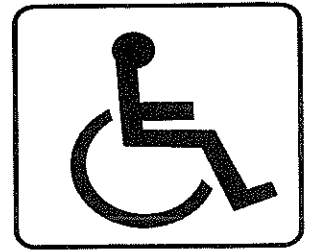


EQUAL HOUSING
OPPORTUNITY



Rio Vista/Cielo De Oro Apartments
1600/1700 W. Hendricks
Roswell NM 88203
Office 575-622-4146
Fax 575-622-4537

Thank you for your interest in the Rio Vista/Cielo De Oro Apartments.

We are HUD subsidized housing for senior or disabled individuals. In order to qualify at Rio Vista you must be 62 years of age or older. To qualify at Cielo De Oro you must be a senior, or you can qualify at any age if disabled.

In order to process your application we will need the following information.

1. Completed Application(*invalid if incomplete, unsigned or completed with pencil.*)
2. Picture ID issued by the state of New Mexico
3. Copy of your Social Security Card.

As soon as we receive completed application and copies of the necessary documents, you will be placed on the wait list. As units become available we will contact you. It is very important that you contact the office anytime your contact information changes.

If you have any questions please feel free to call or come into the office.

Chaves County Low Income Limits

1 person: \$17,500 2 Person: \$20,000 3 Person: \$22,500

We look forward to having you as a resident of our community!

Thanks
Gina S Arambula



To all applicants,

Please fill out all the information on the application completely. As soon as you are finished, bring the completed application to the office and either give it to the manager or drop it through the mail slot. You may mail your application, if you wish. We will start the screening process upon our receipt of your application.

There may be a waiting list. The sooner your application is submitted, the higher on the waiting list you will be. You will be notified when an apartment comes available for which you may be eligible.

Before you are allowed to live in the apartments you must go through a screening process. When we know we will have an available apartment, you will be called to come in for your first interview. You will be requested to fill out a few forms to verify your income. At that time, a credit check will be run and a fee of \$30 will be collected.

We also have a **Crime-Free and Drug-Free Program** at these apartments. Persons with a criminal record are not a protected group and applications for residency may be rejected based on previous criminal charges. The Manager will explain the complete process to you. If you are accepted for residency at these apartments you will be required to sign a Crime-Free and Drug-Free Housing Lease Addendum. This Addendum gives the manager the right to terminate the lease and evict the entire household of anyone involved in violent acts, gang activity, or drug use.

Please read the attached sheet titled **Things You Should Know** for more information about your rights when applying for assisted housing.

How did you hear about us?

Please let us know how you found us and return this page with your application.

(Please enter the name of the website, newspaper, radio station, person, or other way you found us.)

Applicant's Signature

Date



JL Gray Company



Office use only

Application Number _____

Equal Housing Opportunity

APPLICATION FOR AN APARTMENT

Property: _____

Date Received _____ / ____ / ____

Apt size requested: 0 BR [] 1 BR [] 2 BR [] 3 BR [] 4BR []

Time Received _____ : ____ M

NOTICE TO APPLICANT

All blanks on this application must be completed. If any item does not apply to you, draw a dash to show that you have reviewed it. This application is **INVALID** if it is **incomplete, unsigned, or completed in pencil**. If additional space is needed to list household information or income, list the information on a separate sheet of paper and attach to this form.

Your current and mailing address: _____

Phone Number: _____

E-mail: _____

HOUSEHOLD INFORMATION

Soc. Security #	Name (Last Name, First, M.I.)	Sex	Date of Birth	Race	Ethnicity
- -					
- -					
- -					
- -					
- -					
- -					

Information regarding race, national origin, and sex designation will not be used to evaluate your application or discriminate against you in any way. Please specify your race and ethnicity. Choices for race are: 1-American Indian or Alaskan Native, 2-Asian, 3-Black or African American, 4-Native Hawaiian or Pacific Islander, 5-White. Choices for ethnicity are a-Hispanic/Latino & b-Non-Hispanic/Latino. (See bottom Pg. 2)

Would you or any household member benefit from a unit accessible to individuals with disabilities? Yes [] No []

Would you like to REQUEST a \$400 disability adjustment to income? If yes, eligibility must be verified Yes [] No []

for compliance with program definitions.(applicable on HUD and Rural Development properties)

RENTAL/RESIDENCE HISTORY - List all states in which you have resided

Landlord Name	Address	Rent Pd	Phone	Move In Date	Move Out Date

Have you or any household member ever moved from a rental unit while still owing rent, or been evicted from a rental unit? Yes [] No []

