



**Mountain View Apartments**  
**317 N Spruce Street**  
**Gunnison Colorado**

Enclosed you will find the Mountain View Apartments rental application. Once we receive your application and supporting documents, we will begin the review process and notify you of any other items we will need. If a unit is not available at this time, you will be added to the waitlist.

Below are instructions for you as you begin the full application process:

1. ALL individuals over the age of 18 within your household **MUST** complete a separate application and all supporting documentation.
2. Please use blue or black ink.
3. **Do not leave any section(s) blank. If a section does not apply to your household enter "N/A," do not leave any section blank.**
4. If you need to make a correction draw one line through the incorrect information, then print the correct information above and initial the change. **Do not use white-out or correction tape on this application.**
5. It is important that all information on all forms be legible, complete and correct. False or misleading information will cause your household's application to be rejected.
6. Applications are processed in order of date and time the completed application is received by GVRHA staff.
7. Please be sure to submit a copy of a state issued photo ID or passport with your application. You must be a citizen of the US to apply.
8. Income:  
If you are currently employed: (you received a W-2 for taxes) please include copies of your most recent 2 paycheck stubs from any and all employers.  
  
If you are self employed: Include your last tax return including all pages and the Schedule C, a business summary, and a current year Profit and Loss statement to date.
9. Complete the Resident Statement of Assets form. All assets will be verified at a later date.
11. If you receive SSI or SSDI, please include a copy of all pages of your award letter.
12. When a unit becomes available, we will reach out to verify the information provided on the application and an application fee of \$30 will be due then.

Please be very thorough when going through the enclosed application packet. Management will contact you if there is any missing information and you will be given the opportunity to submit it.



**Mountain View Apartments**  
**317 N Spruce Street**  
**Gunnison Colorado**

# Part 1 – Complete all sections and return to Gunnison County Housing Authority

# MOUNTAIN VIEW APARTMENTS



317 N. SRUCE, GUNNISON, CO 81230

Independent Living for low-income 62 & older & disabled persons

- 1 and 2 bedroom units
- elevator
- senior transportation available
- laundry facilities on-site
- community room with multiple seasonal activities
- emergency response system
- onsite mail and newspaper delivery
- covered parking
- security-controlled entrances
- close walking distance to park, shopping, library, medical, dental, and optical offices

**Mountain View Apartments and Gunnison County Housing Authority do not discriminate against persons with disabilities.**

A person with disabilities means:

Any adult having a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

Gunnison County Housing Authority  
307 N Wisconsin Street Gunnison CO 81230 970-641-7900

2. A person with a developmental disability, as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
  - a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - b. Is manifested before the person attains age 22;
  - c. Is likely to continue indefinitely;
  - d. Results in substantial functional limitation in three or more of the following areas of major life activity: Self-care, Receptive and expressive language; Learning; Mobility; Self-direction; Capacity for independent living; Economic self-sufficiency; and
  - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
3. A person with a chronic mental illness, i.e., person who has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
4. Persons infected with the human acquired immunodeficiency virus (HIV) who are disabled as a result of infection with the HIV are eligible for occupancy in the Section 202 projects designed for the physically disabled, developmentally disabled, or chronically mentally ill depending upon the nature of the person's disability.

NOTE: A person whose sole impairment is alcoholism or drug addiction (i.e., who does not have a developmental disability, chronic mental illness, or physical disability that is the disabling condition required for eligibility in a particular project) will not be considered to be disabled for the purposes of the Section 202 and Section 811 programs. [24 CFR 891.305 and 891.505]

A reasonable accommodation is a change, exception, or adjustment to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to: Participate fully in a program; Take advantage of a service; Live in a dwelling; or Perform a job. Reasonable accommodations include, for example, those that are necessary for a person with a disability to use and enjoy a dwelling. To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability.

**Mountain View Senior  
Apartments Rental  
Application**

**Do not write in this box**

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

**Time:** \_\_\_\_\_

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

**Please read all questions carefully. If a particular question does not apply, please write n/a in the space.**

**Head of Household**

Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_

Is this applicant a student? \_\_\_\_\_ Is this applicant disabled? \_\_\_\_\_

**Spouse / Co-Applicant**

Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_

Is this applicant a student? \_\_\_\_\_ Is this applicant disabled? \_\_\_\_\_

If yes, please explain:

**Emergency Contact Information**

Please list a person we can contact in case of an emergency.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

**Rental History**

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

\_\_\_\_\_

Dates You Lived in Residence \_\_\_\_\_

Address of Residence \_\_\_\_\_

Please list all States you have ever lived in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you rent or own? \_\_\_rent \_\_\_own

Do you have a lease agreement at your current address? \_\_\_yes \_\_\_no

Has any applicant ever been evicted or otherwise removed from your rental housing? \_\_\_yes \_\_\_no.

