



Tenants to Homeowners, Inc.
The Lawrence Community Housing Trust Program
2518 Ridge Court, Suite 103, Lawrence, Kansas 66046
842.5494 ♦ FAX 785.842.7570 ♦ lawrencelandtrust@yahoo.com ♦ www.tenants-to-homeowners.org

LCHT Accessible Housing Application Instructions

Upon request, a staff member will assist you in filling out the application

Tenants to Homeowners will not accept applications that do not include all the following:

- The application must be filled out completely.**
- Copy of Photo I.D. for all adults in household**
- Copy of Social Security cards for all household members**
- Attached Section 202 Disability form must be completed by a medical professional.**
- Signed “Tenant Release and Consent Form” included in your application packet.**
- List of pharmacies or medical professionals, with their fax numbers, where you have paid out-of-pocket health care expenses.**
- 3 months bank statements for all adults in household**
- Income Verification must be provided. Acceptable forms:**
 - **4-6 consecutive pay stubs.**
 - **If self-employed, 8 months bank statements showing deposits, and previous year’s tax return.**
 - **Letter from employer verifying salary – letter must be on company letterhead.**
 - **Most Recent Social Security/SSDI letter**
 - **Previous Year’s tax return, if applicable**

THE APPLICATION PROCESS:

- **There is no application fee. We offer application forms to everyone who asks about our rental units, regardless of whether a unit is available. Accepting an application does not indicate the application will be approved.**
- **We do not review applications until a unit becomes available.**
- **If a unit is unavailable, qualified applicants may be placed on a waiting list for the next available unit.**
- **The application process takes several weeks and requires that we contact your banks and employers for third-party verification, in addition to the verifications you turn in with your application.**
- **Rent for these accessible properties are based on your verifiable income, assets, medical expense deductions and medical mileage deductions for medical appointments. Information gathered will remain confidential and will only be used to verify your eligibility and calculate your rent.**

LCHT Accessible Housing, LLC owns and operates this property. This property receives tax credit funding and HUD Section 202 Project-based subsidy. We are [also] pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are not barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, national origin, or sexual orientation. LCHT Accessible Housing, LLC. complies with and bases its policies on the Kansas Landlord Tenant Law.

APPLICATION for LOW INCOME HOUSING TAX CREDIT (LIHTC) PROPERTY

Project Name _____ Unit # _____ No. of Bedrooms _____

Phone (home) _____ (work) _____

Current Address: _____

PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate.

PART I - FAMILY COMPOSITION - To be completed by applicant

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

1. 2. 3. 4. 5. 6.	Name <u>ALL</u> People to Occupy Unit			DOB	Age	Sex	Relationship	Social Security #	Student? "Yes" or "No"	If "Yes" PT or FT
	LAST NAME	FIRST	MI							
1.							HEAD			
2.										
3.										
4.										
5.										
6.										

Please complete the following questions:

- (1) Spouse's Maiden Name: _____
- (2) Do you expect any changes in the household composition in the next 12 months? _____

- (3) Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? Y/N _____ (please describe)

- (4) Do all of the above household members reside in the household 100% of the time? Y/N _____ If no, please list the household members that do not live in the household 100% of the time: _____
- (5) Are all occupants' full time students? Yes _____ No _____ If Yes, please answer the following:
 - a) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? Yes _____ No _____ (If yes, and all household members are full time students, attach a copy of the Signed Federal Income Tax Return).
 - b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC/FIP? Yes _____ No _____
 - c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State or local laws? Yes _____ No _____
 - d) Are you a single parent household with at least one dependent child? The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. Yes _____ No _____ (If yes, and all household members are full time students, a signed copy of your Tax Return and Divorce Decree must be attached).
 - e) Are any of the students part of the foster care program? Yes _____ No _____

PART I - FAMILY COMPOSITION (CONTINUE) - To be completed by applicant

(6) Does any adult member of the household anticipate enrolling in the next twelve (12) months as a student?

