



LUTHERAN MANOR
OF THE LEHIGH VALLEY, INC.



2085 Westgate Drive
Bethlehem, PA 18017
Ph 610-866-6010 | Fax 610-866-9773
T1Y/T1D 1-800-654-5984
www.lutheranmanor.com

Dear Applicant:

Thank you for your interest in Lutheran Manor Apartments. Attached is an Application for Tenancy packet. Because of the HUD Section 231/8 subsidy program through which the property is funded, applicants must meet certain qualifications for admission to Lutheran Manor Apartments. Head of household, spouse, or co-head must be 62 years of age or older to apply OR adults 18 years of age or older with a disability (mobility impairment) which would necessitate the features of our accessible units.

Particular income limits determined by the Department of HUD in accordance with the Section 8 program do apply (*please review the income limits on the following page*). Those who qualify for this program type will pay 30% of his/her monthly income toward rent and utilities. Heat, water, and gas utilities and basic cable are included in the rent. All apartments are unfurnished efficiencies and one-bedroom units equipped with refrigerator, stove, and drapery/blinds. Twenty-one (21) units are modified for accessibility to some degree.

Lutheran Manor Apartments will house applicants on a first-come, first-serve basis from our waiting list (*please see Extremely Low Income Policy on the next page*). Please understand that because we work with a waiting list you may not be able to choose the location of the apartment. When an applicant's name reaches the top of our Waiting List we will offer the next available apartment. If you do not accept the available apartment, your name can be dropped from the Waiting List.

Lutheran Manor Apartments does not provide "assisted living, nursing services, or personal care". Residents must be capable of fulfilling lease requirements by themselves or arrange on their own for needed services to be provided by outside agencies. This application requires specific information. **Failure to provide proper documents and/or verification will result in the rejection of your application and/or delay in processing.** Completed applications can be delivered to our office in person during regular business hours, Monday through Friday, or via first class mail. Remember that the applicant packet must contain the original signatures of all persons applying to reside in the unit. To see a typical apartment please contact the office for an appointment. Please be advised that it is **your** responsibility to update your information, phone number, and other changed information on your application. This must be done in writing.

Upon receipt you will be notified if it appears you have initially qualified for tenancy, and if your name has been placed on the Waiting List. Applicants will not be interviewed until this has been completed. If you have any questions concerning the applicant packet or our facility, please feel free to contact our Rental Office at (610) 866-6010.

Sincerely,

Courtney L. Doherty

Property Manager

NOTIFICATION TO PROSPECTIVE RESIDENTS OF SUBSIDIZED HOUSING

Thank you for your interest in becoming a tenant of **Lutheran Manor Apartments**. Tenancy is open to all qualified eligible persons without regard to race, color, religion, age, sex, sexual orientation, gender identity, national origin, disability, or familial status and any other State protected classes. The attached application has been designed to be self-explanatory and all information is strictly confidential. We will calculate your adjusted income from the information you provide on the attached application. HUD requires that we give priority in renting Section 8 units to applicants on the outside Waiting List whose income meets the Extremely Low income limits for our area. The income limits as of 4/13/22, are as follows:

Low Income	1 PERSON - \$53,700 maximum, 2 PERSONS - \$61,400 maximum
Very Low Income	1 PERSON - \$33,600 maximum, 2 PERSONS - \$38,400 maximum
Extremely Low Income	1 PERSON - \$20,150 maximum, 2 PERSONS - \$23,000 maximum

Extremely Low Income Limit Policy:

If management determines that following **Lutheran Manor Apartments** waiting list in standard chronological order may not (or will not) achieve the admissions necessary to meet the income-targeting requirement, then management must implement procedures that will ensure compliance. Management will implement the procedure of alternating between the first extremely low-income (ELI) applicant on the waiting list and the applicant at the top of the waiting list. To implement this method, management will select the first extremely low-income applicant on the waiting list (which may mean "skipping over" some applicants with higher incomes) for the available unit, and then select the next eligible applicant currently at the top of the waiting list (regardless of income level) for the next available unit. As subsequent units become available, tenant selection continues to alternate between the next extremely low-income applicant and the eligible applicant at the top of the waiting list until the 40% target is reached.

Enterprise Income Verification (EIV):

HUD now requires all income verification of employment, unemployment, and social security benefits be processed through the **Enterprise Income Verification (EIV)** system for current residents. Additionally, management has the option of using the Exist Resident Search option within the **EIV** system for determining if new residents are currently receiving subsidy elsewhere. If you become a resident of **Lutheran Manor Apartments**, we will verify your applicable income information through the use of this system. The Income Reports in **EIV** contain the social security numbers (SSNs), full dates of birth, first and last names, and physical address of tenant families. This is all sensitive information that **must not** be handled carelessly. Therefore, **Lutheran Manor Apartments** realizes that it must be careful not to share this information with anyone who is not authorized to have it. Please review **Lutheran Manor Apartments' EIV Policy** for further information regarding staff access, EIV Coordinator role, physical and administrative safeguards. Management does utilize the features of the Existing Resident search feature within the **EIV** system for new move-ins to the property.