If yes, provide the following information:

When? \_\_\_\_\_ For what reason? \_\_\_\_\_

Have you disposed of any assets for less than market value? \_\_\_yes \_\_\_no

If yes, please explain \_\_\_\_\_

Have you or any member of your household ever been listed on a registry of sexual offenders?

\_\_\_yes \_\_\_no

If yes, please explain \_\_\_\_\_

**Income from Employment**

List *all full-time and/or seasonal employment* for head of household, spouse/co-applicant and other household members age 18 or older, including the self-employed. This section is only for income from work. For Social Security or retirement income see below.:

Household member name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone # \_\_\_\_\_

Supervisor \_\_\_\_\_

Total Monthly Earnings \_\_\_\_\_

Please include a second sheet if you have more than one income from employment.

**Income from Other Sources**

List non-employment income for all household members; this includes interest, dividends, income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, alimony, child support, worker's compensation, disability compensation, the portion educational grants and scholarships allotted for subsistence and all other income.

Person Receiving Income \_\_\_\_\_

Source of Income \_\_\_\_\_

Total Annual Income \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Person Receiving Income \_\_\_\_\_

Source of Income \_\_\_\_\_

Total Annual Income \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Person Receiving Income \_\_\_\_\_

Source of Income- \_\_\_\_\_

Total Annual Income \_\_\_\_\_ Monthly Amount \_\_\_\_\_

**Assets**

List assets of all household members, including checking and savings accounts, stocks, bonds, credit union shares, land, and real estate.

**Asset 1:**

Household Member \_\_\_\_\_

Description of Asset (bank account, stocks, bonds, credit union shares, real estate or other)  
\_\_\_\_\_

Est. Current Value \_\_\_\_\_

Annual Income from Assets or Interest Rate \_\_\_\_\_

**Asset 2:**

Household Member \_\_\_\_\_

Description of Asset \_\_\_\_\_

Est. Current Value \_\_\_\_\_

Annual Income from Assets or Interest Rate \_\_\_\_\_

**Asset 3:**

Household Member \_\_\_\_\_

Description of Asset \_\_\_\_\_

Est. Current Value \_\_\_\_\_

Annual Income from Assets or Interest Rate \_\_\_\_\_

Please include a second sheet if you have more than three assets.

**Statements by All Adult Household Members**

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

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

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

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

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

We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages, and Security Deposits.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available for its needs.

The Mountain View Apartments conducts criminal background checks in the state of Colorado and nationally.

---

Date Signature of Head of Household

---

Date Signature of Spouse or Co-Applicant

Acceptance of completed application by Management

---

Date Signature of Management Representative

**NOTICE: Management will make reasonable accommodations in rules, policies, practices, or services as may be necessary to afford persons with disabilities equal opportunity to apply for, use, and enjoy a dwelling. Reasonable accommodations can be made upon request.**

A reasonable accommodation is a change, exception, or adjustment to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to: Participate fully in a program; Take advantage of a service; Live in a dwelling; or Perform a job.

Reasonable accommodations include, for example, those that are necessary for a person with a disability to use and enjoy a dwelling.

To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability.

**Warning: Section 101 of the Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.**

**Race and Ethnic Data Reporting Form**

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

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

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

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

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

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

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

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

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

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

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

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

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

--	--

**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.

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.

## Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

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

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

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

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

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

### Customer Protections

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

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

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

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

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

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

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

### Consequences for Not Signing the Consent Forms

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

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

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

### Programs Covered by this Fact Sheet

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

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

# Notice and Consent for the Release of Information

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

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)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
---	---	--

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

## Agencies To Provide Information

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

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

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

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

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

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

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and 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.**

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date  
cc:Applicant/Tenant  
Owner file

**Penalties for Misusing this Consent:**

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

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

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

### Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

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

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

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

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

#### DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

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

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

Check here if adult signed for a child: \_\_\_\_\_

- 
- \_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (\*\*see Sample Verification Consent Form in Exhibit 3-6\*\*).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

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

Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

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

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

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

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

Check here if adult signed for a child: \_\_\_\_\_

**Exhibit 3-4: \*\*Sample\*\* Family Summary Sheet**

<b>Member No.</b>	<b>Last Name of Family Member</b>	<b>First Name</b>	<b>Relationship to Head of Household</b>	<b>Sex</b>	<b>Date of Birth</b>
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

# Gunnison County Housing Authority



I, \_\_\_\_\_, and applicant or resident at Mountain View Apartments, 317 N. Spruce Street, Gunnison, Colorado, acknowledge that I received a copy of the following documents to retain for my records:

- HUD Fact Sheet
- EIV and You Brochure
- Tenant Rights and Responsibilities
- Mountain View Apartments Pet Policy
- HUD Form 5380
- HUD Form 5382
- Mountain View House Rules

\_\_\_\_\_  
Unit #, if applicable

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Mountain View Apartments**  
**317 N Spruce Street**  
**Gunnison Colorado**

