or supportive housing arrangements please notify staff and we will provide you with a list assisted and supportive living facilities in Lawrence. If you are currently working with case management representatives, staff is willing to communicate with your case management representatives to contribute to your independent living success. However, it is not the responsibility of TTH staff to ensure your success. Please make certain you are working diligently with your case managers to ensure that you can fulfill your tenant's responsibilities without additional case management from the landlord.

If you do not have case management and think you might need case management to help with various life functions, staff can provide you with a list of local social service agencies in Lawrence. Tenants are responsible for following all HUD Lease and LCHT House rules, including paying rent on time and maintaining a clean unit. If the tenant is not capable of maintaining a clean unit on their own, the tenant is responsible at the tenant's cost for hiring cleaning services as necessary to ensure the unit can pass HUD inspections. Tenants are responsible for their actions and the actions of their caregivers, caseworkers, guests, etc. TTH, Inc. is a not-for-profit organization and does not currently staff a case manager or counselor and does not have the capacity to do so. If we determine the tenant is not fulfilling their responsibilities as required in their lease (for example: taking care of the property, keeping the unit clean, and not disturbing the peaceful enjoyment of other tenants, etc.) or we determine that the tenant requires an above average amount of the landlord's time and limited resources to understand and follow the rules of their lease, this is a cause for lease termination.

I have read the case management disclaimer provided to me and understand my responsibilities as a tenant of LCHT Accessible Housing, LLC properties.

Applicant signature: \_\_\_\_\_

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

Case Manger signature (if applicable): \_\_\_\_\_

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

Property Manager Signature: \_\_\_\_\_

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

**APPLICATION for AFFORDABLE HOUSING TAX CREDIT (LIHTC) PROPERTY**

Property Name	Unit #	Bdrm Size
Phone (home)	(work)	(cell)
Current Address:		
Email Address (es)		

**\*\*PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate. \*\***

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

Name <u>ALL</u> People to Occupy Unit LAST NAME      FIRST      MI	DOB	Age	Sex	Relationship	**Marital Status** (never been married, married divorce, separated, widowed)	Social Security #	Student? Yes or No
1.				HEAD			
2.							
3.							
4.							
5.							
6.							

\*\* If Divorced or Separated please list the date(s): \_\_\_\_\_ \*\*

Please complete the following questions:

If any member of the household has used another name, please list this below (maiden name, former name, etc)

Former name used	Current name used
Former name used	Current name used

1. Do you expect any changes in the household composition in the next 12 months (expecting a child)? If Yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? If Yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do all of the above household members reside in the household 100% of the time? If No, please list household members and why: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART II - HOUSEHOLD INCOME - To be completed by applicant**

For questions (4) through (26), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12-month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

Do you or any one in your household have:

Income	Applicant Yes or No		Other Applicant Yes or No		Amount:
(4) Wages or Salaries (gross income)					\$
(5) Child Support (court ordered amount)					\$
(6) Alimony					\$
(7) Social Security (gross amount)					\$
(8) Railroad Pension					\$
(9) Supplemental Security Income (SSI)					\$
(10) Public Assistance – AFDC, TANF, General Assistance (excluding Food Stamps)					\$
(11) Veterans Administration Benefits					\$
(12) Pensions, IRA, and/or 401 (k) (Keogh Accounts)(regular periodic payments)					\$
(13) Annuities (regular periodic payments)					\$
(14) Unemployment Compensation					\$
(15) Disability, Death Benefits, Adoption Assistance and/or Life Insurance Dividends					\$
(16) Worker’s Compensation					\$
(17) Severance Pay					\$
(18) Net Income from a Business (Self-Employment, including Uber or Lyft driver, Door dash, Uber Eats, Independent contractor (cash pay, odd jobs) or similar types of positions, rental property, land contracts, or other forms of real estate)					\$
(19) Income from Assets					\$
(20) Regular Contributions and/or Gifts					\$
(21) Lottery Winnings or Inheritances					\$
(22) All regular pay paid to members of the Armed Forces					\$
(23) Education, Grants, Scholarships or other Student Benefits					\$
(24) Long Term Medical Care Insurance Payments in Excess of \$180.00 per day					\$
(25) Other Income					\$
(26) Are any of these items listed above being deposited onto a pre-paid debit card (Direct Express, Net Spend, Relia Card, Citi Bank, Etc.)					\$
<b>Total</b>					\$
Total Gross Annual Income from previous Year (separate out if unrelated adults)					\$

