ARLINGTON ARBOR

1035 ARLINGTON AVENUE NORTH • SAINT PETERSBURG, FLORIDA 33705

PHONE (727) 896-5148 • FAX (727) 898-7612 • TTY 1-800-955-8771

Dear Applicant:

Thank you for your interest in Arlington Arbor. We are a non-profit rental community that has provided quality, affordable housing for low-income seniors in sunny St. Petersburg, Florida for over 50 years. We are also proud to be a smoke-free community.

This beautiful 14 story high-rise community is located near the heart of downtown St. Petersburg and it offers 299 spacious unfurnished apartments. There are 53 studio apartments that are approximately 473 square feet and 246 one-bedroom apartments that are approximately 579 square feet in size. Rent is determined based on each qualified household's income. Rent includes water, pest control, and free Wi-Fi access in certain ground floor common areas. Preliminary eligibility requirements are found on the Initial Requirements pages of this package.

The submission and approval of a fully completed application package is required to be placed on our waiting list, which is managed according to the date and time each completed application is received. After you have completed all of the documents in this application package, please contact us to schedule an interview appointment or return them to our office by mail, fax, or email. Along with your completed application, please bring or include the following items for each household member:

1. Proof of Social Security Number *(i.e., SSA card or benefit letter showing full SSN)*
2. Proof of Identity *(i.e., driver's license, state ID, or other photo identification showing name)*
3. Proof of Age *(i.e., birth certificate, passport, baptismal certificate, or benefit letter showing full date of birth)*
4. If you are a non-citizen: Proof of eligible immigration status *(i.e., passport, permanent resident card, naturalization certificate, or other DHS approved document)*
5. If you have a pet: Proof of current immunizations, licenses, and being neutered/spayed

Upon receipt of your fully completed application package, an evaluation of the unverified information you provided will determine if you meet our preliminary eligibility requirements. You will then be notified in writing of your application's acceptance or rejection based on our preliminary eligibility requirements. Placement on the waiting list does not guarantee an apartment. We will notify you when it is your turn to proceed with a final eligibility determination in which your credit, criminal, and rental histories and your current financial information will be screened and verified in accordance with our Resident Selection Plan.

You are required to notify us if your contact information changes. If we cannot reach you when your name comes up on the waiting list, your application may be skipped or removed.

If you have any questions, would like to schedule a tour of our community, or need assistance with your application, please contact us by phone during normal business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding public holidays, or anytime by emailing ArlingtonArbor@phhf.com or visiting our website at www.phhf.com/arlington_arbor. We look forward to hearing from you!

Sincerely,

Administrator

John Knox Housing, Inc. dba Arlington Arbor

Initial Occupancy Requirements

Section 8	Project Based Section 8 subsidy is available to all 300 apartments (54 studio and 246 one-bedroom). Eligibility for occupancy is determined based on Section 8 requirements.

Age	The head, co-head or spouse of the applicant family must be **62** years of age or older.				
Maximum Income	1 Person	2 Person			
Effective: 5/1/2026	$40,150	$45,850			
	The Very Low-Income limits above are determined annually by HUD and adjust based on applicant family size.				
Minimum Income	There is no minimum income limit in the Section 8 program.				
***HOTMA* Asset Restrictions**	Real Property:	Applicants are ineligible for the Section 8 program if they have a present ownership interest in, a legal right to reside in, and the legal authority to sell a home or dwelling (Real Property) that is Suitable for Occupancy.			
Effective: 1/1/2027	Asset Cap:	$109,797 Current max value of household assets for Section 8 eligibility.			
Occupancy Limits	There is an applicant household maximum of two persons per bedroom, including studios.				

Preliminary eligibility based on age, income, assets, and household size is determined at the time of application.

Rent	Rent is determined based on the greater of 30% of adjusted monthly income, 10% of gross monthly income, or the $25 minimum rent requirement.

Vouchers	Double subsidy is prohibited. Housing Choice Vouchers (HCV) are not accepted for any apartments on a Project Based Section 8 contract.

