PLEASANT VIEW
HARROLD, SD

INFORMATION/ DOCUMENTS TO BRING WITH YOU WHEN YOU RETURN THIS APPLICATION:

Income/Assets/Liabilities:

- ✓ **Birth certificates for everyone in the household**
- ✓ **Social Security cards for everyone in the household**
- ✓ **Photo ID for any persons over 18 years of age**
- ✓ **Employment- Bring 4-6 your last check stubs, showing wage rate and hours worked**
- ✓ **Bank statements- Bring latest bank statement for all accounts including prepaid debit cards**
- ✓ **Alimony and Child Support- bring the court order for the support**
- ✓ **Educational Scholarships & Grants- bring award letters and billings**
- ✓ **Support for Foster Children- Bring your award letter**
- ✓ **Veteran's Benefits, Social Security, and Security Supplement Income- bring award letter showing the amount of your last check.**
- ✓ **Trade Union Benefits- Bring a statement from the union or check stub**
- ✓ **Other Public Assistance- Bring your award letter showing amount of last check**

Care of Children or Care of Sick

If you pay for someone to take care of your children under 13 years of age or to care for disabled or handicapped family household members, please bring any receipts from the person or agency that provides this care.

If there is a Student over 18 years of age in your household

If any member of your household is 18 years of age or older and a full time student, we will need to see his or her current registration form. If the student has been accepted but has not yet enrolled, we will need a letter of acceptance from the school or institution.

Medical Expenses if you are 62 years of age or older, Disabled, or Handicapped

Please bring in copies of all cancelled checks or other proof of payments for expenses you made over the past 12 months for doctor bills, hospital care, medical insurance premiums, prescription medicines, over the counter medications, eye glasses, hearing aids, etc., which were not paid by insurance and which you expect to reoccur this year. (if you anticipate additional expenses, please bring any proof you may have.) Please bring addresses of all medical providers or sources of expenses.

EQUAL HOUSING OPPORTUNITY

Professional Management, Inc.

Pleasant View Apartments

RENTAL APPLICATION

EQUAL HOUSING OPPORTUNITY

INSTRUCTIONS FOR HEAD OF HOUSEHOLD:

1. Please do the following while completing this application:
   - Complete ALL sections with ink and please print clearly
   - DO NOT leave any section blank (including sections that do not apply to you)
     - If a section asks for information you do not have currently available, you may write "N/A" (for not applicable or not available)

2. As Head of Household, you will complete this Rental Application form on behalf of your entire household. However, each additional adult household member 18 years of age and older who is expected to live in the apartment must sign this Rental Application.

3. False, incomplete or misleading information will cause your household's application to be denied any rental agreement.

4. You must contact us whenever your address, telephone number, or income situation changes, and to report ANY and ALL changes in household composition.

5. Applications will expire 120 days after submission UNLESS you make documented contact with us within that time period. An attempt to instill communication between the applicant and management must be evident.

APPLICATION PROCESSING:

1. All applications will be processed in accordance with the procedures outlined in the Tenant Selection Criteria. A copy of the Tenant Selection Criteria included with this application; otherwise a copy is available for viewing in the management office located at 201 SW 1st Street, Madison, SD 57042.
2. In the event you fail to respond to an application update request within the specified time frame, your application will be removed from the Waiting List and determined inactive.
3. When management anticipates an expected vacancy, applicants with active applications on file will be contacted. In the event that your household does not meet the final eligibility requirements, your application will be declined.
4. A co-signer will be necessary if you do not have at least three (3) years of good landlord history or a credit score of 604. The following criteria are necessary for a person, or married couple filing JOINT tax returns, to have qualifying income as a co-signer

Pleasant View Aprtments/Professional Management, Inc.

We do not discriminate based on race, color, creed, religion, sex, national origin, ancestry, age, handicap or disability of any person, familial status, the use of a guide or support animal because of physical handicap of the user or because the user is a handler or trainer of support or guide animals or because of the handicap or disability of an individual with whom the person is known to have a relationship or association. These properties strictly adhere to these anti-discrimination laws and the Owner agrees that this property will be listed, shown leased, and managed in accordance with these laws.

PLEASANT VIEW APARTMENTS
OFFICE USE ONLY:
DATE RECEIVED: _____
TIME RECEIVED: _____
RECEIVED BY: _____

Please fill out the forms completely and to the best of your knowledge.

HEAD OF HOUSEHOLD

Last Name	First Name	M.I.	Birth Date	Social Security Number
Current Street Address	**City**	**State**	**Zip Code**	**Telephone**
Current Landlord	**Address and Telephone Number**			

CO-HEAD

Last Name	First Name	M.I.	Birth Date	Social Security Number
Current Street Address	**City**	**State**	**Zip Code**	**Telephone**
Current Landlord	**Address and Telephone Number**			

Is there an email address we may use?
Email Address: _____

Is there another person we may contact if we are unable to reach you?