Repayment Agreements with HUD Assisted Facilities:

Due to changes with HUD regulations, each HUD assisted facility will now need to track repayment agreements any current or former residents have with any HUD-funded property. Because of this, the application now contains questions regarding if monies are due to existing or prior landlords and/or to HUD. Applicants **MUST** answer the repayment agreement questions in order to have their application processed. Failure to answer these questions, or leave parts of the application blank, may result in the rejection of the applicant for incomplete information.

Proof of Social Security Numbers & Citizenship Declaration:

HUD now requires all persons applying for **Section 8** housing to provide proof of Social Security numbers as well as declaration of citizenship for all household members. All family members, regardless of age, must declare their citizenship or immigration status. U.S. citizens must sign a declaration of citizenship document. According to **Federal Register 24 CFR Part 5**, beginning on January 31, 2010 owners were required to obtain verification of a signed declaration of U.S. citizenship or U.S. nationality for each household member. For U.S. citizens or U.S. nationals, the evidence consists of a signed declaration of U.S. citizenship or U.S. nationality. For all applicants, management will obtain verification of the declaration by requiring presentation of a U.S. passport, U.S birth certificate, employment authorization card, or other appropriate documentation as provided by Section 214. For non-citizens, adequate evidence consists of a signed declaration of eligible immigration status, and one of the Section 214 eligible documents. For noncitizens, **Lutheran Manor Apartments** is required to verify with the **Department of Homeland Security (DHS)** the validity of documents provided by applicants. Applicants who hold a noncitizen visa are ineligible for assistance, as are any noncitizen family members living with the student.

Applicants must provide documentation of SSNs in order to be eligible for subsidy at **Lutheran Manor Apartments**. Adequate documentation means a social security card issued by the **Social Security Administration (SSA)** or other acceptable evidence of the SSN. The head of household/spouse/co-head must disclose SSNs for all family members. According to **Federal Register 24 CFR Part 5**, all social security numbers for an applicant's household must be verified using appropriate documentation before the household may be admitted into the project.

Bed Bugs:

Lutheran Manor Apartments recently adopted the policy of screening applicants for the presence of bed bugs prior to admittance to the property as well as screening current residents for bed bug issues. If an applicant has had problems with these at their current residence, they **must** advise **Lutheran Manor Apartments** of this prior to being offered an apartment. Please note: This will not prevent the applicant from getting an apartment, however **Lutheran Manor Apartments** will not offer the applicant an apartment until they can provide us with proof that their current residence and all of their belongings including clothes, furniture, bedding etc. have been properly treated to eliminate any presence of bedbugs. If an applicant has a problem and does not advise **Lutheran Manor Apartments** then and brings the problem into the building, the new tenant may be in violation of their lease agreement/ attachments. A resident's failure to report a problem will also be considered a violation of their lease agreement.

Effective January 1, 2015, every prospective tenant of the Lutheran Manor Apartments, prior to admission and after their office interview must allow their current residence to be inspected by our professional exterminating company. The cost of this inspection will be paid for by the Lutheran Manor Apartments. The exterminator will then issue a report to us. If the exterminator finds that there is a bedbug problem or any other pest problem, **you** will be responsible for the cost of having your residence and all of your clothes, furniture, bedding etc. treated to ensure that the problem has been removed. After that work is completed, we will again ask our exterminator to inspect your current residence to issue a follow up report. **NOTE: This will also mean that you will not be offered an apartment until the success of the treatment is verified.**

Lutheran Manor Apartments will contact you when it is time to schedule your inspection. At that time, our Pest Control company representative will call you to schedule the inspection. We will follow up with the Pest Control company after the inspection to get the results.

Smoke-Free Facility:

Lutheran Manor Apartments has adopted a policy to become a smoke-free facility as of August 15, 2012. The purpose of this rule is to protect the health and safety of our residents and property. It is a violation of the House Rules for any resident, healthcare aide, service persons, guests, or visitors to smoke, carry, inhale or exhale lighted cigarettes, pipes, cigars or any other tobacco product anywhere inside the building. Smoking is prohibited from within 20 feet of any doors or windows of the building, with the exception of the front or main entrance. *Smoking will also be prohibited near or by the front/main entrance or surrounding sidewalk-approximately 150 feet radius.* An enclosed heated “smoking shelter” is located at the rear of the property to protect those from inclement weather. Violations of the smoke-free policy can result in eviction as a violation of the House Rules (which Rules are incorporated by reference in the Lease). A violation of the Lease agreement allows for immediate termination of the Lease by the Landlord.