**PART III - ASSET INCOME - To be completed by applicant**

**CURRENT ASSETS** - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

Do you or anyone in your household have:

Asset	Applicant Yes or No	Other Applicant Yes or No	Cash Value Amount	Name of Bank or Institution:
(27) Savings Account / 529 College Savings Plan			\$	
(28) Checking Account / Chime Account			\$	
(29) Certificate of Deposit			\$	
(30) Safe Deposit Box			\$	
(31) Trust Account			\$	
(32) Any Stocks or Securities			\$	
(33) Any Treasury Bills			\$	
(34) Retirement Fund / Annuities (Include IRA's or Keogh Accounts)			\$	
(35) Mutual Funds			\$	
(36) Saving Bonds			\$	
(37) Money Market Account			\$	
(38) Cash on Hand or internet accounts (Venmo, Square Cash App, PayPal, etc.)			\$	
(39) Prepaid Debit Card (Direct Express, NetSpend, Citibank, reloadable Wal-Mart cards, red or green dot cards, Etc.)			\$	
(40) HSA accounts – (not all states count this as an asset, please check with your State Agency)				

Do you or anyone in your household have:

41. Do you or any other member of your household have any Whole or Universal Life Insurance Policies? If so who is this listed with: _____ Cash Value \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques, etc.)? Cash Value _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When _____ Cash Value _____ Where are Funds Held? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. Own Equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this included your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)? a. If yes, type of property: _____ b. Location of Property: _____ c. Appraised Market Value: _____ d. Mortgage or Outstanding loan balance due: _____ e. Amount of Annual Insurance Premium: _____ f. Amount of most recent tax bill: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART III - ASSET INCOME (continued) - To be completed by applicant**

<p>45. Have you sold or disposed of any other assets in the last 2 years? (given money away, set up Irrevocable Trust Account, property, etc.)                  If yes, type of asset: _____                  Market Value when sold or disposed: _____                  Amount sold or disposed for: _____                  Date of Transaction: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>46. Do you have any other assets not listed above (excluding personal property)?                  If yes, please list: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**PART IV – STUDENT QUESTIONS - To be completed by applicant**

<p>47. Are all occupants' full-time students? If Yes please answer the following listed below:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a) Are the students married and entitled to file a joint tax return (attach marriage certificate or tax return) <input type="checkbox"/> Yes <input type="checkbox"/> No                  b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC/FIP? <input type="checkbox"/> Yes <input type="checkbox"/> No                  c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State, or local laws? <input type="checkbox"/> Yes <input type="checkbox"/> No                  d) Are you a single parent household with at least one dependent child? The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, and all household members are full time students, a signed copy of the Tax Return and Divorce Decree must be attached.)                  e) Is any student(s) part of the foster care program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>48. Does any adult member of the household <u>anticipate</u> enrolling in the next twelve (12) months as a student? If yes who: _____                  Name of School (s) _____ Location: _____                  When do you plan to attend? _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>49. Has any adult household member been a full-time student 5 months or more out of the current calendar year (months need not be consecutive)? If yes, who: _____                  Name of School(s) _____ Location _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**PART V – RENTAL HISTORY - To be completed by applicant**

50. **Residence History: Current & Previous Landlords:**  
(Past 2 years' residence including any owned by applicants.)

Head Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

51. **Residence History: Current & Previous Landlords for Co-Head or Applicant:**  
(Past 2 years' residence including any owned by applicants.)