Name:_____ Relationship:_____ Phone:_____

HOUSEHOLD COMPOSITION:
List all persons, including yourself, and who are expected to reside in the unit. NOTE: The number to the left indicates the "Family Member Number" and is the number requested in the remaining sections of this Application.

Full Name	Relationship	Elderly / Disabled *	US Citizen	Age	Birth Date	Social Security No.	Occupation	Student Status Full/Part Time (Yes/No)
1.	Head of Household							
2.								
3.								
4.								
5.								
6.								

* Enter "E" for Elderly or "D" for Disabled.

PROGRAM ELIGIBILTY:

- Have you or any member of your household ever been known by any other name? ( )Yes ( )No
  - If yes, who? _____
  - If yes, please list all household members that have been known by any other name:

    _____

- Does any member of your household currently live in a Federally Assisted Housing? ( )Yes ( )No
  - If yes, is the member and/or your household receiving subsidy assistance? ( )Yes ( )No
  - If yes, what is your current rent portion? $_____.
  - If yes, what is the effective date of your most recent Annual Recertification? _____

*Note: (i) **Eligibility for HUD-assisted or insured housing.** A determination of eligibility for housing that is assisted by HUD or subject to a mortgage insured by the Federal Housing Administration shall be made in accordance with the eligibility requirements provided for such program by HUD, and such housing shall be made available **without regard to actual or perceived sexual orientation, gender identity, or marital status.***

*(ii) **Prohibition of inquiries on sexual orientation or gender identity.** No owner or administrator of HUD-assisted or HUD-insured housing, approved lender in an FHA mortgage insurance program, nor any (or any other) recipient or sub-recipient of HUD funds may inquire about the sexual orientation or gender identity of an applicant for, or occupant of, HUD-assisted housing or housing whose financing is insured by HUD, whether renter- or owner-occupied, for the purpose of determining eligibility for the housing or otherwise making such housing available. This prohibition on inquiries regarding sexual orientation or gender identity does not prohibit any individual from voluntarily self-identifying sexual orientation or gender identity. This prohibition on inquiries does not prohibit lawful inquiries of an applicant or occupant's sex where the housing provided or to be provided is temporary, emergency shelter that involves the sharing of sleeping areas or bathrooms, or inquiries made for the purpose of determining the number of bedrooms to which a household may be entitled.*

We do not discriminate on the basis of race, religion, national origin, color, creed, age, sex, handicap, familial status, or sexual orientation, or gender identity.

PREFERENCE QUALIFICATION:

- Is your household displaced? ( )Yes ( )No
- Is your household living in substandard housing?( ) Yes ( ) No

Displaced Family - A family in which each member, or whose sole member, is a person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relief laws. *[24 CFR 5.403]*

Displaced Person - A person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relief laws. *[24 CFR 5.403]*

MILITARY PARTICIPATION / ENROLLMENT:

- Is any member of your household a member of the Armed Forces or Reserves? ( )Yes ( )No
- Is any member of your household in the process of enlisting into the Armed Forces or Reserves? ( )Yes ( )No
- Is there anyone not listed on your rental application living in your unit or residing in your household on a temporary basis? ( )Yes ( )No
- If not, do you expect anyone to move-in on a regular or temporary basis in the future? ( )Yes ( )No

EMERGENCY CONTACT:

Full Name	Relationship	Address	Phone Number
1.			
2.			

CRIMINAL SCREENING:

A criminal background check will be completed on adult members of the applicant family. The results of this check will be the basis for rejection if any of the following is found:

- Any household containing a member(s) who was evicted in the last three (3) years from federally assisted housing for a drug-related criminal activity. There are two exceptions to this provision:
  1. The evicted household member(s) has successfully completed an approved, supervised drug rehabilitation program; or
  2. The circumstances leading to the eviction no longer exists (i.e., the household member no longer resides with the applicant household).

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations of any material fact involving the use of or obtaining of Federal funds.

WARNING: 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 employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject o 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 misu8sing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 208(f)(g) and (h).

These questions apply to ALL Household Members.

Answer all the following questions honestly	Yes	No
Are you or any members of your household currently using an illegal controlled substance?		
Have you or any member of your household ever been convicted of or plead guilty of a violent crime?		
Have you or any member of your household ever been convicted of or plead guilty of possession, usage, or distribution of a controlled illegal substance? If yes, explain conviction and date _____		

CRIMINAL SCREENING (Continued):		
Have you or any member of your household ever been convicted of or plead guilty to of possession of an unregistered firearm or possession of an illegal weapon? If yes, explain conviction and date		
Have you or any member of your household ever used any name(s) or Social Security number(s) other than the one you are currently using? If yes, explain _____		