HOTMA Compliance - Delayed Enforcement: Asset Limitation

The Housing Opportunities Through Modernization Act (HOTMA) enacts several revised and new eligibility requirements for the Section 8 program. While certain portions of HOTMA went into effect on January 1, 2024, the effective date of several other portions, including two new asset restrictions, have been delayed until the applicable industry related software and forms are updated and fully implemented. Prior to full HOTMA implementation, the Asset Cap and Real Property asset restrictions will not be enforced as part of the preliminary eligibility determination for any Section 8 applications. However, once HOTMA is fully implemented, both asset restrictions will be enforced as part of the preliminary eligibility determination for all new Section 8 applications received on or after the date of implementation and as part of the detailed screening and verification process for all existing Section 8 applications received and accepted prior to the date of implementation. Notice will be sent to all existing Section 8 applicants to inform them of HOTMA implementation and that eligibility for the Section 8 program now includes enforcement of the new asset restriction(s) during the detailed processing of their application. The asset limitation does not apply to current residents already receiving Section 8 rental assistance prior to the full HOTMA implementation. Please refer to the proposed Resident Selection Plan for more information on Asset Limitation.

EQUAL HOUSING OPPORTUNITY

This company does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

John Knox Housing, Inc. dba Arlington Arbor					
1035 Arlington Avenue North Saint Petersburg, Florida 33705					
Phone	(727) 896-5148	Fax	(727) 898-7612	TTY	(800) 955-8771
ArlingtonArbor@phhf.com					
www.phhf.com/arlington_arbor					

Office Staff Use Only	Completed Application Received		Date	
	By		Time	

Rental Application

#1	Name of Head of Household	
Cell Phone Number	Home Phone Number	Email Address

Contact Method(s)				
Check Yes for contact method(s) that you consent to us using to contact you. *(If any method is unsafe, check No)*	Mail: ☐ Yes ☐ No		Call: ☐ Yes ☐ No	
	Email: ☐ Yes ☐ No		Text: ☐ Yes ☐ No	

Existing Resident Transfer Request		
Are you a current resident requesting a different apartment? *(If Yes, enter your current apartment number and skip to final signature page)*	☐ Yes: Apt #	☐ No

Current Residence			
Check the type of residence	☐ Rent ☐ Own	☐ Other:	
Landlord/Owner Name		Street Address	
Landlord/Owner Phone Number		City, State, Zip	
Date of Move In	Monthly Rent	Reason for Leaving	

Have you given your current landlord notice that you will be moving?	☐ Yes	☐ No
Are you required to provide at least 30 days notice to your current landlord?	☐ Yes	☐ No
Have you been evicted or is your landlord attempting to evict you or another person living with you?	☐ Yes	☐ No
Are you currently receiving any housing assistance? *(i.e. HUD, RHS or a PHA)*	☐ Yes	☐ No

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Residential History - Head of Household

At least 3 years of residential history is required. If the Head of Household has lived at their current residence for less than 3 years, provide previous residence information below starting with the most recent. The residential history for other members of the applicant household can be provided on the following page(s).

Previous Residence

Check the type of residence:	☐ Rent ☐ Own ☐ Other:	
Landlord/Owner Name		Street Address
Landlord/Owner Phone Number		City, State, Zip
Date of Move In	Date of Move Out	Reason for Leaving

Previous Residence

Check the type of residence:	☐ Rent ☐ Own ☐ Other:	
Landlord/Owner Name		Street Address
Landlord/Owner Phone Number		City, State, Zip
Date of Move In	Date of Move Out	Reason for Leaving

Previous Residence

Check the type of residence:	☐ Rent ☐ Own ☐ Other:	
Landlord/Owner Name		Street Address
Landlord/Owner Phone Number		City, State, Zip
Date of Move In	Date of Move Out	Reason for Leaving

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Residential History - Household Member

At least 3 years of residential history is required. Any other adult members of the applicant household that have not lived with the Head of Household for the last 3 years must provide their alternate residence information below, starting with the most recent. Check NA if applicant is a single person household.