Are you or any household member receiving HUD Section 8 or any other type of rental assistance? Yes [] No []

PERSONAL REFERENCES / EMERGENCY CONTACTS (Minimum Two)

Name	How known (friend, relative, co-worker, etc.)	Telephone Number

STUDENT STATUS

Are any members of your household part-time students or full-time students in an institution of higher learning? Yes [] No []

If Yes:

Manager will need to determine eligibility based on type of property you are applying for:

RD/HUD

Manager use RD/Section 8 Worksheet

Tax/Credit

Manager use Student Certification Form

RD/HUD & Tax Credit Combo

Manager needs to use both forms to determine eligibility

AUTOMOBILE INFORMATION

Make: _____

Year: _____

Color: _____

License # _____

We are pledged to the letter and spirit of the US policy for achievement of equal opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtain housing because of race, color, religion, sex, national origin, handicap or familial status.

ASSETS

Bank or Financial Institution	Balance / Value
Checking Account(s)	\$
Savings Account	\$
Certificates of Dep.(CD's)	\$
Stocks / Bonds	\$
Cash on Hand	\$

Do you own a home or other property? Yes [] No []

If Yes, List type of Property _____ Estimated Market Value of Property \$ _____
 Mortgage or Outstanding Loan Balance Due \$ _____
 Estimated cost of selling this property \$ _____

Have you sold or disposed of any property or assets in the last 2 years? Yes [] No []

If Yes, type of property or asset _____ Market value when sold/disposed \$ _____
 Date of transaction? _____ Amount sold/disposed for \$ _____

Do you have any other assets (do **NOT** include Personal Property such as clothes, furniture, or automobiles)? Yes [] No []

If Yes, please list item: _____ Value \$ _____

HOUSEHOLD INCOME

List all sources of income. This includes but is not limited to full or part time wages, salaries, tips, bonuses, net income from operating a business, interest earned, dividends, social security, pensions, SSI, disability, unemployment compensation, workman's compensation, child support, alimony, VA benefits, death benefits, retirement funds, Public Assistance, or student financial assistance excluding amount for tuition.

Household Member Name	Source of Income	Gross Income / Month
		\$

Income from assets _____
 Total monthly income \$ _____

Do you anticipate any changes in this income in the next 12 months? Yes [] No []

If Yes, please explain: _____

Are you currently illegally using or distributing a controlled substance or have you had a previous conviction for the use, manufacture, or distribution of a controlled substance? Yes [] No []

Is any member of the household subject to a lifetime sex offender registration requirement in any state? Yes [] No []

Have you ever been convicted of a crime (other than minor traffic violations)? Yes [] No []

CREDIT HISTORY

List loans, charge accounts, etc. (IMPORTANT: It is a requirement that all Applicants have an acceptable credit report. A bad credit report is grounds for denial of occupancy.) If no credit history, put None.

Name (and city) of Credit Reference	Account Number	Open / Closed

CERTIFICATION

I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements of information are punishable by law and will lead to rejection of this application or termination of tenancy after occupancy. I/We do hereby authorize the apartments' authorized representative to contact any agencies, offices, groups or organizations to obtain and verify any information which is deemed necessary to complete my/our application. I/We certify that if accepted this is/will be my/our permanent residence and I/we do NOT and will NOT maintain a separate subsidized rental unit in a different location.

 Applicant Signature

 Co-Applicant Signature

 Date Signed

 Date Signed

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: (Mark one) Hispanic or Latino [] Not Hispanic or Latino [] **Gender:** Male [] Female []

Race: (Mark one or more) White [] Black or African American [] American Indian/Alaskan Native [] Asian []

Native Hawaiian or Other Pacific Islander []



TENANT RELEASE AND CONSENT

JL Gray Company

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below, to release without liability, information regarding my/our employment, income, and/or assets to Gina S. Arambula, Manager Name, Property Name and Address Roswell, New Mexico 88203 for the purpose of verifying information provided as part of my/our apartment rental application.

INFORMATION COVERED

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

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

CONDITIONS

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

SIGNATURES

Signature lines for Applicant/Resident, Co-Applicant/Resident, and two Adult Members, each with fields for (Print Name) and Date.

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, "REQUEST FOR COPY OF TAX FORM" must be prepared and signed separately.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

Signature of Applicant

Date

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

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



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.