Answer all the following questions honestly	**Yes**	**No**
Have you or any member of your household ever committed any fraud in a Federal assisted housing program or been evicted from any Federally assisted housing development for drug-related criminal activity? If yes, explain _____		
Have you or any member of your household ever been convicted of or plead guilty to a felony? If yes, explain conviction and date _____		
Have you or any member of your household ever been convicted of or plead guilty to a sexual offense or are you or any member of your household subject to lifetime registration requirements under local, state or federal law? If yes, explain _____		
Do you or any member of your household abuse alcohol, or have a pattern of abuse of alcohol that would interfere with the health, safety, and/or right to peaceful enjoyment of the premises by other residents? (Multiple DUI's would suggest a pattern of abuse.)		
If the answer to the above question is yes, is the household member currently enrolled in, or has completed an approved supervised alcohol rehabilitation program?		
Are you or any member of your household currently engaged in any form of criminal activity (including drug-related criminal activity) that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents and their guests?		
Have you or any member of the household ever lived in any other state? If yes, which members, which states did you reside in, and what dates _____		

CRIMINAL SCREENING (Continued):

Are you or any member of your household currently involved in any criminal legal proceedings, on parole, or probation? If yes, explain _____

STUDENT STATUS (Applies to all adults):

Under Section 8 of the U.S. Housing Act of 1937, certain household with students are ineligible for occupancy at our community. We therefore require all applicants, and residents upon certification/recertification, to answer the following questions regarding student status.

Exemption #1 - The HUD student rule is only applicable to applicants applying to communities for which they are requesting Section 8 (subsidy) assistance.

Exemption #2 - Students with disabilities that were receiving Section 8 (subsidy) assistance as of November 30, 2005 are exempt from the Student Status requirements under Section 8. However, Students with disabilities receiving assistance as of December 1, 2005 are subject to the following Student Status requirements under the Section 8 program:

Answer questions below for all adult household members, 18 years of age and older.

1. Are you or any other adult household member a Full-time or Part-time student? _____
   (If you answer No, skip down to next section.)
2. How long have you and/or other adult household member established a household separate from your/their parents or legal guardian? _____
3. Are you or any other adult household member currently a student of an institution of higher education? _____
4. Are you or any other adult household member under the age of 24? _____
5. Are you or any other adult household member a veteran? _____
6. Are you or any other adult household member married? _____
7. Do you or any other adult household member have a dependent child(ren)? _____
8. Is one or both of your parents, or any other adult household member's parent(s) currently receiving Section 8 assistance? _____
9. Are you or any other adult household member claimed as a dependant by your/their parents or legal guardian pursuant to IRS regulations?

   Mother's Name/Guardian: _____

   Address_____ Phone _____

   Father's Name/Guardian: _____

   Address_____ Phone _____
10. Please provide the name, address, and phone number of the education institution or agency that can confirm your current student status: _____

RENTAL HISTORY

List any and all Landlord/Rental History for the past five (5) years. History must include all places where you and/or any adult (18 years of age or older) household member lives, or has lived, including places where your, and/or other adult household members, that are applying for tenancy with Bridgeway II Apartments, did not appear on a lease. Also include places where you or other adult household members used a different name.

NOTE: Use Family Member Numbers from Page 2. If you need more space, please use a blank sheet of paper.

DO NOT leave this section blank. Input your current address. If you do not have any rental history, if this does not apply to you, please write "N/A" for not applicable. You will be required to have a co-signer on your lease.

Family Member Number	Current or Previous Landlord Name	Your Address	Landlord's Contact Number	Monthly Rent Payment	Reason for Leaving (relocation / eviction, etc.)	Dates of Residency From: To:

- Have you or anyone else in your household ever been evicted for bed bugs or any pest control issues?

_____

- If any household member has used a different name during residency of a current or prior Landlord, list names used:

_____

- If you have little or no landlord history, you are REQUIRED to have a co-signer or a credit check. Please see the attached "Co-Signer Agreement". This form must be filled out completely by both yourself, a co-applicant (if applicable) AND the co-signer. If you are going to use a married couple (filing joint tax returns) as joint co-signers, you must have each adult entering into the agreement to be a co-signer sign a separate "Co-Signer Agreement".

OUT-OF-STATE RENTAL HISTORY (if applicable)

Family Member Number	Current or Previous Landlord Name	Address	Landlord Phone Number	Monthly Rent Payment	Reason for Leaving (relocation / eviction, etc.)	Dates of Residency From: To:

EMPLOYMENT INCOME:

Family Member Number	Place of Employment	Employment Address	Employer's Phone Number	Supervisor Name	Annual Income (Yearly Total)

- If any household member has used a different name during employment, list names used:

_____

INCOME FROM OTHER SOURCES:

List ALL income from sources other than employment for ALL household members. This includes but is not limited to Public Assistance, TANF, Social Security, SSI Disability Compensation, Unemployment Compensation, Alimony, Child Support, Educational Grants or Scholarships, etc.