# Part 2 – Keep for your records

# 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).*

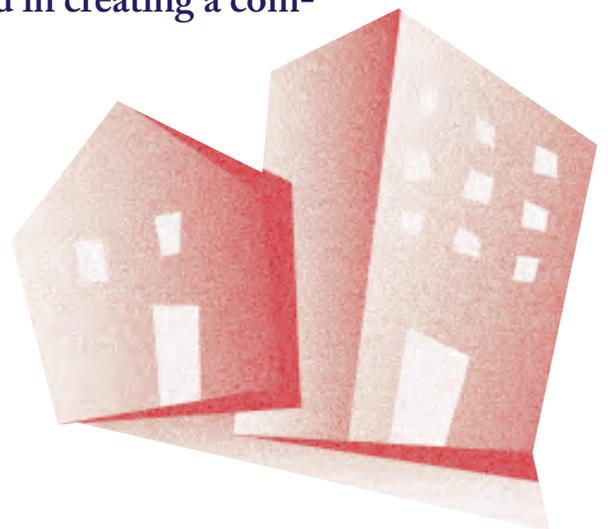
**You, as a resident (tenant), have rights and responsibilities that help make your HUD-assisted housing a better home for you and your family.**

**T**his 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



**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 Entitlement 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?

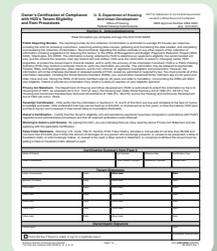
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or 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 *Tenants 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](http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm).



JULY 2009

### **Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

**When should I receive this form?** A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

**What is the Violence Against Women Act (“VAWA”)?** This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act (“VAWA”). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

**What if I require this information in a language other than English?** To read this information in Spanish or another language, please contact [INSERT COVERED HOUSING PROVIDER’S CONTACT INFORMATION; FOR HOPWA PROVIDERS – INSERT GRANTEE NAME AND CONTACT INFORMATION] or go to [INSERT WEBSITE, IF APPLICABLE]. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

#### **What do the words in this notice mean?**

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*.
- *Affiliated person* means the tenant’s spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant’s household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*<sup>1</sup> includes the following HUD programs:
  - Public Housing
  - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
  - Section 8 Project-Based Rental Assistance (PBRA)
  - Section 8 Moderate Rehabilitation Single Room Occupancy
  - Section 202 Supportive Housing for the Elderly
  - Section 811 Supportive Housing for Persons with Disabilities
  - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
  - Section 236 Multifamily Rental Housing
  - Housing Opportunities for Persons With AIDS (HOPWA) program
  - HOME Investment Partnerships (HOME) program
  - The Housing Trust Fund
  - Emergency Solutions Grants (ESG) program
  - Continuum of Care program
  - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

---

<sup>1</sup> For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act’s Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.

**What if I am an applicant under a program covered by VAWA?** You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

**What if I am a tenant under a program covered by VAWA?** You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

**How can tenants request an emergency transfer?** Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
  - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
  - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request. To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, [ENTER SPECIFIC CONTACT INFORMATION, WEBSITE, AND/OR INSTRUCTIONS FOR REQUESTING AN EMERGENCY TRANSFER OR A COPY OF THE APPLICABLE VAWA EMERGENCY TRANSFER PLAN]. The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

**Can the perpetrator be evicted or removed from my lease?** Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

**What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance?** In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

<b>Covered Housing Program(s)</b>	<b>Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.</b>
HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program	Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.
Permanent supportive housing funded by the Continuum of Care Program	The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.
Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)	<p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p> <p>For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.</p>
Section 202/811 PRAC and SPRAC	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.
Section 202/8	<p>The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing.</p> <p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p>
Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO	The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
HOPWA	The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.

**Are there any reasons that I can be evicted or lose assistance?** VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

**What do I need to document that I am a victim of VAWA abuse/violence?** If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form-HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state “under penalty of perjury” that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; **OR**
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

**Will my information be kept confidential?** If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

**How do other laws apply?** VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence.

Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact [INSERT APPROPRIATE STAFF MEMBER CONTACT INFORMATION]. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Have your protections under VAWA been denied?** If you believe that the covered housing provider has violated these rights, you may seek help by contacting [INSERT LOCAL HUD FHEO FIELD OFFICE & CONTACT INFORMATION]. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/VAWA](https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA). To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

**Need further help?**

- For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- To talk with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

**Public reporting burden** for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING**

**Confidentiality Note:** Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

**Purpose of Form:** If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act (“VAWA”), you may use this form to comply with a covered housing provider’s request for written documentation of your status as a “victim”. This form is accompanied by a “Notice of Occupancy Rights Under the Violence Against Women Act,” Form HUD-5380.