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

Applicant's Signature / Date

Resident Rights



& Responsibilities



Secretary of HUD

This brochure does not apply to the Public Housing Program, the Section 8 Moderate Rehabilitation Program (except for multifamily housing projects that are insured by HUD), and the Housing Choice Voucher Program (except when a voucher is used in a multifamily housing project with a HUD-insured mortgage).

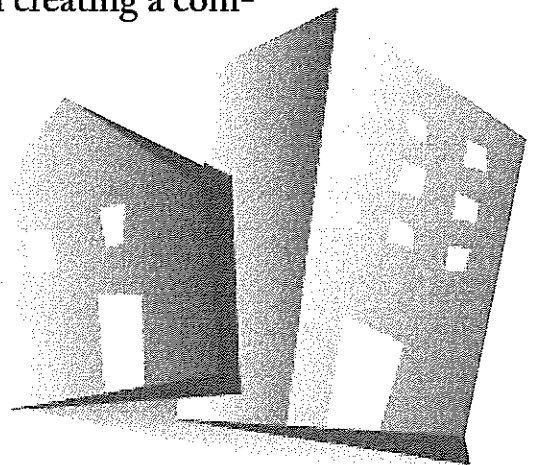
You, as a resident (tenant), have rights and responsibilities that help make your HUD-assisted housing a better home for you and your family.

This brochure is being distributed to you because the United States Department of Housing and Urban Development, which has ultimate jurisdiction over the project in which you live, has provided some form of assistance or subsidy for this apartment building. As part of its dedication to maintaining the best possible living environment for all residents, your HUD field office encourages and supports the following:

- Management agents and property owners communicate with residents on any and all issues.
- Owners and managers give prompt consideration to all valid resident complaints and resolve them as quickly as possible.
- Residents' right to organize and participate in the decisions regarding the well-being of the project and their home.

Along with your owner/management agent, you play an important role in making your place of residence—the unit (apartment), the grounds, and other common areas—a better place to live and in creating a community you can be proud of.

This brochure briefly lists some of your most important rights and responsibilities to help you get the most out of your home.



Your Rights

As a resident of a HUD-assisted multifamily housing project, 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 environmental hazards such as lead-based paint hazards.
- The right to have repairs performed in a timely manner, upon request, and to have a quality maintenance program run by management.
- The right to be given reasonable notice, in writing, of any nonemergency inspection or other entry into your apartment.

Rights

Involving Resident Organizations

- The right to organize as residents without obstruction, harassment, or retaliation from property owners or management.
- The right to post materials in common areas and provide leaflets informing other residents of their rights and of opportunities to involve themselves in their project.
- The right, which may be subject to a reasonable, HUD-approved fee, to use appropriate common space or meeting facilities to organize or to consider any issue affecting the condition or management of the property.
- The right to meet without the owner/manager present.
- The right to be recognized by property owners and managers as having a voice in residential community affairs.

Rights

Involving Nondiscrimination

The right to equal and fair treatment and use of your building's services and facilities, without regard to race, color, religion, gender, disability, familial status (children under 18), national origin (ethnicity or language), or in some circumstances, age.

Your Responsibilities

As a resident of a HUD-assisted multifamily housing project, you also have certain responsibilities to ensure that your building remains a suitable home for you and your neighbors. By signing your lease, you and the owner/management company have entered into a legal, enforceable contract. You and the owner/management company 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 management agent or your local HUD field office.

Responsibilities

to Your Property Owner or Management Agent

- Complying with the rules and guidelines that govern your lease.
- Paying the correct amount of rent on a timely basis each month.
- Providing accurate information to the owner 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.

Responsibilities

to the Project and to Your Fellow Residents

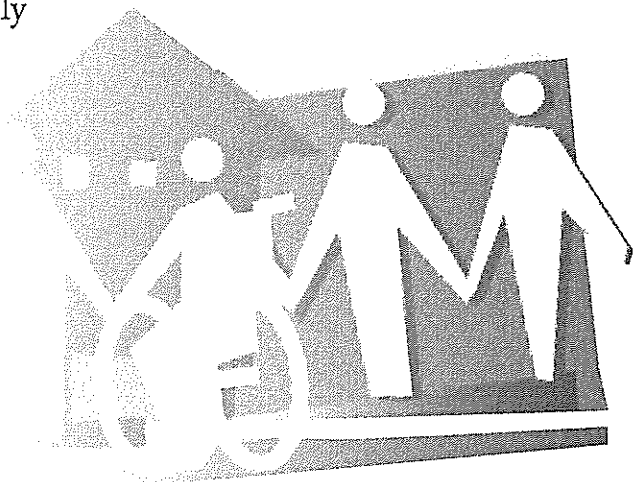
- Conducting yourself in a manner that will not disturb your neighbors.
- Not engaging in criminal activity in the unit, common area, or grounds.
- Keeping your unit clean and not littering the grounds or common areas.
- Disposing of garbage and waste in a proper manner.
- Complying with local codes that affect the health or safety of the residence.
- 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, 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 unit, the grounds, or related facilities.