Family Member Number	Source of Income	Address of Source of Income	Contact Person Name	Phone Number	Annual Income

ASSETS:

Checking Accounts:

Family Member Number	Acct. Number	Bank Name	Bank Address	Average 6 Month Balance	Current Rate of Interest

ASSETS (Continued):

Cash On Hand:
Please indicate the amount of cash your household currently has on hand: _____

Savings Accounts:

Family Member Number	Acct. Number	Bank Name	Bank Address	Current Balance	Current Rate of Interest

Stocks, Bonds, Credit Union Shares, C.D.'s, Life Insurance Policy Surrender Values, Etc.:

Family Member Number	Description of Asset	Account Number	Current Value or Surrender Value of Asset	Annual Income from Asset

NOTE: If more space is needed, please list on separate sheet of paper and attach to this application.

Real Estate:
Do you own Real Estate? __Yes __No

- If yes, are you receiving any income from this property? __Yes __No
- If yes, please state the value of the real estate: $_____

Family Member Number	Address of Property	How is Income Received	Annual Income From Property

- Have you or any member of your household sold or given away any real property or any other asset in the past two (2) years? __ Yes __ No

  - If yes, explain asset and the value of asset at the time:

    _____

    _____

AUTOMOBILES AND OTHER VEHICLES:

List all motor vehicles, including motorcycles, owned by or registered to household members.

Family Member Number	Year	Make	Model	License Tag Number	State	Color of Vehicle

CHILDCARE / ATTENDANT CARE EXPENSES:

List all household members that require child or attendant care. Indicate out of pocket cost per month.

Family Member Number	Age	Name of Care Provider	Provider's Address	Provider's Phone Number	Cost Per Month

- Is the child or attendant care paid by an agency or individual other than an adult household member of the household? __ Yes __ No
- If Yes, Who pays the expense? _____
- Is the childcare or attendant care expenses paid out of packet on a weekly or monthly basis? _____
- Is the care required for the adult member(s) of the household to attend either work or school? ( )Yes ( )No
  - If yes, which adult members are attending either / both work and / or school?

    _____
  - If yes, please state whether the adult member(s) is attending school OR is working outside the home.

    _____

    _____

MEDICAL EXPENSES (Elderly and / or Handicapped Households Only - Head, Spouse or Co-Head):

Note: Medical expenses only apply to households where the head of household, spouse, or co-head is 62 years of age or older, or is handicapped, or is disabled.

List all applicable out of pocket medical expenses, including outstanding insurance premiums, prescriptions, co-payments, dental costs, payments to a provider for disabled adult care cost, etc. (If more space is needed please list on a separate sheet and attach to this application.)

Family Member Number	Age	Disabled? (mark with Y or N)	Type of Expense	Provider / Paid To	Provider's Address	Provider's Phone Number	Cost Per Month

1. Do you have Medicare? ( )Yes ( )No

   If yes, what is your monthly payment? $_____

   If yes, what Medicare Plan do you have? _____

   If yes, what is your annual Deductible? _____

2. Do you have any other kind of medical insurance? ( )Yes ( )No

   If yes, provide the following information:

   Policy Number: _____

   Company Name: _____

   Agent's Name: _____

   Premium Amount: _____ per __ Week __ Month __ Other _____

3. Do you receive medical assistance through the Public Assistance Program? ( )Yes ( )No

4. Do you have any outstanding medical bills on which you are currently paying? ( )Yes ( )No

5. Do you expect to have any medical expenses during the next 12 months? ( )Yes ( )No

If yes, state the anticipated type and anticipated amounts of these medical expenses:

_____

_____

_____

_____

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS:

1. We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

2. We authorize Pleasant View Apartments to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental, credit screening services, or criminal screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State, or local agencies.

3. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income, and household composition.

5. We have read and understand the information in this application, in particular the information contained in the Instruction for Head of Household; and we agree to comply with such information.

6. We have been notified that the Tenant Selection Criteria which summarizes the procedures for processing applications can be obtained at the management office located at 201 SW 1st Street, Madison, SD 57042.

7. We understand that if this application is placed on a Waiting List, we may request sample copies of the rental agreement and "House Rules". If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, damages and security deposits - OR - if we refuse to accept and comply with these conditions that our rental agreement will be null and void.

8. We authorized management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

   Note: Fair Credit Reporting Act: This is to inform you that as a part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interviews with third parties-such as family members, business associates, financial sources, friends, neighbors or others who are acquainted with you. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, income and credit background and also police records. All information you or others give us will be held in strict confidence.

By signing this application, you declare that all of your responses are true and complete and authorize the owner/manager to verify this information through any source that it deems appropriate. Any false statements on this application will be grounds for rejection of your application.

I/We have read and understand the above.

Date	Applicant's Name (PRINT)	Applicant's Signature
Date	Applicant's Name (PRINT)	Applicant's Signature

Race and Ethnic Data Reporting Form

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

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

Name of Property | Project No. | Address of Property

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

Name of Head of Household | Name of Household Member

Date (mm/dd/yyyy): _____

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

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

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

Signature | Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be 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.