**VAWA protects individuals and families regardless of a victim’s age, sex, or marital status.**

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in “Notice of Occupancy Rights Under the Violence Against Women Act,” Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider’s written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, “What do I need to document that I am a victim?”. Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

**Will my information be kept confidential?** Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person’s access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

**What if I require this information in a language other than English?** To read this in Spanish or another language, please contact [INSERT COVERED HOUSING PROVIDER’S CONTACT INFORMATION; FOR HOPWA PROVIDERS – INSERT GRANTEE NAME AND CONTACT INFORMATION] or go to [INSERT WEBSITE, IF APPLICABLE]. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Need further help?** For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Name(s) of victim(s): \_\_\_\_\_

2. Your name (if different from victim's): \_\_\_\_\_

3. Name(s) of other member(s) of the household: \_\_\_\_\_

\_\_\_\_\_

4. Name of the perpetrator (if known and can be safely disclosed): \_\_\_\_\_

5. What is the safest and most secure way to contact you? (You may choose more than one.)

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

Phone Phone Number: \_\_\_\_\_

Safe to receive a voicemail:  Yes  No

E-mail E-mail Address: \_\_\_\_\_

Safe to receive an email:  Yes  No

Mail Mailing Address: \_\_\_\_\_

Safe to receive mail from your housing provider:  Yes  No

Other Please List: \_\_\_\_\_

6. Anything else your housing provider should know to safely communicate with you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:**

*Domestic violence* includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

*Dating violence* means violence committed by a person:

- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**
- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

*Sexual assault* means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

*Stalking* means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for the person's individual safety or the safety of others **or**
- (2) Suffer substantial emotional distress.

**Certification of Applicant or Tenant:** By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

---

**Signature**

---

**Date**

**Public Reporting Burden** for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

# FACT SHEET

## For HUD ASSISTED RESIDENTS

### Project-Based Section 8

## “HOW YOUR RENT IS DETERMINED”

Office of Housing

September 2010

*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 are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- 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

### **Project-Based Section 8 Rent Formula:**

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.
- OR
- \$25.00 Minimum 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, any financial assistance, 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
- 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
- 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**

### **Legislation:**

- Quality Housing and Work Responsibility Act of 1998, Public Law 105-276, 112 Stat. 2518 which amended the United States Housing Act of 1937, 42 USC 2437, et seq.

### **Regulations:**

- General HUD Program Requirements; 24 CFR Part 5

### **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>



## **MOUNTAIN VIEW APARTMENTS HOUSE RULES**

Welcome to the Mountain View Apartments – Gunnison County, (the “Owner”) and the Gunnison County Housing Authority ( the “Management are happy to have you here! Here is the set of House Rules established for the Residents of Mountain View Apartments.

Our staff works primarily from our main office located at 307 N Wisconsin Street, Gunnison, CO 81230. You can call 970-641-7900 with questions, concerns, or to set up an appointment.

It is Management’s responsibility to operate and maintain Mountain View Apartments according to federal, state and local government regulations. Under these regulations, the Management will be responsible for resident selections, lease enforcement, monthly compliance reporting and establishment of sound management and maintenance policies.

**Mountain View Apartments is regulated by Housing and Urban Development (HUD) Handbook 4350.3, and also follows rules and regulations laid out in the following publications:**

Title VI of the Civil Rights Act of 1964

Title VIII of the Fair Housing Act

Section 504 of the Rehabilitation Act of 1973

The Age Discrimination Act of 1975

The Americans with Disabilities Act

## The Violence Against Women Act of 2005

### 1. RENT COLLECTION

Unless your lease specifies otherwise, rent is due and payable on the 1<sup>st</sup> day of each month. Rent must be paid using a check or money order PAYABLE TO Gunnison County Housing Authority or GCHA. Management is unable to accept cash payments. Rents may be paid by using the mail slot at the Mountain View Office (first floor at 317 N. Spruce Street, Gunnison CO) or by mailing it to the Management office located at 307 N Wisconsin Street, Gunnison, CO. Receipts are made available upon request.

- a. *Late Fee.* If rent is received ten (10) or more days after the due date, a late fee of \$5 will be charged until the rent has been received.
- b. *Lease Violation(s).* If both rent and applicable late fees are not received by noon within 15 days of the due date, a Lease Violation will be issued. After 20 days a second Lease Violation will be issued.
- c. *Eviction Proceedings.* Management reserves the right to begin the Eviction Process upon failure to pay all sums due within 30 days of the original due date.
- d. *NSF Check.* A fee of \$10 will be charged for any check that is not honored during the first attempt to deposit. Resident is required to pay all future amounts due by cashiers check or money order if a second NSF check is received by Management during a residency.
- e. *Repayment Agreement:* Management may, at its own discretion, enter into a repayment agreement with a Resident for past due amounts. Failure to meet all repayment agreement terms may result in eviction.