Violence Against Women Act (VAWA) Rights:

Under the Violence Against Women Act (VAWA), applicants and residents have rights and protections as victims of domestic violence, dating violence, sexual assault, or stalking. If there is a member of your family who is a victim or survivor of domestic violence, HUD has a form you can voluntarily fill out. The Violence Against Women Reauthorization Act of 2021 protections apply to families (adults and children) applying for or receiving rental assistance payments under the project-based Section 8 program. The law protects victims of domestic violence, dating violence, sexual assault, as well as their immediate family members from being evicted or being denied housing assistance if there is an incident of violence that is reported and confirmed. Applicants and residents may certify their status as victims of domestic violence by using the optional HUD Form-5382, Certification of Domestic Violence. Additionally, Notification of Occupancy Rights and Certification forms under VAWA will be given to applicants during the move-in process as well as to when assistance is being denied to an applicant household. Furthermore, management will have each household sign HUD Form-91067, VAWA Lease Addendum, at move-in and at recertification.

APPLICATION PROCEDURES

1. You must file your application by mail, in person, or online via our website, after which you will be notified of your eligibility. An interview will be scheduled.
2. When the applicant comes to the top of the waiting list, s/he will be interviewed. When an apartment becomes available, they will be offered the available apartment unit. If possible, the notification will be thirty (30) days in advance. An applicant may turn down an apartment offer, but only once. If the applicant turns down a second apartment, they are removed from the Waiting List unless there are verifiable medical reasons.
3. **FIRST AVAILABLE/UNIT OFFERS:** Due to size restrictions, efficiency units are limited to one person households. Therefore, management may offer whichever sized unit a one-person household on the Waiting List is eligible for (efficiency or one-bedroom) as they come available.
4. If notified by phone, you must accept the offer within twenty-four hours of the phone call.



5. If notified by mail, you must respond within three (3) working days by telephone or by coming into the office.
6. You must complete the appropriate verification forms needed to complete and approve your application for tenancy within five (5) working days.
7. Having your application processed is not a guarantee of acceptance for tenancy at **Lutheran Manor Apartments**.
8. At lease signing, the resident pays all of the security deposit and the first installment of the pet deposit (if applicable); and either full month's rent or the pro-rated rent for the remainder of the current month. The resident receives keys and possession of the unit immediately and may move in at any time.
9. If you have a disability and you need reasonable accommodation or modification in order to comply with the requirements of the application process, please bring this fact to the attention of Management. **Lutheran Manor Apartments** is committed to serving all eligible and qualified individuals.
10. For further processing information please see our Tenant Selection Plan. Or contact the Rental Office at 610-866-6010.

REJECTION CRITERIA

1. Your family income (using the HUD definition of income) is over the applicable income limits published by HUD.
2. You have derogatory or unsatisfactory credit history as reported by a Credit Reporting Agency; unsatisfactory includes, but is not limited to, late payment of obligations, judgments, bankruptcy.
3. You or another household member have negative Criminal History including a felony, registration as a lifetime sexual predator/offender, or history of drug or alcohol abuse which may interfere with residents' rights to peaceful enjoyment of the premises. (Please review Resident Selection and Screening Criteria.)
4. Negative references from prior landlords, including poor housekeeping habits, or evidence of gang or illegal substance activity, or eviction.
5. Submission of false or untrue information on your application, or failure to cooperate, in any way, with the verification process.
6. Inappropriate household size for the available unit.
7. You or another family member, are not a citizen, national or eligible as a non-citizen to pay an "assisted" rent where applicable.
8. Failure to sign designated forms and/or documents upon request, including the lease.
9. Applicant has a pet that does not conform to management's or HUD's Pet Rules.
10. By HUD formula you cannot show a need for the subsidy assistance (where applicable).
11. You are not capable of fulfilling the lease agreement, with or without assistance.

12. You have repeatedly (up to two times) been offered a housing unit, and for other than a verified medical reason, you have refused to take the unit offered.
13. This will not be your only residence and you will pay an assisted rent.
14. Inability to disclose and document all Social Security Numbers in the household.
15. Applicant or member of family has been previously removed for trespassing from the apartment community by management or the local Police Department.
16. The applicant/family is not considered an "elderly" household.
17. You or your household is comprised of students who do not meet the exception requirements per HUD (please refer to the TSP for further information).

