

SPRING GARDENS / HICKORY RIDGE APARTMENTS

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS APPLICATION
PLEASE CALL TO MAKE AN APPOINTMENT WHEN YOU ARE READY TO BRING THE
APPLICATION BACK TO THE OFFICE

Please contact: Tammy Womble at 205-841-5032 Ext 1104

Answer all questions on this application. Do not leave any question blank. If a question does not apply to you such as "What is your telephone number?" and you do not have a telephone, write none. You must provide a copy of your driver's license or a valid ID when you return your application.

We are only taking applications for 1 (one) bedroom apartments.

This is a NO SMOKING facility. You must sign the No Smoking policy that is included in this packet.

- ❖ You must be 55 or older to qualify for Spring Gardens Apartments. You must be 62 or older to qualify for Hickory Ridge Apartments that we are managing.
- ❖ Use the full legal name of each person listed on the application as it appears on their social security card.
- ❖ All yes/no answers must be checked to indicate whether your response is a "yes" or "no".
- ❖ The legal Head of Household and spouse/co-head (if any) must sign and date this application.
- ❖ The information provided on this application must be true and complete. It is a violation of the federal law to make false statements on an application for housing assistance.
- ❖ Be advised that the Spring Gardens office will conduct criminal background checks and sex offender registration checks on all adult household members, including live-in aides.

In order to qualify for Spring Gardens/Hickory Ridge an applicant must:

- ❖ Meet the HUD requirements on citizenship or immigration status.
- ❖ Have an annual income at the time of admission that does not exceed the income limits established by HUD. The income limits are posted in the Community Center.
- ❖ Pay any money owed to the Public Housing Authority or any other housing authority.
- ❖ Not have any household members who are engaged in any criminal activity that threatened the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity.
- ❖ Qualify as a suitable renter after the Spring Gardens office conducts screening of prior rental history and financial responsibility.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Spring Gardens office at 205-841-5032.

APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE
SPRING GARDENS/HICKORY RIDGE APARTMENTS
201 Spring Gardens Road Birmingham, AL. 35217

DATE: _____

TIME: _____

APPLICANT NAME _____

CURRENT ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____ OTHER NO. _____

APPLY FOR: SPRING GARDENS _____ HICKORY RIDGE _____ EITHER _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.

MEMBER'S FULL NAME	MEMBER NO #	RELATION TO HEAD OF HOUSE	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NUMBER
SELF	1	SELF				

2. Race of Head of Household: (circle one) (For statistical purpose only.)
White Black American Indian / Alaskan Native Asian/Pacific Islander
3. Ethnicity of Head of Household: (circle one) (For statistical purposes only.)
Hispanic Non-hispanic

4. Attending a post secondary institution of learning? yes no

5. Does anyone live with you now who is not listed above? yes no

6. Do you or any member of your family claim any type disability for the purpose of allowances and deductions? yes no

7. Do you or any member of your family require any type modification to the housing unit as an accomodation for a person with a disability? yes no

Please explain _____

8. Are you now living in a federally subsidized housing unit? yes no

Name of Community: _____

Name and Phone Number of Manager: _____

YES NO

2. Do you have any other kind of medical insurance?

(If yes, provide the name and address of carrier, policy number, and premium amount). _____

YES NO

3. Do you have any outstanding medical bills? If yes, list them below.

4. What medical expenses do you expect to incur in the next twelve months?

5. If you use the same pharmacy regularly, please provide the name and address.

Please provide the name, address, and phone number of two personal references.

You may provide the next of kin or someone who knows you well.

1. _____

2. _____

PREVIOUS RENTAL HISTORY

Name and address of your present landlord:

EMERGENCY CONTACTS

Name and address of nearest relative NOT living with you:

relationship: _____

telephone #: _____

Name and address of person to be contacted if you become incapacitated:

relationship: _____

telephone #: _____

ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member.

ASSETS	VALUE

3. List the value of any assets disposed of for less than their fair market value during the past two years.

ASSETS	VALUE

EXPENSE: FOR THE PURPOSE OF MEDICAL DEDUCTIONS**YES****NO**

1. Do you pay a care attendant or for any equipment for a handicapped or disabled household member(s) in order for that person or someone else in the household to work? (If you pay a care attendant, provide their name, address, and telephone number.) _____

2. What is the cost to you for the care attendant / the equipment?

Elderly Families Only**YES****NO**

1. Do you have Medicare? If yes, what is your monthly premium?

\$_____.

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes", provide details in the charts below.