Yes _____ No _____ If yes, who _____
 Name of School(s): _____ Address: _____

(7) Current Marital Status: Single _____ Married _____ (date _____) Divorced _____ (date _____) Separated _____
 (date _____) Widowed _____ (date _____)

PART II - HOUSEHOLD INCOME - To be completed by applicant

For questions (8) through (29), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

Yes	No	Do you or anyone in your household have:	Annual Amount
___	___	(8) Wages or salaries (include overtime, tips, bonuses, commissions and payments received in cash) \$	_____
___	___	(9) Child support (include child support you are entitled to but may not be receiving)	\$ _____
___	___	(10) Alimony (include alimony you are entitled to but may not be receiving)	\$ _____
___	___	(11) Social Security or Rail Road Pension	\$ _____
___	___	(12) Supplemental Security Income (SSI)	\$ _____
___	___	(13) Public Assistance - ADC, TANF, FIP, and/or Aid to Families w/Dependent Children (AFDC)	\$ _____
___	___	(14) Veterans Administration Benefits	\$ _____
___	___	(15) Pensions, IRA, and/or 401 (k) (Keogh Accounts)	\$ _____
___	___	(16) Annuities	\$ _____
___	___	(17) Unemployment Compensation	\$ _____
___	___	(18) Disability, Death Benefits and/or Life Insurance Dividends	\$ _____
___	___	(19) Workers' Compensation	\$ _____
___	___	(20) Severance Pay	\$ _____
___	___	(21) Net Income from a Business (Self Employment, including rental property, land contracts or other forms of real estate)	\$ _____
___	___	(22) Income from Assets	\$ _____
___	___	(23) Regular Contributions and/or Gifts from Person not residing at unit	\$ _____
___	___	(24) Lottery Winnings or Inheritances (paid as an annuity)	\$ _____
___	___	(25) All regular pay paid to members of the Armed Forces (Military Pay)	\$ _____
___	___	(26) Education Grants, Scholarships or Other Student Benefits (including other sources i.e. parents)	\$ _____
___	___	(27) Long Term Medical Care Insurance Payments in excess of \$180.00 per day	\$ _____
___	___	(28) Other Income _____	\$ _____
		TOTAL	\$ _____
		(29) Total Gross Annual Income from Previous Year	\$ _____

CURRENT ASSETS - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

YES	NO		CASH VALUE	BANK NAME
Do You or Anyone in Your Household Have:				
(30) _____	_____	Savings Account?	\$ _____	Bank _____
(31) _____	_____	Checking Account/ Debit Card/Demand Deposit Account	\$ _____	Bank _____
(32) _____	_____	Certificates of Deposit?	\$ _____	Bank _____
(33) _____	_____	Safe Deposit Box?	\$ _____	Bank _____
(34) _____	_____	Trust Account?	\$ _____	Bank _____
(35) _____	_____	Any Stocks or Securities?	\$ _____	Bank _____
(36) _____	_____	Any Treasury Bills?	\$ _____	Bank _____
(37) _____	_____	Retirement Fund? (Include IRA's, Keogh accounts)	\$ _____	Bank _____
(38) _____	_____	Mutual Funds?	\$ _____	Bank _____
(39) _____	_____	Savings Bonds?	\$ _____	Bank _____
(40) _____	_____	Money Market Account?	\$ _____	Bank _____
(41) _____	_____	Cash on Hand	\$ _____	Bank _____

Do You or Anyone in Your Household:

(42) _____ Do you or any other member of your household have any Whole or Universal Life Insurance Policies?
 Is so who is this listed with: _____
Cash Value \$ _____

(43) _____ Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques etc.)?
Cash Value \$ _____

(44) _____ Own equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)?
 If yes, Type of Property: _____
 Location of Property: _____
 Appraised Market Value: _____
 Mortgage or Outstanding loans balance due: _____
 Amount of Annual Insurance Premium: _____
 Amount of most recent tax bill: _____

PART III - ASSET INCOME (CONTINUE) - To be completed by applicant

(45) _____ Have you sold or disposed of any other assets in the last 2 years? (ex: given money away, set up Irrevocable Trust Account, property)

If yes, type of asset: _____
Market Value when sold or disposed: _____
Amount sold or disposed for: _____
Date of Transaction: _____

(46) _____ Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When _____ Cash Value \$ _____
Where are Funds Held? _____

(47) _____ Do you have any other assets not listed above (excluding personal property)?