WARNING: *This application may be refused or rejected solely on the grounds that it is not complete and/or legible, or if any information is found to be false.*

Office Use Only: <input type="checkbox"/> EL Income <input type="checkbox"/> Very Low Income <input type="checkbox"/> Low Income	Date/Time Received: _____	 
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APPLICATION FOR ELIGIBILITY DETERMINATION FOR RESIDENCY WITH LUTHERAN MANOR APARTMENTS

Please select only one of the following unit type choices:

1 Person Household: Standard Apartment _____ Accessible Apartment _____
 (The standard apartment could be either a one bedroom or an efficiency for a one-person household.)

2 Person Household: Standard Apartment _____ Accessible Apartment _____
 (The standard apartment would be a one bedroom for a two-person household.)

*To comply with Federal Executive Order #13166, management will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). While we cannot guarantee the following request, management will take affirmative steps to communicate the provided information and services. Do you require services of an interpreter or materials translated into another language other than English, as available for persons with Limited English Proficiency (LEP)? Yes No

If Yes, please list the primary language and services requested: _____

*Do you have a reasonable accommodation request due to a disability that would allow you to meet the requirements of the application process and/or potential tenancy? Yes No

If yes, please list the request: _____

1. Household Composition and Characteristics & Family Summary Sheet: *(List the head of the household and all other members who will be living in the unit. Give the relationship of each family member to the head of household. Please Print)*

Mbr. No.	Last Name	First Name & Middle Initial	Relationship to HOH	Age	Gender*	Date of Birth	Social Security Number
1			Head				
2			Spouse/Co Head				

**Disclosure of this column's information is strictly voluntary*

Current Mailing Address: _____
Street Apt.

City State Zip Code

Home Phone Mobile or Cell Phone

Email Address _____

2. **Live-In Attendant:** Do you require the aid of a live-in care attendant? Please note that this need will be verified with your doctor/physician. Yes No

If a Live-In Attendant is needed, name of Attendant (screening of this person is required including disclosure of their social security number for EIV purposes): _____

3. **Current/Former Housing Status:** Please list your current and last two addresses where you resided, plus every state you or any household member has ever lived in. A verification may be sent to these locations to confirm this information.

Address	City/State/Zip	Dates	Please select:
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other

Please list every state each person in the household has ever resided in, by state/household member:

4. **Employment:** Are you or a household member currently employed? Yes No. If yes, give name and address of your employer(s):

Name:	_____
Address:	_____
Telephone:	_____ (Area Code)
Name:	_____
Address:	_____
Telephone:	_____ (Area Code)

5. **Income:** Do you or any members of your household receive any of the following types of income on a regular basis?

Answer	Source	Mbr. #	Monthly or Periodic Amt	Documentation Needed at Time Application is Returned
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages/Salaries			Pay stub/letter from employer
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security, SSI or Railroad Benefit			Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pensions			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Insurance			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest from Investments			Bank Statement; Forms 1099
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dividends			Dividend Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Income			Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Student or Financial Aid Income			Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Self-Employment			Tax Documents or Written Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify)			Written Documentation

Do you or any members of your family have any regular sources of income not previously listed?

Yes No. If yes, please describe _____

6. **Assets:** Do you or any members of your family have any of the following assets?

Answer	Asset	Mbr. #	Current Value	Documentation Needed at Time Application is Returned
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash (in excess of \$1,000)			Signed Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s)			Copy of Most Recent Bank Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings/Money Market Account(s)			Most Recent Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks and Bonds			Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit			Copy of Certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Collectibles held for Investment			Current Appraisal
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts, IRA, or Pension Accounts			Most Recent Statement

Do you or any members of your household own a home, commercial property, or other real estate either here in the United States and/or in a foreign country?

Yes No. **If yes, please list and provide documents with application.**

Address _____ Estimated Value
 _____ \$ _____

7. Do you or any members of your household have any life insurance policies with permanent cash value? (May be called "whole life," universal," or "paid up" coverage.) Yes No. **If yes, please list policies below and provide documents with application:**

Mbr. #	Name of Company	Policy #	Face Value	Current Cash Value

8. Student Status; Are you or any member of your household currently enrolled in an institution of higher education? Yes No

On December 30, 2005, HUD published a final rule (FR-5036-F-01), entitled, "Eligibility of Students for Assisted Housing Under Section 8 of the U.S. Housing Act of 1937," implementing section 327 of the Appropriations Act of Fiscal Year (FY) 2006. The law and final rule require that if a student is enrolled at an institution of higher education, is under the age of 24, is not a veteran, is unmarried and does not have a dependent child, is individually ineligible for section 8 assistance, or the student's parents are, individually or jointly, ineligible for assistance, no section 8 assistance can be provided to the student.

If Yes, please list family member(s) and institution:

9. Do you have Medicare? Yes No. Please provide documentation.

Do you have **other medical insurance**? Yes No. If Yes, give the name of the insurance company and your policy number: _____

Are your medical bills paid by insurance? _____

Are you receiving medical assistance through Welfare? _____

If you pay any portion of your medical and/or drug costs, please furnish us with an anticipated cost for the upcoming twelve (12) month period.