Have **all** other adult members of the applicant household lived with the Head of Household for the last 3 years? *(If Yes or NA, skip the rest of this page)*	☐ NA	☐ Yes	☐ No

Alternate Residence

Check the type of residence: ☐ Current ☐ Previous ☐ Rent ☐ Own ☐ Other:

Landlord/Owner Name	Household Member Name
Landlord/Owner Phone Number	**Street Address, City, State, Zip**

Date of Move In	Date of Move Out	Reason for Leaving

Alternate Residence

Check the type of residence: ☐ Current ☐ Previous ☐ Rent ☐ Own ☐ Other:

Landlord/Owner Name	Household Member Name
Landlord/Owner Phone Number	**Street Address, City, State, Zip**

Date of Move In	Date of Move Out	Reason for Leaving

Alternate Residence

Check the type of residence: ☐ Current ☐ Previous ☐ Rent ☐ Own ☐ Other:

Landlord/Owner Name	Household Member Name
Landlord/Owner Phone Number	**Street Address, City, State, Zip**

Date of Move In	Date of Move Out	Reason for Leaving

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Household Financial Information

In order to determine eligibility, you must list **all** sources of income including assets that you and all applicant family members currently receive or expect to receive in the next 12 months.

Income

Type of Income	Name of Income Source	Name of Recipient	Gross Annual Income	Income Source Contact Info
			$	
			$	
			$	
			$	

Income includes wages, welfare payments, alimony, social security, pension, annuity, unemployment compensation, workers' compensation, income from property you own, child support, social security for children, AFDC, earnings from a second or part time job and any anticipated income such as a bonus or pay raise you expect to receive. Income also includes any regular or required minimum distributions from IRS recognized retirement accounts.

Assets and Asset Income

Type of Asset	Name of Asset Source	Name of Owner/Recipient	Gross Annual Asset Income	Asset Cash Value
			$	$
			$	$
			$	$
			$	$

Assets include financial and investment accounts such as checking, money markets, savings, certificates of deposit, mutual funds, bonds, real estate, stocks, and certain trusts and their interest and dividends or other earnings as asset income. Non-necessary personal property is included if its value exceeds the current Asset Threshold. Assets do not include IRS recognized retirement accounts or any necessary personal property. Assets also include Real Property.

Asset Divestiture Certification

Have you or any household member disposed of any assets for less than the Fair Market Value in the last 2 years? (*If yes, please describe below)*	☐ Yes	☐ No

Description	Disposition Date	Market Value	Sold For
		$	$
		$	$

Real Property Certification

Do any household members have a present ownership interest in, a legal right to reside in, and the legal authority to sell a home or dwelling (Real Property) that is suitable for occupancy?	☐ Yes	☐ No

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Preferences				
How many individuals will be living in the apartment?	Adults:		Minors:	
What apartment size(s) are you applying for?	☐ Studio	☐ 1 Bedroom		
Do you have any additional apartment requests?				
Does a disability you or any applicant family member have require the features of an accessible apartment?			☐ Yes	☐ No
If yes, what feature(s) is/are required?				
Does a disability you or any applicant family member have require a reasonable accommodation?			☐ Yes	☐ No
If yes, what accommodation(s) is/are required?				
Have you been involuntarily displaced by government action or presidentially declared disaster?			☐ Yes	☐ No
Are you or any household member under imminent threat for another reason?			☐ Yes	☐ No

Pets				
Do you plan to house an animal in the apartment?			☐ Yes	☐ No
Animal Type	Breed	Weight	License Number	Expiration Date
The presence of any animal must be approved before it is allowed to be kept in the apartment.				

Vehicles				
Do you have a car or vehicle you will be parking on the property?			☐ Yes	☐ No
Year	Make	Model		
Due to limited parking availability, we permit only 1 legally operable vehicle per licensed driver.				

Marketing Information				
How did you hear about us?	☐ Newspaper	☐ Website	☐ Drove By	☐ Current Resident
	☐ Church	☐ Organization	☐ Another Person	☐ Other
Please choose one or all that apply.				