Your Participation *is important*

Residents in HUD-assisted multifamily housing can play an important role in decisions that affect their project. 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 categories, contact your management agent.

If your building was funded under **Section 236, 221 (d)(3)/BMIR, Rent Supplement Program, Section 202 Direct Loan Program, Section 202/811 Capital Advance Programs, or is assisted under any applicable project-based Section 8** programs, and prior HUD approval is required before the owner can prepay, you have the right to participate in or be notified of, and comment on, the following:

- An increase in the maximum permissible rent.
- Conversion of a project from project-paid utilities to tenant-paid utilities or a reduction in tenant utility allowance.
- Conversion of residential units in a multifamily housing project to a nonresidential use or to condominiums, or the transfer of the project to a cooperative housing mortgagor corporation or association.
- Partial release of mortgage security.
- Capital improvements that represent a substantial addition to the project.
- Nonrenewal of a project-based Section 8 contract.
- Any other action which could ultimately lead to involuntary temporary or permanent relocation of residents.
- Prepayment of mortgage.



Your Participation *continued...*

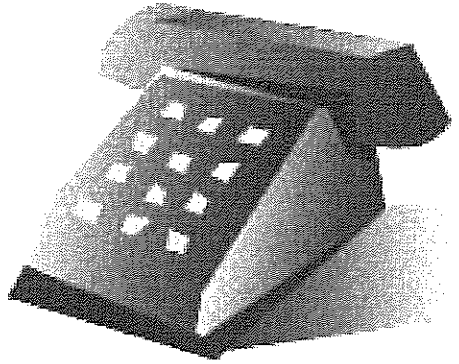
If your unit has a project-based Section 8 contract that is expiring or being terminated and will not be renewed, the assisted family may elect to remain in the same project in which the family was residing on the date of the eligibility event for the project. The family residing in an assisted unit may be eligible for an enhanced voucher. Owners must provide a 1-year notification of their intent to opt out of the Section 8 contract. Residents may use the Section 8 voucher in any building with rents in the allowable range. Eligible tenants can receive enhanced vouchers only if they remain in the same project in which they resided on the date the Section 8 contract was terminated. If an eligible tenant moves, they are eligible for a Section 8 voucher that is not enhanced. You also have the right to Relocation Counseling, where you can learn about housing options available to you.

Residents of HUD-assisted housing are our partners and partners in their communities. HUD regulations give residents the right to press for improved conditions by organizing independent resident associations. These associations encourage residents to become involved in the decisions that affect their homes without harassment or retaliation by property owners or management.

—Secretary of HUD

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.

Additional Assistance



If you need help or more information, you may contact:

- Your property manager or management company.
- The project manager in HUD's Multifamily Hub, Multifamily Field Office, or your local Contract Administrator.
- Your local HUD Field Office - <http://www.hud.gov/local/index.cfm>
- The housing counseling agency in your community (for assistance, call the HUD Housing Counseling Service Locator at 1-800-569-4287).
- HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 to report maintenance or management concerns.
- HUD's Office of Inspector General Hot Line at 1-800-347-3735 to report fraud, waste, or mismanagement.
- Citation to the Multifamily Housing Rule—24 CFR Part 245.
- World Wide Web - <http://www.hud.gov>

If you believe that you have been discriminated against, or would like information on what constitutes housing discrimination, call 1-800-669-9777, or call your local HUD Office of Fair Housing and Equal Opportunity.

Your local government tenant/landlord affairs office, legal services office, and tenant organizations may also provide you with information on additional rights you have under local or state law.

The brochure about your rights and responsibilities as a resident of HUD assisted multifamily housing is available in languages other than English. To find out which language versions are currently in stock, contact HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470.