10. Do you have any dependents who live with you? Yes No

Do you pay for child care for any dependents who live with you? Yes No

If Yes, please list amount and frequency _____

11. Have you or any members of your household disposed of assets totaling more than \$2,000 for less than fair market value during the past two years? Yes No

If yes, please describe: _____

12. List names, addresses, and phone numbers of two relatives or friends who know how to contact you.

Name	Address, City, St., Zip	Phone

13. **Criminal history: Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity, including a violation of the Controlled Substance Act, within the past ten (10) years? This also includes harassment, sexual assault, drug abuse, and other crimes.**
 Yes No. If Yes, please explain and name household member:

Are you or any member of your household subject to a lifetime registration requirement under a state/federal sexual offender registration program? Yes No. If Yes, please explain and name household member:

Have you or any member of your household ever been evicted from Federally-assisted housing or other types of housing? This includes but is not limited to drug-related criminal activity. Yes No
 If Yes, please explain and name household member:

Are you or any member of your household currently engaged in illegal drug use?
 Yes No. If Yes, please explain and name household member

Are you or any member of your household currently engaged in alcohol abuse that may threaten the health and safety of the residents or staff or hinders the peaceful enjoyment of the housing premises?
 Yes No. If Yes, please explain and name household member:

Lutheran Manor Apartments may prohibit admission of a household to federally assisted housing if it is determined that any household member is currently engaging in, or has engaged in during a reasonable time before the admission decision:

- (1) Drug-related criminal activity;
- (2) Violent criminal activity;
- (3) Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or
- (4) Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.

14. Enterprise Income Verification (EIV) System Use:

Were you 62 years of age or older before January 31, 2010? Yes No

Did you previously have subsidy or are you currently receiving subsidy? Yes No

If so, please list the housing/facility name, address, and the dates you received subsidy.

15. Repayment Agreements with HUD Facilities:

Is anyone in the household currently in a repayment agreement with HUD and/or a HUD funded property? Yes No. If Yes, please explain the details of the repayment agreement(s), such as property it is with, total amount owed and monthly payment amount, when the agreement was started, and the current status (current, late, past due, etc.):

16. Other Required Information:

*Are you or is anyone in your household a U.S. Veteran? Yes No

If yes, please list the household member:

*Are you or is anyone in your household fleeing a Federal or Presidential Disaster and therefore seeking temporary housing? Yes No

If yes, please describe the situation and supply a copy of your FEMA/similar letter:

*Do you plan to use a service or assistance animal in this facility? Yes No

If yes, please describe the animal:

*Do you have a pet you wish to bring onto the property? Yes No

If yes, please describe the animal:

*Do you have a vehicle(s) you wish to bring onto the property? Yes No

If yes, is the car(s) registered, insured, in operable condition, and owned by a member of the household?

Yes No

*How did you hear about *Lutheran Manor Apartments*?

- Current resident or resident family member
- Friend
- Employee
- Religious organization
- Information provided by a government agency?
- Advertisement (Where?) _____
- Other _____

NOTE: If there is a member of your family who is the survivor of domestic violence, HUD has a form you can voluntarily fill out. The Violence Against Women Reauthorization Act of 2013 (VAWA) protections apply to families (adults and children) applying for or receiving rental assistance payments under the project-based Section 8 program. The law protects victims of domestic violence, dating violence, sexual assault, or stalking, as well as their immediate family members, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. Applicants and residents may certify their status as victims of domestic violence by using the optional HUD Form-5382, Certification of Domestic Violence. Additionally, Notification of Occupancy Rights and Certification forms under VAWA will be given to applicants during the move-in process as well as to when assistance is being denied to an applicant household. Furthermore, management will have each household sign HUD Form-91067, VAWA Lease Addendum, at move-in and at recertification.

NOTE: In the event you wish to designate a person or entity to represent you during the application process, HUD has a form you can voluntarily fill out. 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. Applicants can request HUD-92006 form during the application process.

17. Applicant(s) Certification

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact *Lutheran Manor Apartments* in writing every six (6) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of Head of Household:	_____	Date	_____
Signature of Spouse / Co-Head:	_____	Date	_____
Signature of Person Assisting the Applicant on Filling-In the Appl.	_____	Date	_____
Signature of Lutheran Manor Rep:	_____	Date	_____

Lutheran Manor Apartments does not discriminate in any fashion based upon a person's race, color, religion, age, sex, sexual orientation, gender identity, national origin, disability, or familial status and any other State protected classes.