YES	NO	DO YOU OR ANY MEMBER OF YOUR CURRENT HOUSEHOLD:
_____	_____	1. Work full-time, part-time or seasonally?
_____	_____	2. Expect to work for any period during the next year?
_____	_____	3. Work for someone who pays them cash?
_____	_____	4. Expect a leave of absence from work due to layoff, medical, maternity, or military leave.
_____	_____	5. Now receive or expect to receive unemployment benefits?
_____	_____	6. Now receive or expect to receive child support?
_____	_____	7. Entitled to child support that he / she is not now receiving?
_____	_____	8. Now receive or expect to receive alimony?
_____	_____	9. Have an entitlement to receive alimony that is not currently being received?
_____	_____	10. Now receive or expect to receive public assistance (welfare) ?
_____	_____	11. Now receive or expect to receive Social Security benefits?
_____	_____	12. Now receive or expect to receive income from a pension or annuity?
_____	_____	13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
_____	_____	14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
_____	_____	15. Own real estate or any assets for which you receive no income (checking account, cash) ?
_____	_____	16. Have you sold or given away real estate property or other assets (including cash) in the past two years?

INCOME

Please list all sources and the annual amount of income for each member of your household:

Member No.	Type of Income	Monthly Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

APPLICANT CERTIFICATION

I / We certify that if selected to receive assistance, the unit I / We occupy will be my / our only residence. I / We understand that the above information is being collected to determine my / our eligibility. I / We authorize the owner / manager / PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I / We certify that the statements made in this applications are true and complete to the best of my / our knowledge and belief. I / We understand that false statements or information are punishable under Federal law. I / We understand the income limits established and have furnished all asset information required for all adult members of the household.

Signature of Head _____ Date _____

Signature of Spouse / Co-Head _____ Date _____

Owner/Manager _____ Date _____

Application Assistance Statement:

IF YOU HAVE A DISABILITY, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL US TO SCHEDULE ASSISTANCE. OUR PHONE NUMBER IS 841-5032. CALL BETWEEN THE HOURS OF 8:00AM AND 4:00PM, MONDAY-THURSDAY 8:00 AM TO 11:30 AM FRIDAY. APPROPRIATE ASSISTANCE WILL BE PROVIDED IN A CONFIDENTIAL MANNER AND SETTING.

If you believe you have been discriminated against, you may call the Fair Housing Opportunity National Toll-free Hot Line at (800) 424-8590.

(Within Washington, D.C. Metropolitan Area, call 426-3500.)

and Equal Opportunity National Toll-Free Hot Line at (800) 424-8590.

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☐ () I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ () I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- ☐ () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - ☐ [] Immigrant status under 101 (a) (15) or 101 (a) (20) of the INA/3; or
 - ☐ [] Permanent residence under 249 of INA 4/; or
 - ☐ [] Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 - ☐ [] Parole status under 212(d)(5) of the INA /6; or
 - ☐ [] Threat to life or freedom under 243(h) of the INA /7; or
 - ☐ [] Amnesty under 245A of the INA 8/.

Signature

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

¹**Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- ² **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- ³ **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- ⁴ **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- ⁵ **Refugee, asylum, or conditional entry status under §§207, 208, or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- ⁶ **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- ⁷ **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- ⁸ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

SPRING GARDENS/ HICKORY RIDGE APARTMENTS

AL090017011

201 SPRING GARDENS ROAD, BIRMINGHAM, AL 35217

Name of Property

Project No.

Address of Property

JCHA HOUSING & DEVELOPMENT CORPORATION SECTION 8 NEW CONSTRUCTION

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

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

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

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

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

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

A. General Instructions:

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

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

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

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

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

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

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

CRIMINAL BACKGROUND AND OTHER INFORMATION

(These questions apply to you and all of the members of your household that are requesting housing)

- 1 Has any household member ever been arrested for any crime: ☐ Yes ☐ No
if yes, how many times? _____ What crime(s)? _____
(Include when arrested, where arrested and the reason for the arrest. Attach a separate
sheet if needed.) _____

- 2 Has any household member ever been convicted of any crime? ☐ Yes ☐ No
Felony, sex-related crime, or misdemeanor assault conviction? ☐ Yes ☐ No
If yes, how many times? _____ what crime(s)? _____

- 3 Is any household member a subject to lifetime sex offender registration? ☐ Yes ☐ No
If yes, who? _____ In what state(s)? _____

- 4 Is any household member currently using illegal drugs? ☐ Yes ☐ No
If yes, who? _____

- 5 Has any household member ever been evicted from any type of housing? ☐ Yes ☐ No
If yes, explain when, where and for what reason(s). _____