### 2. REASONABLE ACCOMODATION REQUESTS

It is the policy of Mountain View Apartments Management to provide reasonable accommodation for all Residents with special needs. Disabled and handicapped Residents have the right to request changes in policies or procedures, or modifications to their apartment if it will afford you a better living experience or ensure safety during normal daily activities.

Residents must make requests for modifications or reasonable accommodation in writing to the Property Manager. Reasonable accommodation requests must include:

Accommodation/modification requested.

- a. Management reserves the right to request backup verification from a third party that the modification and/or accommodation will benefit the Resident. The third party must be qualified to make that determination. Resident understands and agrees that the Property Manager has a right to follow up with any provider regarding their verification that the requested action is needed due to a diagnosed condition.
- b. Once the request is received and reviewed by Management, the resident will be advised in writing of the decision within 10 working days.
- c. Approved requests will either be sent to our in-house maintenance team or scheduled with a sub-contractor as necessary. Management is not responsible for any delays due to subcontractor schedules, or delays in materials.
- d. Some actual cost of the accommodation/modification could potentially be billed to the Resident, other than those accommodations required by law. *Examples of modifications that are reasonable can include grab bars in the bathroom, visual/and or hearing enhancements, lever doors handles, etc.* A payment schedule and separate account can be set up for the Resident if the cost is too great for the Resident to pay up front.
- e. In the event the accommodation is denied, Residents have the right to file a grievance.

Grievance policies will be included with any written denial notice.

### **3. With In Your Unit**

Your unit shall be occupied only by those persons noted on the lease agreement. Additional occupant(s) must be previously approved by Management.

- a. *Overnight Guests.* No guest can stay more than 21 nights in a unit within a 12-month period.
- b. *Emergency Pull Cords.* Each unit is equipped with emergency pull cords in the bathroom and bedroom.
  - i. Cords must be easily accessible and cannot be removed, affixed to the wall, or hidden behind furniture.

- ii. When a cord is pulled, the alarm company is notified and will immediately notify Gunnison County Dispatch of the potential emergency and then contact a Resident Manager and/or Management.
- c. *Short Term/Vacation Rental.* Residents may not, under any circumstances, list their unit with any short-term or vacation rental companies locally or online.
- d. *Quiet Hours.* Quiet hours for Mountain View Apartments are between 9:00 p.m. and 7:00 a.m. Please be respectful of your neighbors and those in our community and keep your stereos, televisions, computers, etc. turned down during quiet hours. Please inform your guests of quiet hours. If you have a noise complaint, please first speak with your neighbor, they may not be aware they are bothering anyone. If the problem continues, please contact Management.
- e. *Short Term Absence.* In the event you plan to be absent from your unit for more than 10 consecutive days, please notify Management in writing regarding your absence and the anticipated length of your absence.
- f. *Non-Smoking Property.* Mountain View Apartments is a smoke-free property. In addition to your unit, smoking is **not** permitted in hallways, breezeways, or common walking areas/path. Please also see the attached Smoke Free Housing Policy.
- g. *Smoking Area.* Smoking will be permitted only in areas that are a minimum of 25 feet from the building. Please also refer to our Smoke Free Housing Policy.
- h. *Waterbeds.* No waterbeds are permitted under any circumstances.
- i. *Dangerous Activities.* Any activity on the premises which puts Residents, guests, or the property at risk will not be tolerated and could result in eviction.
- j. *Marijuana Use.* Mountain View Apartments is a HUD-assisted (federal) property. As such, Management may terminate tenancy or assistance for a Resident who, in its sole determination: Notwithstanding any other provision of law, a public housing agency or owner of federally assisted housing (as applicable) shall establish standards or lease provisions for continued assistance or occupancy in federally assisted housing that **allow** the agency owner (as applicable) to terminate the tenancy or assistance for any household with a member:

Whose illegal use (or pattern of illegal use) of a controlled substance is determined to interfere with the health, safety, or right to peaceful enjoyment of the premises by other Residents.

- k.** *Illegal Activities.* Any illegal activities will not be tolerated on the Mountain View Apartments premises! If illegal activity is suspected, the Gunnison Police Department will be notified immediately which may lead to immediate eviction.
- l.** *Phone Extensions/Cable/Internet/Satellite Dishes.* Mountain View Apartments units are pre-wired for phone, cable, and internet. It is the Resident's responsibility to contact a provider to set up service. It is not Management's responsibility to meet with any technician to have your service(s) installed. Absolutely NO satellite dishes will be placed on or around the Mountain View Apartments building.
- m.** *Window Coverings.* Your unit is supplied with window coverings. Residents are welcome to replace them and return the curtains supplied to Management.
- n.** *Fire Access/Egress.* Do not place any large items or furniture in front of a bedroom window that would impede egress in case of emergency. Egress includes the ability of a fully equipped firefighter being able to enter through the window as well the ability for you to safely escape.
- o.** *Lock-Outs.* If you are locked out of your apartment, please contact Management to be let back in.
- p.** *Lease Terms.* These House Rules do not release the Resident from any terms and conditions stated in their Lease Agreement.
- q.** *Smoke Detectors.* Each apartment has an operational smoke detector. Smoke detectors are inspected annually and when necessary, batteries will be replaced during the inspection. Any smoke detector that is malfunctioning must be reported immediately to Management. Any tampering with or disconnecting of smoke detectors may be cause for eviction.
- r.** *Renters Insurance.* Resident belongings are not covered by this building's insurance. Neither the Owner or Management are responsible for damage caused by fire, theft, water or any other cause to personal belongings. Residents are strongly advised to obtain renter's insurance. For your security, it is recommended that you keep doors locked at all times.