Updated 02/22/17

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

Signature of Applicant

Date

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

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



2085 Westgate Drive Bethlehem PA 18017
610.866.6010 / Fax 610.866.9773
TTY/TT 1.800.654.5984

TENANT CONSENT

The undersigned applicant(s) hereby consent to allow *Lutheran Manor of the Lehigh Valley* (owner) to obtain a credit report, and criminal information including a sex offender report and eviction report on me/each of us. Lutheran Manor of the Lehigh Valley will verify each of our income, asset and medical expense information, in addition to our credit and criminal reports for the purpose of determining whether I/we are eligible for an apartment.

We also agree and understand that owner and employees may obtain additional credit reports and criminal record reports on each of us in the future to update or review my/our file. Upon my/our request, owner will tell me/us whether credit reports or criminal record reports and eviction reports were requested and the name and address of the consumer reporting agency that provided such report.

Applicant /Co-signer

Date

Applicant/Co-signer

Date

LUTHERAN MANOR OF THE LEHIGH VALLEY

2085 WESTGATE DRIVE
BETHLEHEM, PA 18017
(610) 866-6010

BEDBUG DISCLOSURE FORM: TO ALL NEW TENANTS

It is our intention to maintain the Lutheran Manor Apartments in a condition that all tenants can always be proud of. We want you to help us ensure that it will be a pleasant place to live by being certain that you do not bring any unwanted pests along with you. One of the **biggest concerns these days for any apartment building is bedbugs**. If you have had problems with these in your current residence, you **must** advise us of this prior to being offered an apartment. **Please note: This will not prevent you from getting an apartment; however, we will not offer you an apartment until you can provide us with proof that your current residence and all of your belongings including clothes, furniture, bedding etc. have been properly treated to eliminate any presence of bedbugs**. We understand that the concerns about bedbugs are new to many people since bedbugs have been out of the news for many years. Unfortunately, in recent years, bedbugs have once again become a major problem in near epidemic proportions. There are many articles about bedbugs in the newspapers, on TV and on the internet.

Again, we want you to understand that if you have had problems with bedbugs, this will not affect you getting an apartment with us. We only want to be sure that if there was a problem at your current residence it has been completely taken care of before you move in. **If, on the other hand you have a problem and do not advise us and bring the problem into the building, you will be responsible for the total cost of the treatments required which could range from hundreds to thousands of dollars**. Your failure to report a problem will also be considered a violation of your lease since you would be affecting the quality of life for other tenants and could result in the termination of your lease.

PLEASE NOTE: This notice is not meant to be offensive to you personally. ANYONE can get bedbugs! Bedbugs have nothing to do with your housekeeping or personal cleanliness. Some of the wealthiest, most respected people, finest homes and finest hotels, colleges, schools etc. have been subject to problems with bedbugs. These bugs are efficient hitchhikers and are usually transported on luggage, clothing, beds, furniture, and other items. They can be brought to your home from recent hotel stays, from guests who have come in contact with them, from used furniture or even boxes or bags brought in from an infested location.

Signs of bedbugs are: Bed bugs are really nasty little creatures, and as pesky as they are, they're also sneaky. They can live up to a year without feeding! Here are some tips to detect those irritating bugs.

Search for their waste: One of the first signs that bed bugs are present in your bed; sofa or chair is their waste. Bed bugs, like any other insects are very hard to find but they always leave something behind. One of the biggest indicators that your furniture is infested with bed bugs is their droppings. Search your mattress, sofa or chair for dark spots that can either be solid feces, eggs, shed skins and blood blots. If you find a handful, then there are more bed bugs than you expected.

Search for their hiding places: If there are bugs, then they must be hiding somewhere. Their hiding places include crevices in the mattress, holes, the folds in the linens, nearby carpets and furniture, curtains and many more. Seeing a live one may be unlikely but seeing a dead one is a first sign that bed bugs are really present in the area.

Search yourself for bites: One of the biggest evidences of bed bug infestation is bed bug bites. Bed bug bites symptoms are very hard to identify because it takes a while before you feel the itchy sensation. They are also very hard to compare with other insect bites because they are closely identical.



Blood smears, waste, and live bed bug on bed sheet



Example of bed bug bites

Effective January 1, 2015, every prospective tenant of the Lutheran Manor Apartments, prior to moving in must allow their current residence to be inspected by our professional exterminating company. Within 2 weeks of your scheduled move in, Lutheran Manor Apartments will contact our pest control company to notify them that it is time to conduct your home inspection. The pest control company will then call you to schedule the inspection at your convenience. The cost of this inspection will be paid for by the Lutheran Manor Apartments. If the exterminator finds that there is a bedbug problem or any other pest problem, you will be responsible for the cost of having your residence and all of your clothes, furniture, bedding etc. treated to ensure that the problem has been removed. After that work is completed, we will again ask our exterminator to re-inspect your current residence. NOTE: *This will also mean that you will not be offered an apartment until the success of the treatment is verified.* We will follow up with you and the pest control company to be sure the inspection was completed and to obtain the status report.