Citizen/Non-citizen Declaration

INSTRUCTIONS: **Complete this Declaration for each member of the household**

LAST NAME_____ FIRST NAME_____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ DATE OF BIRTH_____

SSN: _____ ALIEN REGISTION NUMBER:_____

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

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

SAVE VERIFICATION NO._____
(to be entered by owner if and when received)

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

PENALTIES FOR MISUSING THIS FORM

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

I, _____ **hereby declare, under penalty of perjury, that I am:**
(Print Full Name of Household Member)

☐ **1. A citizen or national of the United States.**

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

a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
   (1) The following documents will be accepted as proof of citizenship
      (a) United States (U.S.) Passport
   (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
      (a) U.S. Birth Certificate
      (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
      (c) U.S. Citizen ID card issued by USCIS
      (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
      (e) Certificate of Citizenship issued by USCIS
      (f) American Indian card issued by USCIS for the Kickapoo tribe
      (g) Final Adoption Decree
      (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
      (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
      (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
      (k) Extract of U.S. hospital birth record established at the time of birth
   (3) Proof of Identity includes
      (a) Driver's License
      (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
      (c) Tribal government issued ID and documents, including Certificate of Indian Blood
      (d) Day care or nursery record (minors only)
      (e) School record or report card (under 16 only)
      (f) School ID with picture
      (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature: _____ Date: _____

☐ Check here if adult signed for a child.

Citizen/Non-citizen Declaration

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

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:
a. This signed declaration of eligible immigration status and
b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:
a. This signed declaration of eligible immigration status and
b. Verification Consent Form
c. One of the documents from the list below

1. Form I-551, Permanent Resident Card.
2. Form I-94, Arrival-Departure Record annotated with one of the following:
   a. "Admitted as a Refugee Pursuant to Section 207";
   b. "Section 208" or "Asylum";
   c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
   d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
   a. A final court decision granting asylum (but only if no appeal is taken);
   b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
   c. A court decision granting withholding of deportation; or
   d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

Signature: _____ Date: _____

☐ Check here if adult signed for a child.

EXTENSION

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

Signature: _____ Date: _____

☐ Check here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature: _____ Date: _____

☐ Check here if adult signed for a child.

Wage Match Notice to Tenants

USDA Rural Development has implemented a wage and benefit matching system. The goal of this system is to reduce fraud, waste, and abuse in Federal programs. This notice is to inform you about the program and how it may affect you.

USDA Rural Development will receive wage and benefit information from the State Department of Labor (SDOL). This information will then be compared against information provided on your Tenant Certification (Form RD 3560-8) or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures (HUD-50059). Whenever differences are revealed, or result in the government providing unauthorized assistance in the form of rental subsidy, you may expect to be contacted for an explanation.

USDA Rural Development assumes Tenant Certifications or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures are completed as accurately as possible. However, misunderstandings and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of the record's check is to make sure that those needing assistance can receive assistance, while those who do not can be stopped and made to repay improperly received benefits.

USDA Rural Development seeks to implement a wage and benefit matching system fairly. Therefore, whenever a new or renewed Tenant Certification is completed, it will be subject to verification by the Agency and the owner or management agent servicing your housing development. If a problem is suspected, you will be contacted and asked to provide an explanation. If disagreements arise, you will be informed of your right to file a grievance under 7 CFR 3560.160. A copy of the grievance procedure is available from the owner or management agent servicing your housing development.

In addition, this notice serves to inform you that USDA Rural Development may use information reported on the Tenant Certification or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures to determine eligibility for Federal benefits, verify compliance with program requirements, and recover improper payments from current or former beneficiaries.

If you have any further questions, please contact the owner or management agent of your housing development.

_____ _____

Borrower or Manager Signature Date

_____ _____

Tenant/Applicant Signature Date

"This institution is an equal opportunity provider."

AUTHORIZATION TO RELEASE INFORMATION

Re: _____

I hereby authorize any person, agency, or institution to supply information requested by any duly authorized representative of the Professional Management, Inc. aka Pleasant View Apartments concerning myself and/or my family. This information will be used to determine my eligibility for housing.

"The Department of Housing and Urban Development certifies, in compliance with the Rights to Financial privacy Act of 1978, that in connection with this request for access to financial records, it is in compliance with the applicable provision of said Act."

I also release information regarding child support payments received, court order amounts, and payment history to be given to Professional Management, Inc. aka Pleasant View Apartments.

This authorization is given only in connection with, its use by the Pleasant View Apartments and its administration of rent subsidies. This authorization shall remain in effect for 18 months from the date of signature.

_____	_____	_____
Head of Household Signature	Social Security #	Date
_____	_____	_____
Co-Head or Spouse Signature	Social Security #	Date

_____

Current Address Phone Number

Pleasant View Apartments

PO Box 220
Madison, SD 57042
(605) 256-6904

Acknowledgement

I hereby state that I have received a copy of the Occupancy Rights under the Violence Against Women Act (VAWA), published by the U.S. Department of Housing and Urban Development.

And

I hereby state that I have received a copy of the "White House Blueprint for a Renters Bill of Rights" published by the The Domestic Policy Council and National Economic Council January 2023.