- s. *Keys.* Keys may not be duplicated and/or distributed to family and friends.
  - i. 1 person households will be given 2 unit door keys, one building door key, and one key fob. 2 person household will be given 3 unit door keys, 2 building door keys and 2 key fobs.
  - ii. If you copy and distribute or lose any of your keys you will be charged for both the lock and key replacement at actual cost.
  - iii. It is the Management policy to only allow those listed on your Emergency Contact form and/or those with Power of Attorney access to your unit during any absence.
  
- 4. **HAZARDOUS MATERIALS.** No paint, oils, gasoline or any flammable materials will be permitted to be stored anywhere within the building.
  
- 5. **COMMON AREAS.** Common Areas are considered any area not within a residential unit including exterior seating areas, covered parking area, back storage/recycling area, gardens, hallways, entry ways, stairwells, and the community room.
  - a. Common areas are for the use and enjoyment of all Residents and their guests.
  - b. No personal items can be placed in/on hallway or entry way floors.
  - c. Residents are allowed to place personal items in/on walls and other common areas only with prior approval by Management.
  - d. Any personal item(s) placed in a common area is the responsibility of the resident, Management will not take responsibility for damage or theft of any personal item in a common area.
  - e. Management reserves the right to ask residents to remove personal items in common areas.
  
- 6. **COMMUNITY ROOM**
  - a. The Mountain View Community Room is open for residents and their guests to enjoy.
  - b. The room can be reserved on a first come, first serve basis by any resident by signing up on the calendar in the Community Room.

- c. Residents may also invite guests to watch movies, play games, or enjoy a meal any day between the hours of 8:00 a.m. and 9:00 p.m.
- d. The kitchen attached to the Community Room can also lend a little temporary space for storage of items that need to be refrigerated or frozen. Please make sure to put your name on any item you store in the kitchen and be sure to only take items that you labeled properly.

If you would like to schedule a building-wide event, please talk to Management first and see what they can do to help.

## **7. INSPECTIONS**

- a. The Owner and/or Management have the right to inspect units during normal business hours and with proper notice to Residents.
- b. Management may conduct annual inspections of each apartment within sixty (60) days of re-certification of a Resident's eligibility of tenancy.
- c. Management has the right to inspect units at any time without notice if they suspect a violation of the Smoke Free Housing Policy, or an urgent maintenance issue.
- d. In the event a violation of maintenance, number of occupants or inaccessibility to or within the apartment is discovered the Resident will be issued a written warning to correct the violations within a reasonable amount of time, not to exceed thirty days. Residents not correcting the violations will be subject to eviction or non-renewal of their lease.
- e. Residents must allow inspectors into their unit during any scheduled or unscheduled inspection. Residents must notify Management if they have any health-related issues that could negatively affect the inspector's or Resident's health.
- f. The Owner and any of its agents have the right to inspect apartments using a random selection process. Residents will be notified when an inspection is scheduled but will not be given any information on if their unit will be inspected.

## **8. MAINTENANCE**

It is the Resident's responsibility to notify our maintenance staff if a maintenance problem exists. All maintenance requests must be written on a work order giving as much information as possible and placed in the file box near the maintenance room on the first floor.

a. **Work Orders** must state the following:

i. **Resident Name**

ii. **Location:** either in a common area (ex. first floor hallway) or unit number and room (ex. Unit 411, bathroom)

iii. **Issue:** burnt out light, broken cabinet, etc.

iv. **Phone number.**

b. **If this is a reasonable accommodation request** you are giving permission for our maintenance staff to enter your apartment during normal business hours to inspect the unit and make notes about the work required to provide the reasonable request.

c. You may be notified if we will be using an outside vendor for maintenance work.

d. Maintenance appointments will not be scheduled around a Resident's schedule.

e. Residents will be charged for repairs to apartments, common areas or property if damage is a result of negligence, abuse or mistreatment by themselves or their guests.

f. **Emergency Maintenance Situations** as determined by Management may include but are not limited to broken pipes/flooding, broken windows, broken doors, lack of heat or lack of hot water. If you have an emergency maintenance situation after 5:00 p.m. on weekdays, or on a weekend, please contact Management immediately at 970-641-7900.