LUTHERAN MANOR OF THE LEHIGH VALLEY BED BUG ACKNOWLEDGEMENT

Print Applicant(s) Name: _____

Please select one:

_____ I/we do **NOT** have any bedbugs or any other type of insect/pest problem in our current residence.

_____ I/we **DO** have a problem with BEDBUGS in our current residence. I/we assure you that we will have the bedbug problem corrected by a professional exterminator prior to moving in and we will provide proof of the successful treatment from the exterminating company.

_____ I/we **DO** have a problem with another type of insect / pest. Explain on back.

I (we) agree to allow our current residence to be inspected by a professional exterminator to check for bedbugs or any other pests. I understand that the cost for this inspection will be paid for by the Lutheran Manor Apartments, however if it is found that I (we) do have a bedbug problem or other pest problem I (we) are responsible for the cost of the treatments necessary to remove the problem. I (we) understand that if a problem is found I (we) will not be offered an apartment until after the exterminator verifies that my current residence and all clothes, furniture, bedding etc. are free of the problem.

I (we) understand that I (we) will be notified by a Lutheran Manor Apartment staff member when it is time to complete the inspection of our current residence. At that time, someone from the pest control company will call us to schedule the inspection. I (we) understand that if the inspection is done prematurely the inspection is VOID and will have to be redone.

My/Our signature(s) below verify that I/we have read and understood the information regarding bedbugs and that the information I/we have provided is true and complete.

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

You will be asked to attest to this again on your Lease Signing day!

DO NOT WRITE BELOW THIS LINE!-For Lease Signing Day!

My/Our signature(s) below affirm I/we DO NOT have a bedbug or pest problem at the previous residence as confirmed by our pest control inspection and that the information I/we have provided is true and complete.

Resident: _____ Date: _____

Co-Resident: _____ Date: _____

LUTHERAN MANOR APARTMENTS

2085 Westgate Drive
Bethlehem, PA 18017
(610) 866-6010 / 711

ATTACHMENT 1 Lutheran Manor Apartments HCDA Section 214 / Owner's Notice for Applicant Family

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are 2 people listed on the Family Summary Sheet, you should have 2 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the **Lutheran Manor Apartments** rental office with your application.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the **Lutheran Manor Apartments** rental office. We will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Format. Failure to

ATTACHMENT 1
Lutheran Manor Apartments
HCDA Section 214 / Owner's
Notice for Applicant Family
(Continued)

provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Sincerely,

Management Representative

ATTACHMENT 2
 Lutheran Manor Apartments
 HCDA Section 214
 Family Summary Sheet

Name: _____

FAMILY SUMMARY SHEET

Under provisions of Section 214 Housing and Community Development Act of 1980, all Tenant families / Applicant families must provide a listing of all persons who are residing or will reside in the assisted housing unit.

Family Member	Last Name of Family Member	First Name	Relation to Head	Sex	Date of Birth
HEAD					
2					

Signature of Head of Household: _____

Date: _____

OFFICIAL USE ONLY
OWNER'S SUMMARY OF FAMILY

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Gender	Date of Birth	Declaration	Date Verified
1			Head				
2							

I affirm that original documentation was presented which verifies citizenship as reflected on the attached HCDA Section 214 declaration documents.

Lutheran Manor Staff Member Signature _____ Date _____

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)

Lutheran Manor Apartments 034-38009 2085 Westgate Drive, Bethlehem, PA 18017

Name of Property Project No. Address of Property

Lutheran Manor of the Lehigh Valley Inc. Section 8

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

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

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

This is a two part form.
First, you should pick one of the top two boxes.
Then.....
Second, you may select as many as you want from the list below.

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

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

Signature

Date

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

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

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

A. General Instructions:

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

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

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

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

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

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

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

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 _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

GENDER _____ ALIEN REGISTRATION NUMBER _____

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
(print or type first name, middle initial, last name):

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

AND

b. One of the following documents:

- (1) Form I-551, *Permanent Resident 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 a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (5) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

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

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

Signature Date

Check here if adult signed for a child: _____

<p style="text-align: center;">REQUEST FOR EXTENSION</p> <p>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.</p> <p>_____ Signature Date</p> <p>Check if adult signed for a child: _____</p>

_____ 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: _____

VERIFICATION CONSENT FORM

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the Citizenship Declaration format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child: _____



Notice: To all residents and new applicants

Date: July 10, 2018

Re: Smoke Free Policy

The Management and the Board of Directors of the Lutheran Manor of the Lehigh Valley adopted a *smoke-free facility* policy effective on August 15, 2012.