Co-Head or Other Applicant's Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

**PART VI - EMPLOYMENT HISTORY - FOR ALL ADULTS 18 YEARS AND OLDER:**

<b>52. Head's Current Employer:</b>					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

<b>53. Head's Previous Employer:</b>					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

<b>54. Spouse Current Employer:</b>					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

<b>55. Spouse's Previous Employer:</b>					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

<b>56. Other Applicant's Current Employer:</b>					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

<b>57. Other Applicant's Previous Employer:</b>					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

**PART VII - CREDIT REFERENCES - To be completed by applicant**

Name	Address/Phone	Monthly Payment
58.		\$
59.		\$
60.		\$



**PART VIII - OTHER - To be completed by applicant**

61. Do you have full custody of your child (ren)? If no please explain the custody arrangements: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
62. Would you or any members of your household benefit from a handicapped-accessible unit? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Have you ever been evicted? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. Have you filed for bankruptcy? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
65. Have you ever been convicted of a felony? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
66. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Have you <u>ever</u> received rental assistance? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. Will this be your only place of residence? If no, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
70. What is the condition of your current housing? Standard _____ Unsafe or Unhealthy _____ No Indoor Plumbing/Kitchen _____ Currently without Housing _____ Living with Family or Friends _____	

**PART IX – RESIDENT’S STATEMENT - To be completed by applicant**

71. Do you have a legal right to be in the United States: (check one that applies)? ____ Yes, because I am a United States Citizen ____ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service) ____ No If you answered “Yes” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a Non-Citizen with eligible immigration status.	
72. Are you a Veteran? a. Important information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit your local Veterans Area website	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART X – SPECIAL NEEDS - To be completed by applicant**

73. Does anyone in your household have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
74. Special living accommodations required? If yes, please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART XI – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant**

Name / Relationship	Address	Phone

**\*\* Before you complete this section of the application, were all questions above completely answered? All blanks filled in? If not, please go back through the application and complete the sections that were left blank. \*\***

**PART XII - RESIDENT'S STATEMENT - To be completed by applicant**

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

**SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:**

Applicant Signature (Head) \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature (Co-Head) \_\_\_\_\_ Date \_\_\_\_\_

Other Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*This section must be completed even if assistance was not needed\*\***

<b>Did anyone help and assist you in filling out this application?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Signature of Head	Date
Signature of Spouse, Co-Head or Other Applicant	Date
Signature of person who assisted with application and their relationship to applicant.	Date
Reason for assistance:	

Signature of Owner's or Developer's  
Authorized Representative: \_\_\_\_\_ Date \_\_\_\_\_

**VOLUNTARY INFORMATION**

This information is being requested in accordance with federal regulations. This information is for reporting purposes only. The information will not be used in evaluation of your application or to discriminate against you in any way. You are not required to furnish this information but are encouraged to do so.

I choose not to complete this questionnaire.

Name <u>ALL</u> People to Occupy Unit		Relationship	Racial –please see below *1	Ethnicity- Please see below *2	Disabled – please see below *3
LAST NAME	FIRST				
1.		HEAD			
2.					
3.					
4.					
5.					
6.					
7.					
8.					

**Racial\*1**

- 1 – White                       2 – Black/African American                       3 – American Indian/Alaska Native  
 4 – Asian                               5 – Native Hawaiian/Other Pacific Islander

**Ethnicity\*2**

- 1 – Hispanic or Latino     2 – Not Hispanic or Latino

**Disabled\*3**

- Yes     No

**Military Service**

- Pre-Vietnam Era                       Vietnam Veteran  
 Post-Vietnam Era                       Disabled Veteran

**How did you hear about this housing opportunity?**

- Newspaper                       Company Employee                       Professional Publication  
 Job Fair                               Placement Office                       Web Site  
 Other \_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!**



TENANTS TO HOMEOWNERS, INC

**TTH**

CREATING STABILITY  
THROUGH PERMANENTLY  
AFFORDABLE HOUSING

## Additional application information required by HUD:

1. List all states where the applicant and members of the applicant's household have resided.

Applicant 1: \_\_\_\_\_

Applicant 2: \_\_\_\_\_

Applicant 3: \_\_\_\_\_

Applicant 4: \_\_\_\_\_

Use additional space here if necessary:

2. Is the applicant or any member of the applicant's household subject to a State Lifetime Sex Offender Registration in any state?