And

I hereby state that I have received a copy of the Wage Match Notice to Tenants for Rural Development housing assistance applicants, published by the U.S.D.A Rural Development.

And

I hereby state that I understand if I occupy a handicap unit and there is a tenant or applicant who needs the features of my unit, I will be required to transfer to the first available open unit.

And

If I occupy a unit that is larger than what I qualify for and there is a tenant or applicant who qualifies for the larger unit, I will be required to transfer to the first available open unit that is appropriate size.

_____ _____

Signature Date

USDA Rural Development

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Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:

  –Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  –Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  –Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  –Any income you expect to receive, such as a pay raise or bonus.

- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:

  –Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  –Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of $100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are
- required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

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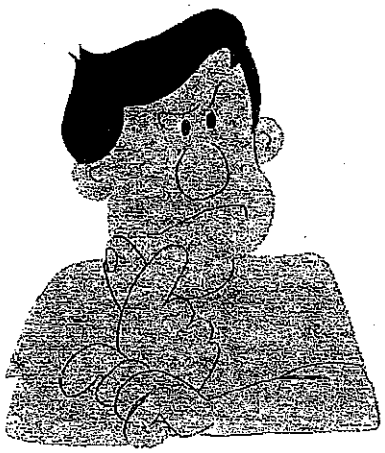

APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS... IS FRAUD WORTH IT?

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

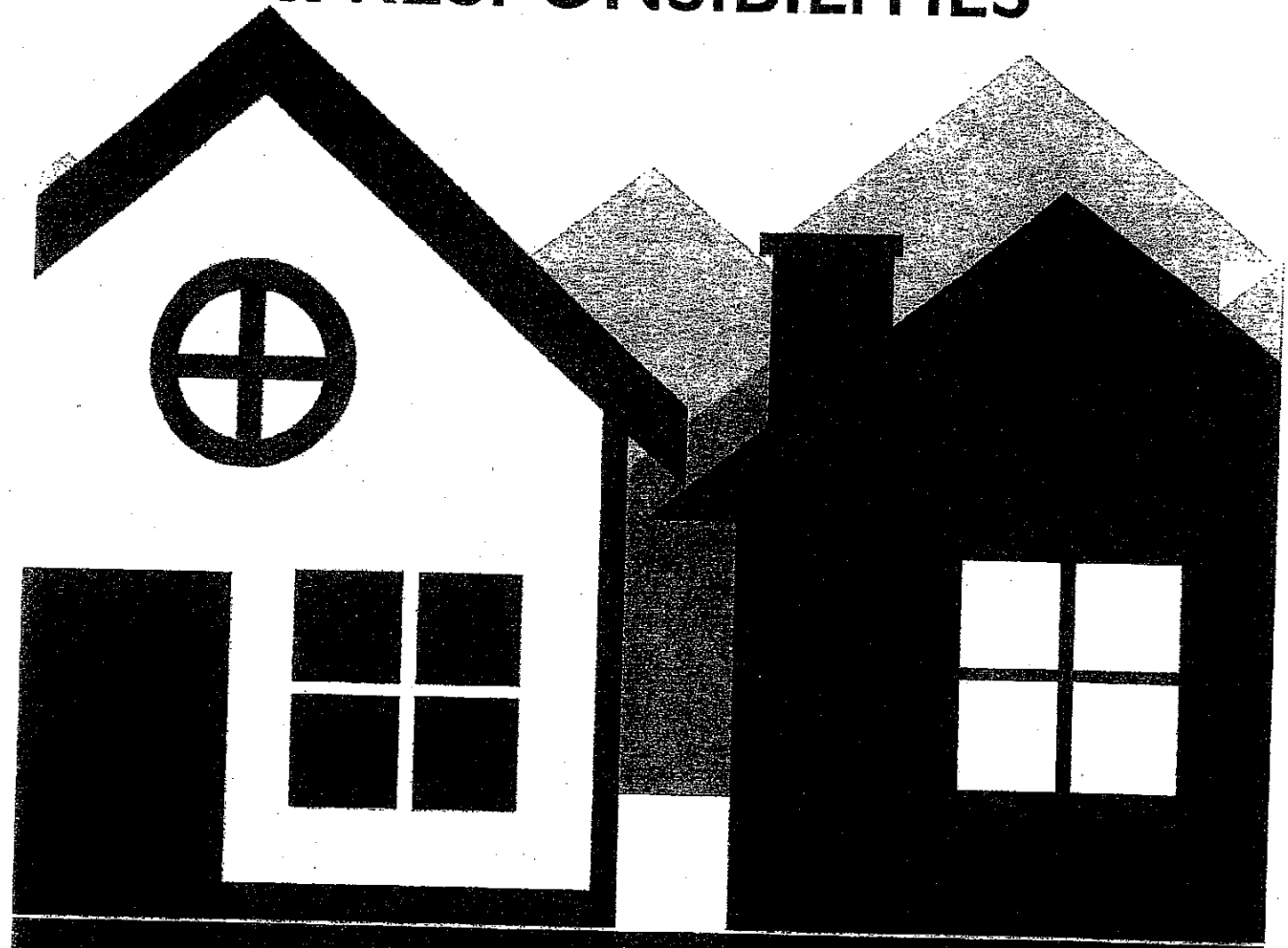
- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required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

Report Fraud

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

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

RESIDENT RIGHTS & RESPONSIBILITIES



OFFICE OF MULTIFAMILY HOUSING PROGRAMS

This brochure applies to assisted housing programs administered by the Department of Housing and Urban Development (HUD), Office of Multifamily Housing Programs. This brochure does not apply to the Public Housing Program, the Section 8 Moderate Rehabilitation Program or the Housing Choice Voucher Program.