- 6 Has any household member received rental assistance in Public Housing or Section 8? ☐ Yes ☐ No
If yes, when? Year(s) _____ Housing Agency Name: _____
Under what name? _____ Who was Head of Household? _____

**JCHA HOUSING & DEVELOPMENT CORPORATION
201 SPRING GARDENS ROAD
BIRMINGHAM, AL 35217
(205) 841-5032 PHONE
(205) 841-5045 FAX**

AUTHORIZATION for RELEASE of POLICE RECORD

Name: _____

(Print First, Middle Initial & Last Name)

Current Address: _____

(Address must include City, State & Zip Code)

Previous Address: _____

(Address must include City, State & Zip Code)

Date of Birth: _____ (Month/Day/Year) Height: _____ (Feet & Inches)

Weight: _____ Race: _____ Sex: _____

Social Security Number: _____

Home Phone #: _____ Work#: _____

Cell Phone #: _____ Other Phone #: _____

I do hereby authorize any City, County, State or Federal Agency, Department or Bureau to release any information in their files under the above name and other information supplied by me. I understand and realize that the information so released may prove unfavorable to me. I agree to submit to fingerprinting to be forward to the FBI if required by the Housing Authority. I agree to hold any source blameless for any error in reporting this information. I release all persons whomever from any liability arising out of or resulting from this release of information.

Signature: _____

Date Signed: _____

REVISED 3/16/2018

ORG

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

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

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

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

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): Dept of HUD 950 22nd St N Ste 900 Birmingham, AL 35203	O/A requesting release of information (Owner should provide the full name and address of the Owner.): JCHA Housing & Development Corp 201 Spring Gardens Rd Birmingham, AL 35217	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): JCHA -Ken Vaughan, ED 3700 Industrial Parkway, Birmingham, AL 35217
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

Penalties for Misusing this Consent:

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

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

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

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

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

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

Instructions to Owners

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

Instructions to Applicants and Tenants

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

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

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

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

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

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

Purpose of Requiring Consent to the Release of Information

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

Uses of Information to be Obtained

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

Who Must Sign the Consent Form

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

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

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

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

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

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

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

JCHA HOUSING & DEVELOPMENT CORPORATION

Name of Project Owner or his/her representative

Nita Clark, Property Manager

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

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

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

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

REQUEST FOR RENTAL HISTORY

RE: _____ (Applicant)
_____ (Applicant)

TO: _____ (Landlord)

ADDRESS: _____

The above-identified person has applied for residency at the Jefferson County Housing Authority and indicated to us that you now have (or recently had) this family as a tenant in your property located at:

As indicated by this person's signature noted below, the tenant consents to the release of information pertaining to their rental history to the Jefferson County Housing Authority. We would greatly appreciate your cooperation.

APPLICANT'S SIGNATURE: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

Please answer the following questions regarding the rental history.

1. How long has (or did) the above named tenant resided at this address? _____
From _____ To _____
2. How many bedrooms? _____
3. Monthly rent? _____ Any past due now? _____
Amount? _____
4. Has the tenant ever been behind in payment of monthly rent?

5. Does tenant maintain desirable living conditions; i.e., well kept home?

6. Does tenant get along with neighbors in area? _____
7. Is tenant destructive to property? _____
8. The tenant's overall conduct while residing in the apartment would be: ()
Excellent () Good () Fair () Poor
9. If tenant moved and reapplied in the future would you rent to him/her again?
_____ If not, why? _____
10. Did tenant own a pet? _____ Any problems? _____ Additional
Comments: _____

Date: _____ Signature: _____

Phone Number: _____ Title: _____

PS:vt
Renhis

NO SMOKING LEASE ADDENDUM

The following terms, conditions and rules are hereby incorporated into the Rental Agreement for the above unit, effective January 1, 2012.

PURPOSE: Resident acknowledges this policy was developed for the following reasons:

- (1) To protect residents from second hand smoke which is likely to drift from one apartment to another, and cause adverse health outcomes;
- (2) To protect lives and property from fire due to smoking and the use of tobacco products;
- (3) To encourage smoking cessation;
- (4) Eliminate costs associated with smoke damage in apartments.

DEFINITIONS: "Smoking" means engaging in an act that generates Smoke, such as, for example: possessing a lighted pipe, a lighted hookah pipe, a lighted cigar, an operating electronic cigarette or a lighted cigarette of any kind; or lighting or igniting a pipe, a hookah pipe, a cigar, or a cigarette of any kind. The term "Smoke" includes, but is not limited to, tobacco smoke, electronic cigarette vapors, marijuana smoke, and smoking any other products, legal or illegal. "Tobacco Product" means any substance containing tobacco leaf, and any product or formulation of matter containing biologically active amounts of nicotine that is manufactured, sold, offered for sale, or otherwise distributed with the expectation that the product or matter will be introduced into the human body, but does not include any cessation product specifically approved by the United States Food and Drug Administration for use in treating nicotine or tobacco dependence.