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Applicant Household Summary

Provide **all** the information requested below for each person who will be living in the apartment.
Please use the Name that is on file with the Social Security Administration or other valid federal identification.
All fields are required for each household member except for Gender, which may be left blank for undisclosed.

#1	Head of Household (HOH) Full Legal Name	Date of Birth	Gender *(optional)*
			☐ Male ☐ Nonbinary ☐ Female ☐ Other
List All States Where This Person Has Lived		Social Security Number** *(or Exemption Code)*	

#2	Household Member's Full Legal Name	Date of Birth	Gender *(optional)*
			☐ Male ☐ Nonbinary ☐ Female ☐ Other
List All States Where This Person Has Lived		Social Security Number** *(or Exemption Code)*	
Member's Relationship to Head of Household	☐ Co-Head ☐ Minor Child ☐ Foster Child ☐ Live-in Aide ☐ Spouse ☐ Other Adult ☐ Foster Adult ☐ None of the Above		

#3	Household Member's Full Legal Name	Date of Birth	Gender *(optional)*
	NA		☐ Male ☐ Nonbinary ☐ Female ☐ Other
List All States Where This Person Has Lived		Social Security Number** *(or Exemption Code)*	
Member's Relationship to Head of Household	☐ Co-Head ☐ Minor Child ☐ Foster Child ☐ Live-in Aide ☐ Spouse ☐ Other Adult ☐ Foster Adult ☐ None of the Above		

#4	Household Member's Full Legal Name	Date of Birth	Gender *(optional)*
	NA		☐ Male ☐ Nonbinary ☐ Female ☐ Other
List All States Where This Person Has Lived		Social Security Number** *(or Exemption Code)*	
Member's Relationship to Head of Household	☐ Co-Head ☐ Minor Child ☐ Foster Child ☐ Live-in Aide ☐ Spouse ☐ Other Adult ☐ Foster Adult ☐ None of the Above		

**Social Security Number Disclosure Exemption Codes

Social Security Number (SSN) disclosure is mandatory for all non-exempt household members prior to move-in. If any member does not have a SSN and/or is claiming exemption from disclosure, enter the applicable exemption letter code in that member's SSN field above. Additional documentation may be required to certify and/or verify a member's eligibility for any claimed SSN disclosure exemption prior to being permitted to move-in.

C	Member is an ineligible non-citizen and does not contend eligible immigration status
M	Member is under 6 without an assigned SSN
F	Member is a foster whose SSN hasn't been disclosed by the foster agency and HUD has approved a waiver
E	Member was 62 as of 1/31/2010 and began receiving HUD housing assistance before 1/31/2010

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Applicant Background		
Are you or any household member a student enrolled in an institute of higher education? *(college, university, etc.)*	☐ Yes	☐ No
Have you or any household member ever had an eviction filed against you?	☐ Yes	☐ No
Have you or any household member ever left owing money to any landlord/owner?	☐ Yes	☐ No
Are you or any household members enrolled in the U.S. Military or a veteran of the U.S. Military?	☐ Yes	☐ No
Do you or any household member have any current outstanding balances owed to any utility provider(s)? *(electricity, water, etc.)*	☐ Yes	☐ No
Were you or any household member ever asked to allow or participate in the extermination of pests other than when regularly scheduled? *(roaches, bed bugs, rodents, etc.)*	☐ Yes	☐ No
Have you or any household member ever had adjudication withheld or been convicted of a crime?	☐ Yes	☐ No
Are you or any household member currently engaged in illegal use of a drug or have a pattern of illegal drug use?	☐ Yes	☐ No
Do you or any household member currently abuse alcohol or have a pattern of alcohol abuse?	☐ Yes	☐ No
Have you or any household member interfered with another resident's health, safety, or right to peaceful enjoyment of the premises due to drug or alcohol abuse?	☐ Yes	☐ No
Are you or any household member required to register with any state lifetime sex offender or other sex offender registry?	☐ Yes	☐ No

If you answered Yes to any of the above questions, please explain the circumstances regarding the situation.