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

Office of Multifamily Housing Programs

Washington, DC 20410-0000

Official Business

Penalty for Private Use \$300

FACT SHEET

For HUD ASSISTED RESIDENTS

Section 202/162 – Project Assistance Contract (PAC)

Section 202/811 – Project Rental Assistance Contract (PRAC)

“HOW YOUR RENT IS DETERMINED”

Office of Housing

June 2007

This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

OAs' Responsibilities:

- Obtain accurate income information

- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition and decreases or increases in income are reported by \$200 more per month
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
- 10% of the family's monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.

Note: An owner may admit an applicant to the PAC program only if the Total Tenant Payment is less than the gross rent. This note does not apply to the PRAC program. In some instances under the PRAC program a

tenant's Total Tenant Payment will exceed the PRAC operating rent (gross rent).

Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount ** (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from annual Income, below)**
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay ** (except for lump-sum additions to family assets, see Exclusions from Annual Income, below)**
- Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- **For Section 8 programs only, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965,

shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.**

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant or are held in an individual's name but:
 - The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
 - that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
 - Foreclosure
 - Bankruptcy
 - Divorce or separation agreement if the applicant

or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- **Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above,**The full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)

- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund

established pursuant to the settlement in *In Re Agent*-product liability litigation

- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998

Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income the expenditure is applied only one time
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Regulations:

- General HUD Program Requirements; 24 CFR Part 5 and CFR 24 Part 891.

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

- "Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

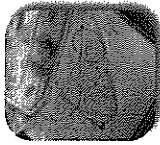
ENTERPRISE INCOME VERIFICATION



What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



What income information is in EIV and where does it come from?

- The Social Security Administration:
- Social Security (SS) benefits
 - Supplemental Security Income (SSI) benefits
 - Dual Entitlementment SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

- Property owners and managers are able to use the EIV system to determine if you:
- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

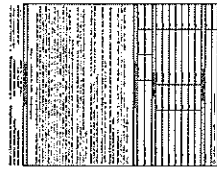
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenant's Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - Child support
 - AFDC payments
 - Social security for children, etc.

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.



What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

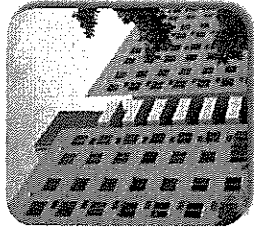
EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in;

and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm.



JULY 2009

NEW MEXICO SPECIAL NEEDS HOUSING PROGRAM REFERRAL

& PRE- APPLICATION FORM

(REVISED 10/2015)

Receipt of
Complete
Application:
Date and Time Stamp:

Consumer/Applicant and Household Information

1. Consumer/Applicant name: _____

2. Date of Birth: _____ Last 4 digits of SSN: XXX-XX-_____

3. Contact Information: *Must be up to date at all times. Required for immediate communication*

Applicant Contact Information	Must Provide Emergency Contact Information for Applicant
Address:	Address:
Phone:	Phone:
Cell Phone:	Cell Phone:
Email:	Email:

Note: The Services Provider/Agency is responsible for providing the services needed by the Applicant and to assist Applicant in completing this form:

The Information below is required for purposes of processing Special Needs Housing Unit referrals.

Provider/Agency Name:	Date Completed:
Referral Agency Point or Back-up person Printed Name:	Phonenumber:
Referral Agency Point or Back-up person <i>Signature</i> required:	Email

Referring Person (if not Services Provider/Agency)

Agency Name: _____

Contact Name: _____

Phone No: _____

Email: _____

4. Documentation of Disability or Homelessness must be provided by a licensed professional (caseworker, social worker, physician, etc.) that the Applicant qualifies for Special Needs housing unit based upon the following qualifying Special Needs disability:

Part 1: Eligible Target Populations for LIHTC Special Needs Set Aside Units (check one or more)

Homeless or Precariously Housed

A Household/individual is considered homeless or precariously housed if, without this assistance, he/she/ they would have to spend the night in a homeless shelter or in a place not meant for human habitation. This includes:

- Persons living on the street, in emergency shelters, or in transitional housing programs for the homeless;
- Persons with a legal eviction notice, or other similar legal circumstances in which they are to lose their housing imminently; and
- People with disabilities who are inappropriately living in an institution or other facility may be considered homeless if no other housing placement is available or appropriate.

Serious Mental Illness

Addictive Disorder (i.e., individuals in treatment and demonstrated recovery from a substance abuse disorder);

Developmental Disability (i.e., mental retardation, autism, or other disability acquired before the age of 22);

Physical, sensory, or cognitive disability occurring after the age of 22;

Disability caused by chronic illness (i.e., people with HIV/AIDS, who are no longer able to work);

Age related Disability (i.e., frail elderly, or, young adults with other special needs who have been in the foster care or juvenile services system).