U.S. Department of Housing and Urban Development
Office of Multifamily Housing Programs
Washington, DC 20410-0002 Official Business
Penalty for Private Use $300

This brochure about your rights and responsibilities as a resident of HUD assisted multifamily housing is available in 13 alternate languages in addition to English and Braille. To determine if your language is available, please contact HUD's National Multifamily Housing Clearinghouse at [redacted] or visit

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AS A RESIDENT, YOU HAVE RIGHTS AND RESPONSIBILITIES THAT HELP MAKE YOUR HUD-ASSISTED HOUSING A BETTER HOME FOR YOU AND YOUR FAMILY.

This brochure is being distributed to you because the United States Department of Housing and Urban Development (HUD), which regulates the property in which you live, has provided some form of assistance or subsidy for your apartment. The brochure briefly lists some of the most important rights and responsibilities to help you get the most out of your home.

As part of its dedication to maintaining the best possible living environment for all residents, your local HUD office encourages and supports the following:

- Property management agents and property owners communicating with residents on any relevant issues or concerns
- Property managers and property owners giving prompt consideration to all valid resident complaints and resolving them as quickly as possible
- Your right to file complaints with management, owners, or government agencies without retaliation, harassment or intimidation
- Your right to organize and participate in certain decisions regarding the well-being of the property and your home
- Your right to appeal a decision made by the local HUD office to the Office of Asset Management and Portfolio Oversight at HUD Headquarters

Along with the owner/management agent, you play an important role in making your apartment, the grounds, and other common areas a better place to live.

YOUR RIGHTS

As a resident of a HUD-assisted multifamily housing property, you should be aware of your rights.

Rights: ***Involving Your Apartment***

- The right to live in decent, safe, and sanitary housing that is free from deteriorating paint and environmental hazards, including lead-based paint hazards.
- The right to receive a lead disclosure form disclosing the landlord's knowledge of any lead-based paint or lead-based paint hazards, available records and reports, and a lead hazard information pamphlet before you are obligated under your lease.
- The right to have repairs performed in a timely manner, upon request.
- The right to be given reasonable notice, in writing, of any non-emergency inspection or other entry into your apartment.
- The right to protection from eviction except for specific causes stated in your lease.
- The right to request that your rent be recalculated if your income decreases.
- The right to access your tenant file.

Rights: ***Involving Resident Organizations***

- The right to organize as residents without obstruction, harassment, or retaliation from property owners or management.
- The right to provide leaflets and post materials in common areas informing other residents of their rights and opportunities to involve themselves in their property.
- The right to be recognized by property owners/management company as having a voice in residential community affairs.
- The right to use appropriate common space or meeting facilities to organize (this may be subject to a reasonable, HUD-approved fee).
- The right to meet without representatives or employees of the owner/management company present.

Rights: ***Involving Nondiscrimination***

The right, under the Fair Housing Act of 1968 and other civil rights laws, to equal and fair treatment and use of your building's services and facilities, without regard to race, color, religion, sex, disability, familial status (having children under 18) or national origin (ethnicity or language). Residents with disabilities are also reserved the right to reasonable accommodations. In some cases, the prohibition against age discrimination under the Age Discrimination Act of 1975 may also apply.

In addition, residents have the right, under HUD's Equal Access Rule, to equal access to HUD programs without regard to a person's actual or perceived sexual orientation, gender identity, or marital status.

YOUR RESPONSIBILITIES

As a resident of a HUD-assisted multifamily housing property, you also have certain responsibilities to ensure that your building remains a suitable home for you and your neighbors. By signing your lease, you, the owner, and the management company have entered into a legal, enforceable contract. You are responsible for complying with your lease, house rules, and local laws governing your property. If you have any questions about your lease or do not have a copy of it, contact your property management company or the local HUD office. You should be aware of the following responsibilities:

Responsibilities: ***To Your Property Owner or Management Company***

- Complying with the rules and guidelines that govern your lease.
- Paying the correct amount of rent on time each month.
- Providing accurate information to the owner/management agent's company at the certification or recertification interview to determine your total tenant payment, and consenting to the release of information by a third party to allow for verification.
- Reporting changes in the family's income or composition to the owner/management company in a timely manner.