## 9. **PARKING**

a. Assigned Covered Parking:

i. There is a waitlist for those Residents who do not currently have a covered parking space.

b. If a resident assigned a covered parking spot wishes to "loan" their spot to another resident or visitor vehicle they must notify management in writing.

c. If a covered parking space becomes available it will be assigned to the first person on the waitlist.

d. Parking spots are assigned to vehicles/residents, not to units within Mountain View Apartments.

e. If two residents agree to trade spaces they must notify management in writing first.

f. All residents are to pull into the center of one parking space and not straddle the lines to insure maximum parking availability.

- g. Only one vehicle per household is allowed in the covered parking area.
- h. Covered parking spaces are reserved for registered, operable vehicles. These spaces are not to be used as storage areas for personal items.

**10. VEHICLE MAINTENANCE::**

- a. Vehicles with leaking fluids will not be permitted in covered parking spots.
- b. Vehicle repair of any kind is not permitted, unless it is required to be able to move/operate the vehicle.
- c. Washing of vehicles is not permitted in the parking area.
- d. Use of building hoses to wash a vehicle parked on the street is not permitted.

**11. PETS:** Any pet or service/support animal must be approved by Management prior to being at Mountain View Apartments. If you anticipate getting a new pet, please refer to the entire Pet Regulations and Agreement.

**12. SOLICITATION:**

No solicitors will be allowed in Mountain View Apartments. Any solicitation ads posted on the bulletin boards or on unit doors will be removed unless approved by Management prior to posting.

**13. LAUNDRY ROOM USE**

Laundry room hours are from **7:00 am to 9:00 pm**.

- a. Notify Management of any problems (lost change, malfunction, etc.) with any of the laundry machines.
- b. Clean up the area after each use.
- c. Do not use fabric dye of any sort in the machines.
- d. Be courteous to others when using the machines.
- e. Clean out the dryer vents after each use.
- f. Remove washed/dried clothes within 15 minutes of the cycle completing.
- g. Only use these facilities for washing and drying of usual personal and household items.
- h. Use of the laundry room is for Residents only.

#### **14. LANDSCAPE**

Without prior written consent from Management, Residents shall not alter, add, disturb, or destroy plants, trees, and/or shrubs, or interfere in any way with any of the property landscape design in the common areas without prior approval from Management.

- a. We encourage Residents to come together in the spring and help plan the garden areas, patio furniture, and lawn décor.
- b. Any expenses incurred by a resident will not be reimbursed by Management without a prior written agreement.

#### **15. FIRE SPRINKLERS and FIRE EXTINGUISHERS**

Residents may not tamper with fire sprinklers, fire extinguishers, outside equipment, general use appliances or electrical circuit boxes.

- a. Each unit is supplied with one fire extinguisher to be kept in the kitchen. Residents may purchase additional fire extinguishers if they choose.
- b. There are two fire extinguishers located in the hallway/common areas of each floor.
- c. There are fire suppression sprinklers within all units and common areas. Items cannot be hung/stored on these lines.

#### **16. TRASH**

- a. All garbage must be taken to the dumpster or sent down the chute on the upper floors. Please be sure that all trash is in a closed trash bag.
- b. Trash/trash bags cannot be left in the common areas at any time.
- c. Oversized trash that will not fit in the dumpster or does not belong in the dumpster including large items such as furniture (mattresses, couches, chairs etc.) are not to be left in the trash room or any common area. It is the responsibility of the resident to arrange for disposal of oversized items.
- d. Needles and syringes: All needles must be properly disposed of in “sharps” containers. Sharps containers are to be disposed of in accordance with state and federal law.

## **17. LIGHT FIXTURES**

- a. Common area light replacement/repair is the responsibility of our maintenance team. Please complete a Work Order if a lightbulb needs replacing.
- b. Our maintenance team will gladly repair/replace light fixtures that are permanent within units. Repair/replacement of any lamps, light fixtures, or furniture placed in any unit by the Resident is the responsibility of the resident occupying the unit.

## **18. LITTERING**

Littering on the grounds and parking areas including putting out cigarettes on the sidewalks, gardens or parking lot is not permitted. Residents will dispose of all trash properly and carefully so that it cannot fall out of any common area trash can or dumpster.

## **19. MESSAGES AND DELIVERIES**

Management will not take telephone messages, accept mail, or sign for packages delivered to Residents. If any mail/package is delivered to the Management office, it will be returned to sender.

## **20. MOVING IN/OUT**

- a. Moving of furniture should be done between 7:00 a.m. and 9:00 p.m.
- b. Prior to move-out a minimum written thirty (30) day written notice is to be given to Management by Resident.
- c. At move-out all keys must be returned to Management or left in the apartment upon move-out (main door, mail, and apartment keys).
- d. Prior to final move-out, Resident and Management will conduct a final inspection and all damages will be noted in writing. Damages beyond ‘normal wear and tear condition’ will be billed against Resident’s security deposit.
- e. Residents must provide a forwarding address to Management at move-out.