ALL information provided on this application will be verified prior to move-in. You are committing fraud if you knowingly provide false, incomplete, and/or misleading information.

PENALTIES FOR MISUSING THIS FORM

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

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Applicant Certification

By signing this document, I/we certify that all of the statements and information provided above on this application for rental are true and complete to the best of my/our knowledge and understand it is collected only to determine eligibility and/or level of benefits for what will serve as my/our household's only residence. I/We hereby authorize an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records and credit records. I/We acknowledge that false or omitted information herein may be grounds for rejection of this application, termination of occupancy and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State. I/We hereby release Realpage, Inc. and any of the above from any liability and responsibility arising from their doing so. Facsimiles of this authorization may be used to facilitate multiple inquiries. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application.

	Applicant Signature	Date
#1		
#2		
#3		
#4		

Administrator Signature	Date

If you are disabled or have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

(Estimado inquilino, si está usted discapacitado o necesita asistencia en su idioma, por favor déjenos saber sus necesidades. Con mucho gusto le daremos acceso a servicios individualizados basados en su pedido.)

This company does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

PHHF
Presbyterian Homes & Housing Foundation

Kaitlyn Richter
1050 Burlington Avenue North • St Petersburg, Florida 33705
Phone: (727) 894-0368 • TTY: (800) 955-8771

EQUAL HOUSING OPPORTUNITY

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

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.

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.

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.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
U.S. Dept. of Housing & Urban Development Jacksonville Office, Multifamily Housing Division 400 W Bay St, Ste 1015, Jacksonville, FL 32202	John Knox Housing, Inc. 1035 Arlington Avenue North Saint Petersburg, Florida 33705	Jerome Ryans, President/CEO, North Tampa Housing Development Corporation, 4300 West Cypress St., Suite 300, Tampa, FL 33607

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

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

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

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section

221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

Head of Household	Date	Other Family Members 18 and Over	Date
Spouse	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date

Agencies To Provide Information

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

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

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

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

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

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

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

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.

Daryl Hill

Name of Project Owner or his/her representative

Administrator

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.

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)

John Knox Housing, Inc. 067-11290 1035 Arlington Ave. N., St. Petersburg, FL 33705

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

Presbyterian Homes & Housing Foundation of Florida, 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	

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

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

_____ _____

Signature **Date**

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

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

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

A. General Instructions:

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

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

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

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

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

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

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

John Knox Housing, Inc. dba Arlington Arbor

Owner's Notice No. 1

Dear Applicant(s):

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 the Applicant Household Summary to list all family members who will reside in the assisted apartment.
2. Each family member (including you) listed on the Applicant Household Summary must complete a Citizenship Declaration. If there are 4 people listed on the Applicant Household Summary, you should have 4 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 Applicant Household Summary, the Citizenship Declarations, and any other forms and/or evidence with your application to the following name and address:

Arlington Arbor
1035 Arlington Avenue North
Saint Petersburg, Florida 33705

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 our community administrator. He/she will be happy to assist you. Also, if you are unable to provide the required documentation by the required date, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration. Failure to 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.

This company does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

PHHF
Presbyterian Homes & Housing Foundation

Kaitlyn Richter
1050 Burlington Avenue North • St Petersburg, Florida 33705
Phone: (727) 894-0368 • TTY: (800) 955-8771

EQUAL HOUSING OPPORTUNITY

John Knox Housing, Inc. dba Arlington Arbor

Citizenship Declaration

This Declaration must be completed by each family member listed on the Applicant Household Summary. Live-in Aides are not required to declare citizenship. Adults may complete this form on behalf of minors.

Full Legal Name		Social Security Number		Date of Birth
Relationship to Head of Household:	☐ HOH	☐ Co-Head ☐ Spouse	☐ Minor Child ☐ Other Adult	☐ None of the Above
Nationality: *(nation/country to which you owe legal allegiance)*		☐ USA ☐ Other:		
Alien Registration Number or USCIS#: *(7 to 9-digit number on DHS Form I-551)*				☐ N/A
Admission Number: *(11-digit number on DHS Form I-94)*				☐ N/A
Office Staff Use Only	SAVE Verification Number: *(to be entered by Owner if/when received)*			☐ N/A

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

Declaration

I, _____ hereby declare, under
(print first name, middle initial, and last name)

penalty of perjury, that I am _____
(print first name, middle initial, and 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 check on behalf of a child, the adult who will reside in the assisted apartment and who is responsible for the child should sign and date below.