Responsibilities: ***To the Property and Your Fellow Residents***

- Complying with rules and guidelines that govern your lease.
- Conducting yourself in a manner that will not disturb your neighbors.

- Not engaging in criminal activity in your apartment, common areas or grounds.
- Keeping your apartment reasonably clean, with exits and entrances free of debris, clutter or fire hazards and not littering the grounds or common areas.
- Disposing of garbage and waste in the proper manner.
- Maintaining your apartment and common areas in the same general physical condition as when you moved in.
- Reporting any apparent environmental hazards to the management company (such as peeling paint (which is a hazard if it is a lead-based paint) and any defects in building systems, fixtures, appliances, or other parts of the apartment, the grounds, or related facilities.

YOUR RIGHT TO BE INVOLVED

In Decisions Affecting Your Home

As a resident in HUD-assisted multifamily housing, you play an important role in decisions that affect your community. Different HUD programs provide for specific resident rights. You have the right to know under which HUD program your building is assisted. To find out if your apartment building is covered under any of the following programs, contact your management company, Section 8 Contract Administrator, or the HUD office nearest you. If your building was funded or currently receives assistance under HUD's Rental Assistance Demonstration (RAD), Section 236 (including the Rental Assistance Program (RAP), Section 221(d) (3)/below market interest rate (BMIR), Section 202 Direct Loan, Rent Supplement, Section 202/811 Capital Advance programs, 811 (Project Rental Assistance), or is assisted under any applicable project-based Section 8 program (except for the Section 8 Moderate Rehabilitation program), you have the right to be notified of or, in some instances, to comment on the following:

- Nonrenewal of a project based Section 8 contract at the end of its term
- An increase in the maximum permissible rent
- Conversion of a project from project-paid utilities to tenant-paid utilities
- A proposed reduction in tenant utility allowance
- Conversion of residential apartments in a multifamily housing property to nonresidential use or to condominiums, or the transfer of the housing property to a cooperative housing mortgagor corporation or association

- Transfer of the project-based Section 8 contract in your property to one or more buildings at other locations
- Partial release of mortgage security
- Capital improvements that represent a substantial addition to the property
- Prepayment of mortgage (if prior HUD approval is required before owner can prepay)
- Other actions identified by the Uniform Relocation Act that could ultimately lead to involuntary, temporary or permanent relocation of residents
- If you live in a building that is owned by HUD and is being sold, you have the right to be notified of and comment on HUD's plans for disposing of the building.

ELIGIBILITY FOR ENHANCED VOUCHERS

If your apartment is assisted under a project-based Section 8 contract that is ending, and if the owner decides not to renew it, the owner is required by law to notify you in writing of that decision at least one year before the contract expires. Under these circumstances, you may be eligible for an Enhanced Voucher (EV), which would give you the right to remain in an apartment at your property, provided that you are in compliance with your lease and the property remains as rental housing. HUD will select a local Public Housing Agency (PHA) to provide an EV for eligible families who decide to remain at the property and to administer this assistance.

If you decide to remain at your property using an EV, a higher payment standard will be used to determine the amount of Section 8 assistance that is paid on your behalf, if the gross rent for the apartment is more than the PHA's payment standard. However, the PHA must determine that the rent the owner charges for your apartment is reasonable, and you must continue paying at least the amount of rent that you were previously paying.

If you are eligible for an EV, you can instead choose to move out of the property and use the voucher to rent an apartment anywhere in the United States where the owner will accept the voucher and the rents are in an allowable range, subject to approval. If you move out, however, the voucher is no longer "enhanced," and the amount of Section 8 assistance that is paid on your behalf will be based on the PHA's normally applicable payment standard.

ADDITIONAL ASSISTANCE

For additional help or information, you may contact:

- Your property owner or the management company
- The Account Executive for your property in HUD's Multifamily Regional Center or Satellite Office. Refer to on-line resources for contact information
- HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 to report maintenance or management concerns
- HUD's Office of Fair Housing and Equal Opportunity at 1-800-669-9777, if you believe you have been discriminated against
- HUD's Office of Inspector General Hot Line at 1-800-347-3735 to report fraud, waste, or mismanagement
- HUD's Housing Counseling Service locator at 1-800-569-4287 for the housing counseling agency in your community
- The HUD-EPA National Lead Information Center 1-800-424-LEAD
- Your local government tenant/landlord affairs office, legal services office, or tenant organizations to obtain information on additional rights under local and state law

If appealing a local HUD Office decision, you may contact the Director of the Office of Asset Management and Portfolio Oversight in Washington, DC at 202-708-3730.

Persons who are deaf or hard of hearing or have speech disabilities may reach the numbers above through the Federal Relay (FedRelay) teletype (TTY) number, 800-877-8339, or by other methods shown at www.gsa.gov/fedrelay.

ON-LINE RESOURCES:

- Department of Housing and Urban Development website: www.hud.gov
- The local HUD Field Offices: http://www.hud.gov/local *Note: To locate your local field office, select:* Contact My Local Office (under the I Want To section)