Part 2: Eligible Target Populations for Section 811 PRA Units (check one or more)

Persons who are:

Serious Mental Illness

OR

Young adults between ages of 18 and 21 that meet the criteria for SMI and have been emancipated from foster care or are transitioning from the juvenile justice system.

AND

Homeless or **At risk of institutionalization**

Documented evidence of the Special Need, i.e. Diagnosis, SSI Disability Letter, etc. Documentation must attached and be from an individual or organization licensed or authorized to provide said documentation.

NOTICE: IF YOU HAVE A DISABILITY and need modifications that would help you live in the apartment unit, use the facilities, or, take part in programs on-site, you can request a Reasonable Accommodation or Modification from Property Management personnel. If you can show that you have a disability and the request is directly connected to that disability, we will try to make the changes you request.

You can get a **Reasonable Accommodation/Modification Request Form** in the property management office.

5. Disclosure of Criminal History

Have you /the Applicant ever been convicted of a Felony? Yes No If yes, what year? _____

Do you have either current, or pending criminal charges against any member of your household?

Yes No If yes, name of household member: _____

Note: The Applicant's household includes any member (also applies to persons under age 18 years) who has been arrested, or charged.

Where records reflect a past arrest without a final disposition and the crime would be a basis for rejecting the application, the applicant must provide proof the charge was dismissed for lack of evidence, adjudicated not guilty, or an alternative treatment was part of the adjudication process.

6. Total Number of household members (do not include live-in aides): _____ **Number of live-in aides:** _____

List all household members: including Sex, Age and relationship of each household member to the Applicant.

Name	Age	Sex	Relationship to Head of Household

Number of bedrooms desired: _____

Number of bedrooms required: _____

7. Household Income (list a sources of income)

A. **Cash Income:** please check all applicable sources of income and include the amount per month. Provide a description if appropriate; if the income belongs to a household member other than the Applicant, please note that in the Description field (Note: documentation will be required for all income sources) .

Have you received income from any source in the past 30 days?

Yes No Don't Know Refuse to Answer

Type Please provide a description where appropriate and Amount per Month

- Employment Income \$ _____
- Child Support Income \$ _____
- Social Security Disability \$ _____
- Supplemental Security Income \$ _____
- Social Security Retirement Income \$ _____
- TANF \$ _____
- Veteran's Pension \$ _____
- Veteran's disability payment \$ _____
- Unemployment Insurance \$ _____
- Alimony/other spousal support \$ _____
- Pension from a former job \$ _____
- Worker's Compensation \$ _____
- Private disability Insurance \$ _____
- Other sources on income \$ _____

B. Non-cash benefits: please check all applicable sources of non-cash benefits and services and include the amount per month. Provide a description if appropriate; if the assistance belongs to a household member other than the Applicant, please note that in the Description field.

Have you received non-cash benefits or services in the past 30 days?

- Yes No Don't Know Refuse to Answer

Type Description *(list names of each household member receiving the assistance)*

- Food Stamps (aka: SNAP) _____
- Medicaid _____
- Medicare _____
- WIC _____
- TANF child care services _____
- TANF Transportation services _____
- Other TANF funded services _____

- Children's Health Insurance Program _____
- VA Medical services _____
- Other Assistance source _____

8. What is the total Annual gross household income from all sources and all persons living in the household (earned income, social security, SSDI, retirement, government benefits, unearned income, etc.)?

9. Monthly \$ _____ ANNUAL \$ _____
 (Monthly Income must total Annual).

10. Indicate whether or not the household needs the following type of apartment:

- a. Handicapped Unit (wider doors, grab bars) Yes No
- b. Fully Accessible Unit (curb less shower) Yes No
- c. Visual/Audio Accessible Unit Yes No
- d. Ground floor unit necessary, if no elevator Yes No
- e. Does household has medical reasons for an extra bedroom Yes No

11. Applicant Acknowledgement

I have read the **Tenant Responsibility and Participation Agreement** and the **Pre-Tenancy Overview Information** and understand the expectations of being a good tenant and participant in the Special Needs Housing Program. I understand that my housing is contingent upon my compliance with these rules and regulations.

 Applicant's Signature Date

 Advocate/Provider Signature Date

 Participant Printed Name Date

 Provider Printed Name Date