NO SMOKING POLICY: Smoking and use of tobacco or other substances shall be prohibited throughout the entire apartment complex, including but not limited to, all living units, hallways, stairways, elevators, foyers, common rooms and facilities, decks, patios, exterior landings, front steps, entrance ways, roof tops, fire escapes, basements, storage areas, parking areas, driveways, walkways, lawns, gardens, adjoining grounds, and building facilities. This policy applies to all residents, guests, visitors, service personnel and employees.

All current residents who smoke will be provided with the opportunity to participate in a smoking cessation program. HASLO will provide information on cessation program accessibility.

NO SMOKING SIGNS: Landlord shall post "No Smoking" signs at the entrance and exits, in common areas, and in conspicuous places on the grounds of the apartment complex.

COMPLIANCE: Landlord shall take reasonable steps to ensure compliance with the terms and provisions of this Addendum. Tenant shall inform Tenant's guests of the no smoking rule.

Residents agree and acknowledge that the apartment to be occupied by the Residents, and common spaces located in the complex have been designated as No-Smoking under the No-Smoking Policy. Residents shall comply with the No-Smoking Policy.

Residents shall be responsible to inform guests, visitors and/or service personnel of the No-Smoking Policy and shall ensure they comply with this No-Smoking Policy. Residents will be financially responsible for any costs incurred by HASLO due to violation(s) of the No-Smoking Policy by guests, visitors and/or service personnel. Further, Residents shall promptly notify HASLO of any incident of smoking or migrating secondhand smoke.

THIRD-PARTY BENEFICIARIES: Tenants agree that other tenants at the complex are the third party beneficiaries of this No-Smoking Addendum and, accordingly, a tenant has the right to sue another tenant for an injunction to prohibit smoking or for damages. Any exercise of these rights shall not create a presumption that the Landlord breached this Addendum.



DISCLAIMER: Tenant acknowledges the following: a) that the adoption and/or enforcement of the no smoking rule shall not make the Landlord a guarantor of Tenant's health or of the smoke-free condition of the Tenant's apartment and the common areas; b) the adoption and/or enforcement of the no smoking rule shall not, in any way, change the warranty of habitability, the covenant of quiet enjoyment, or other duty of care owed to the Tenant; and c) that Landlord's ability to police, monitor, or enforce the no smoking rule is dependent in significant part on compliance by the Tenant and Tenant's guests. Landlord specifically disclaims any implied or express warranties that the building, common areas, or Tenant's premises will have any higher or improved air quality standards than any other rental property. Landlord cannot and does not warranty or promise that the rental premises or common areas will be free from secondhand smoke.

LEASE VIOLATION: Residents are responsible for the actions of their household, their guests and visitors and/or service personnel. Failure to adhere to any of the conditions of this Addendum will constitute both a material non-compliance with the Lease Agreement and a serious violation of the Lease Agreement.

This No-Smoking Policy will be incorporated into the Lease Agreement. FAILURE TO COMPLY WITH THIS POLICY IS A VIOLATION OF THE LEASE AGREEMENT, AND GROUNDS FOR EVICTION. All Residents will be required to sign this Addendum to the Lease, acknowledging their compliance with this No-Smoking Policy.

In addition to eviction, Residents who violate this policy will be financially responsible for any damage resulting from smoking, such as increased maintenance, cleaning and turnover costs.

TEMPORARY SMOKING EXEMPTION: Current Residents, who are smokers, are granted a temporary exemption from the No-Smoking Policy. Exemptions will only apply to current Residents and not any of their guests, visitors, and/or service personnel. The exemption will only allow Residents to smoke in their own apartment or in designated smoking areas outside the building, if any. Residents understand that if they move to another apartment in the complex, or move out, and then return as a new Resident at a later time, the exemption will be permanently lost. Further, Residents understand that this exemption is temporary and will expire on December 31, 2012. Residents will be required to adhere to the No-Smoking Policy, effective January 1, 2013.

TENANT CERTIFICATION: I have read and understand the above No-Smoking Lease Addendum and Policy and I agree to comply fully with the provisions. I understand that failure to comply may constitute reason for termination of my Lease.

Head of Household

Date

Spouse/Co-Head

Date

Other Adult

Date

Other Adult

Date