Yes \_\_\_\_\_ (If yes, explain: \_\_\_\_\_)

No \_\_\_\_\_

3. Social Security numbers are required for the applicant and for all members of the applicant's household, except those household members who do not contend eligible immigration status. \*Applicants do not need to disclose or provide verification of a SSN for household members to be placed on the waiting list. However, prior to admission, all applicant and tenant household members must disclose and provide verification of the complete and accurate SSN assigned to them except for those individuals who do not contend eligible immigration status or tenants who were age 62 or older as of January 31, 2010, and whose initial determination of eligibility was begun before January 31, 2010.

**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to **Tenants to Homeowners** for purposes of verifying information on my/our apartment rental application.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identify; 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 CONTACTED**

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

Past and Present Employers	Welfare Agencies
Veterans Administration	Previous Landlords (including public housing agencies)
State Unemployment Agencies	Social Security Administration
Retirement Systems	Support and Alimony Providers
Banks/Other Financial Institutions	Law Enforcement Agencies
Medical and Child Care Providers	

**CONDITIONS**

I/We agree that a photocopy of this authorization may be used for the purpose(s) 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 is incorrect.

\_\_\_\_\_  
Signature    Date

\_\_\_\_\_  
Signature    Date

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

**EXPLANATION TO THE APPLICANT**  
**REQUIRED TO BE GIVEN TO EACH APPLICANT BEFORE SIGNING THE**  
**VERIFICATION FORM.**

HUD permits owners to verify that you have a disability only if:

- 1) Your eligibility for admission is dependent on your being a person with a disability; or
- 2) You claim eligibility for deductions that are given to a person with a disability.

The definitions of disability vary depending on the project you are applying for or living in. The owner determines the definition(s) to use by consulting with HUD Handbook 4350.3. The third party from whom this verification is being requested has knowledge of whether your disability meets the applicable definition(s) of disability (or person with a disability). An owner may request from a third party only the minimum information necessary to determine whether you meet the applicable definition of disability (or person with a disability). Any other request for information about you is not relevant and may not be asked (e.g., diagnosis, treatment plan).

**DISABILITY VERIFICATION FORM FOR SECTION 202/8 PROPERTIES**

Name of Medical Professional: \_\_\_\_\_

PLEASE RETURN FORM TO:

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

Tenants to Homeowners  
 2518 Ridge Court, Suite 103  
 Lawrence, KS 66046  
 FAX: (785)842-7570

SUBJECT: Verification of Information Supplied by an Applicant/Tenant for Housing Assistance

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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 person 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.

**Area to be completed by a Medical Professional**

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

- 1.  YES  NO Has a physical impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
- 2.  YES  NO Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
  - a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - b. Is manifested before the person attains age 22;
  - c. Is likely to continue indefinitely;
  - d. Results in substantial functional limitation in three or more of the following areas of major life activity;
    - (1) Self-care,
    - (2) Receptive and expressive language,
    - (3) Learning,
    - (4) Mobility,
    - (5) Self-direction,
    - (6) Capacity for independent living, and
    - (7) Economic self-sufficiency; and
  - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- 3.  YES  NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
- 4.  YES  NO Is a person whose sole impairment is alcoholism or drug addiction.

\_\_\_\_\_  
 Name and Title of Person Supplying the Information      Firm/Organization Name      Signature      Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

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



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

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

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



**Race and Ethnic Data Reporting Form**

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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

Douglas County, Kansas  
Background Check

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

SSN: \_\_\_\_\_

Information:

Person Conducting Search: \_\_\_\_\_

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