Signature: _____ Date: _____

Check here if adult signed for a child: ☐

EQUAL HOUSING OPPORTUNITY

This company does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

☐ **2. A Non-Citizen with eligible immigration status as evidenced by one of the documents listed Below.**

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

From non-citizens claiming eligible status who are 62 or older:

a. This signed declaration of eligible immigration status; and

b. Proof of age

From non-citizens claiming eligible status who are not 62 or older:

a. This signed declaration of eligible immigration status; and

b. Verification Consent Form

AND

c. One of the following documents:

(1) Form I-551, *Permanent Resident Card*

(2) Form 1-94, *Arrival-Departure Record* annotated with one of the following:

(a) "Admitted as a Refugee Pursuant to Section 207";

(b) "Section 208" or "Asylum";

(c) "Section 243(h)" or "Deportation stayed by Attorney General"; or

(d) "Paroled Pursuant to Section 212(d)(5) of the INA."

(3) Form I-94, *Arrival-Departure Record* (with no annotation) accompanied by one of the following:

(a) A final court decision granting asylum (but only if no appeal is taken);

(b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);

(c) A court decision granting withholding of deportation; or

(d) A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(5) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted apartment and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph 2.c. above are not currently available, complete the Request for Extension block below.

Signature: _____ Date: _____

Check here if adult signed for a child: ☐

REQUEST FOR EXTENSION

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

Signature: _____ Date: _____

Check here if adult signed for a child: ☐

EQUAL HOUSING OPPORTUNITY

This company does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

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

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

Signature: _____ Date: _____

Check here if adult signed for a child: ☐

PENALTIES FOR MISUSING THIS FORM

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

This company does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

PHHF
Presbyterian Homes & Housing Foundation

Kaitlyn Richter
1050 Burlington Avenue North • St Petersburg, Florida 33705
Phone: (727) 894-0368 • TTY: (800) 955-8771

EQUAL HOUSING OPPORTUNITY

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John Knox Housing, Inc. dba Arlington Arbor

Verification Consent Form

Complete this form for each noncitizen family member who declared eligible immigration status on the Citizenship Declaration form. Adults may complete this form on behalf of minors.

Consent

I, _____ hereby consent to the following
(print 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: ☐

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John Knox Housing, Inc. dba Arlington Arbor
1035 Arlington Avenue North
St. Petersburg, FL 33705
Phone (727) 896-5148 • Fax (727) 898-7612 • TTY (800) 955-8771

PERMISSION TO ASSIST APPLICANT/RESIDENT

Date: ____/____/____

Applicant or
Resident: _____ Apt #: _____

Permitted Assistant(s):
- ☐ Administrator
- ☐ Administrative Assistant
- ☐ Certified Occupancy Specialist
- ☐ Service Coordinator
- ☐ Other: _____

I hereby authorize the individual(s) above to assist me with completing any or all documents and forms necessary to process my application/recertification for housing/subsidy as required by the United States Department of Housing and Urban Development and/or Arlington Arbor. I understand that document assistance may include filling in any missing information such as dates, the printing of my name and/or personal information or any other blank questions, marking appropriate empty check boxes, and translation assistance. I understand that document assistance does not include my signature. I understand that the individual(s) above may not assist with any document or form unless I am present physically, virtually, or on the telephone or any other equally effective manner. I understand that this form and its consent expire 14 months after signature.

I understand that it is a criminal offense, punishable by a $10,000 fine or 5 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction per the provisions of Section 1001 of Title 18 of the U.S. Code.

_____ _____
Applicant/Resident Signature Date

_____ _____
Assistant Signature Date

This company does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

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