This decision was made because of the known adverse health effects of secondhand smoke on those who are in close proximity to it, encouragement from HUD and the increased risk of fire caused by smokers' negligence. As a result of this policy, smoking will only be allowed in limited and designated areas **outside** of the building. This policy is effective for all tenants, staff, guests, relatives, homemakers, cleaning people, employees, service persons, etc. Tenants will be responsible for ensuring that no one associated with them smokes in their apartment or anywhere in the building or restricted areas outside.

The term "Smoking" means inhaling, exhaling, burning or carrying any lighted cigar, cigarette, pipes or other tobacco product in any manner or in any form.

Smoking is prohibited from within 20 feet of any doors or windows of the building, with the exception of the front or main entrance. This will prevent smoke from entering apartments thru low-level apartment windows and avoid loitering near all building entrances. Smoking will be prohibited in or around the gazebo and pavilion- no exceptions! ***Smoking is also prohibited near or by the front/main entrance or surrounding sidewalk- approximately 150 feet radius.***

Smoking is prohibited in the Promenade Area- *located in the new fire lane on the side of the building.* This will also prevent smoke from entering apartments thru lower-level apartment windows.

An enclosed heated "smoking shelter" is located at the rear of the property to protect those from inclement weather. Violations of the smoke-free policy can

result in eviction as a violation of the House Rules (which Rules are incorporated by reference in the Lease). A violation of the Lease agreement allows for termination of the Lease by the Landlord.

Tenants are responsible for ensuring that no one is smoking in their apartment or building and remains in the proper designated areas. Failure to do so will be a violation of the House Rules which would also be a violation of their lease.

By request, we can offer educational programs and programs to help residents stop smoking. I will be glad to meet with any applicant, tenant or group of tenants to discuss any concerns or questions they have regarding this policy.

Sincerely,

Courtney L. Doheny

Courtney L. Doheny
Executive Director

LUTHERAN MANOR OF THE LEHIGH VALLEY

2085 WESTGATE DRIVE
BETHLEHEM, PA 18017
(610) 866-6010

No-Smoking Policy Acknowledgement

I/We have received a copy of the Lutheran Manor Apartments No-Smoking Policy and fully understand its requirements. I/We agree to fully abide by this policy as an applicant, resident, guest, visitor, staff, vendor, employee or similar person of the site, or face consequences such as possible eviction, removal from the waiting list, or other form of reprimand.

As a result of this policy, smoking is only allowed in limited and designated areas *outside* of the building. This policy was effective August 15, 2012 for all tenants, staff, guests, relatives, homemakers, cleaning people, employees, service persons, etc. Tenants are responsible for ensuring that no one associated with them smokes in their apartment or anywhere in the building or restricted areas outside.

Smoking is prohibited from within 20 feet of any doors or windows of the building, with the exception of the front or main entrance. Effective June 1, 2015 No smoking will be permitted near or by the front/main entrance or surrounding sidewalk- approximately 150 feet radius. This will prevent smoke from entering apartments thru low-level apartment windows and avoid loitering near all building entrances. *Effective July 10, 2018 No smoking will be permitted in the Promenade Area located in the fire lane on the side of the building.* This will also prevent smoke from entering apartments thru lower-level apartment windows. Smoking will be prohibited in or around the gazebo and pavilion.

An enclosed heated "smoking shelter" has been installed on the property as a designated smoking area. The term "Smoking" means inhaling, exhaling, burning or carrying any lighted cigar, cigarette, pipes or other tobacco product in any manner or in any form.

Please sign and return this form to the office

Resident/Applicant Signature

Date

Resident/Applicant Signature

Date

Courtney Doherty

Executive Director Signature

Date

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

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

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

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

Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division):
US Housing and Urban Development
Pennsylvania State Office, Attn:Dir. Multifamily Div.
100 Penn Square East
Philadelphia, PA19107-3380

O/A requesting release of information (Owner should provide the full name and address of the Owner.):

Lutheran Manor of the Lehigh Valley, Inc.
2085 Westgate Drive
Bethlehem, PA 18017

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.):
PHFA
Performanced Based Contact Administrator
211 North Front Street, Harrisburg, PA 17101

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.

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.

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).

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

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.

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.

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

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.

Lutheran Manor of the Lehigh Valley, Inc.

Name of Project Owner or his/her representative

Mona Finnigan, Occupancy Specialist

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.

ATTENTION! ATTENTION!

The following items must be included when you return your application or it will not be marked complete!

1. Photo Identification or Driver's License
2. Social Security Card (NOT your Medicare Card)
3. Income & Asset Documents-Current Social Security Award Letter, Current Bank statements, etc. - Please see sections #5 and #6 right hand column.
4. Birth Certificate or Passport for Proof of Citizenship.