## **21. ABANDONMENT**

A unit will be considered abandoned if two or more of the following conditions are met:

The Resident has not resided in the unit for thirty (30) or more days and has not contacted Management regarding the absence; and rent is more than 30-days

delinquent; or Management has been notified by a designated emergency contact that the resident is no longer able to occupy the unit; and arrangements have not been made to remove personal belongings from unit.

## 22. RECERTIFICATION

Residents are required to complete recertification documents annually.

- a. Rent may decrease or increase depending on deductions calculated from the documents provided to Management.
- b. Residents receive notices 120, 90, 60, and 30 days prior to their recertification.
- c. If the information requested for recertification is not received within the time period listed in the notifications, rent increases will be implemented as required by HUD without a 30-day notice to the Resident. Changes in rent amounts can be back dated when appropriate and without notice.
- d. We request that Residents save copies of the following applicable documents to submit with their Recertification Questionnaire:
  - i. Most recent Social Security/Disability benefit letters
  - ii. Copies of all medical bills paid and/or due within 12 months
  - iii. Copies of any additional insurance premium bills
  - iv. Receipts for over the counter (“OTC”) medication along with **a note from the provider that specific OTC medications “are required due to a diagnosed medical condition.”** (OTC expenses can only be claimed with a note from the provider, provider does not have to give specifics, only state “a diagnosed medical condition.”)

## 23. SMOKING / NO SMOKING

Smoking is prohibited on or in any area of the property within twenty-five (25) feet of the outermost exterior of the building. This policy applies to all Owners/agents, Residents, guests, Management employees, and servicepersons. Please refer to the **Smoke Free Housing Policy** which took effect in July, 2018.

## **24. INDEPENDENT LIVING**

If Management believes a resident is unable to live alone due to mental or physical problems or is a danger to self or others, their tenancy may be terminated unless they can obtain a live-in aide or other type(s) of living assistance.

## **25. SENIOR RESOURCES**

Gunnison County provides many services to its senior population. The Community Resources Specialist can help connect you with medical alert devices, providers, and other necessary items. The Senior Resources office can be reached at 970-641-3244.

Long Term Medicaid management is handled in Delta County; please call them toll free at 1-855-502-6639.

## **26. THREATS, VERBAL OR PHYSICAL ABUSE, BULLYING**

Threats, bullying, verbal or physical abuse toward Management, a contractor, a maintenance person, a Resident or guest on the property will not be tolerated. Any form of abuse or bullying should be reported to Management in writing and submitted by the victim or a party with first-hand involvement in the situation. Any witness statements will only be accepted as supporting documents for the initial report/complaint.

### **1. Abuse Towards Management:**

- a. First time will result in a Lease Violation;
- b. A second incident will result a second and final Lease Violation and possibly an Eviction Notice.

### **2. Abuse Towards any Resident:**

- a. First time it is reported in writing to Management we will investigate and issue a warning or Lease Violation(s) as deemed appropriate;
- b. A second incident will result in an investigation, a Lease Violation(s) issued as appropriate, and possibly an Eviction Notice.

- 3.** It is not necessary for the same Resident to be the victim of abuse in each incident reported.

**27. COMPLAINTS.** Any type of complaint must be submitted in writing by to the Management, who will address or investigate the complaint within three (3) business days.

**a. Regarding other Residents or Guests**

**i.** In a community setting there are, at times, disagreements and personality conflicts between Residents. Such conflicts should be settled amicably between the parties, without Management intervention. **ii.** Formal Complaints regarding other Residents must be in writing and given to Management, who will, in their sole discretion, meet with the Resident(s), issue a verbal or written warning, and/or issue a Lease Violation.

**iii.** Management reserves the right to keep their decisions/actions confidential.

**b. Regarding Management:** Complaints regarding the Management actions and/or statements must be filed in writing with the Executive Director, by either hand delivering it to the Management main office, or by email to director@gvrha.org.

**28. MODIFICATION OF HOUSE RULES**

Owners and Management of Mountain View Apartments must comply with Federal guidelines and rules under HUD 4350.3 Regulations. In order to comply with these regulations Owner/agent will modify these House Rules from time to time as required. Residents will be given 30-days notice of the changes in writing and must agree to sign a receipt acknowledging such modifications.

\*\*\*\*\*

**Sign on next page**

## **Detach this page and return to the Mountain View Office**

I/we have read the above MOUNTAIN VIEW APARTMENTS HOUSE RULES, effective beginning February 15, 2026, and agree to abide by them during my tenancy at the Mountain View Apartments.

---

Resident 1 Date

---

Resident 2 Date