If yes, please list: _____

PART IV - EMPLOYMENT HISTORY - To be completed by applicant

(48) Head's Current Employer: _____

Date Hired: _____ Date Terminated: _____ Supervisor: _____

Salary: \$ _____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____
Address City State Zip Phone

(49) Head's Previous Employer: _____

Date Hired: _____ Date Terminated: _____ Supervisor: _____

Salary: \$ _____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____
Address City State Zip Phone

(50) Spouse Current Employer: _____

Date Hired: _____ Date Terminated: _____ Supervisor: _____

Salary: \$ _____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____
Address City State Zip Phone

(51) Other Applicant's Current Employer: _____

Date Hired: _____ Date Terminated: _____ Supervisor: _____

Salary: \$ _____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____
Address City State Zip Phone

(52) Head's Previous Employer: _____

Date Hired: _____ Date Terminated: _____ Supervisor: _____

Salary: \$ _____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____
Address City State Zip Phone

PART V - CREDIT REFERENCES - To be completed by applicant

	<u>Name</u>	<u>Address / Phone</u>	<u>Monthly Payment</u>
(53)	_____	_____	\$ _____
(54)	_____	_____	\$ _____
(55)	_____	_____	\$ _____

PART VI – RENTAL HISTORY - To be completed by applicant

(56) Residence History: Current & Previous Landlords:
(Past 2 years residence including any owned by applicants.)

Current Address	Rent/Month	Utilities/Month	Reason for Leaving
_____	_____	_____	_____
Landlord Name	Landlord Address		Landlord Phone
_____	_____		_____
When did you move in:		When did you move out:	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
_____	_____	_____	_____
Landlord Name	Landlord Address		Landlord Phone
_____	_____		_____
When did you move in:		When did you move out:	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
_____	_____	_____	_____
Landlord Name	Landlord Address		Landlord Phone
_____	_____		_____
When did you move in:		When did you move out:	

PART VII - OTHER - To be completed by applicant

(57) Do you have full custody of your child (ren)? Explain the custody arrangements: _____

(58) Would you or any members of your household benefit from a handicapped-accessible unit? Yes _____ No _____
If yes, explain: _____

(59) Have you ever been evicted? Yes _____ No _____
If yes, explain: _____

(60) Have you ever filed for bankruptcy? Yes _____ No _____
If yes, explain: _____

(61) Have you ever been convicted of a felony? Yes _____ No _____
If yes, explain: _____

PART VII - OTHER (CONTINUE) - To be completed by applicant

- (62) Will your household be receiving Section 8 rental assistance at the time of move-in? Yes _____ No _____
- (63) Will you household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?
Yes _____ No _____ Explain: _____
- (64) Have you ever received rental assistance? Yes _____ No _____
If yes, explain: _____
- a. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify?
Yes _____ No _____ If yes, explain: _____
- (65) Will this be your only place of residence? Yes _____ No _____
If no, explain: _____
- (66) What is the condition of your current housing?
Standard _____ Unsafe or Unhealthy _____ Living with Parents _____
No Indoor Plumbing / Kitchen _____ Currently without Housing _____

PART VIII - RESIDENT'S STATEMENT - To be completed by applicant

- (67) Do you have a legal right to be in the United States: (check one that applies)
- _____ Yes, because I am a United States Citizen
_____ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly
The Immigration and Naturalization Service)
_____ No

If you answered "Yes" because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a NonCitizen with eligible immigration status.

PART IX – SPECIAL NEEDS - To be completed by applicant

- (68) Does anyone your household have special needs? (Y/N) _____
- (69) Special living accommodations required? (Y/N) _____

If yes please explain: _____

PART X – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant

Name / Relationship	Address	Phone

PART XI - RESIDENT'S STATEMENT - To be completed by applicant

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Applicant Signature (Head) _____ **Date** _____

Applicant Signature (Co-Head) _____ **Date** _____

Other Applicant Signature _____ **Date** _____

Other Applicant Signature _____ **Date** _____

To be completed by Owner / Property Manager:

OWNER'S STATEMENT: Based on the representations herein and upon the proof and documentation obtained, the household named in Section 1 of this Application/Certification is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in a unit in the development. Based on the representations herein and upon the proofs and documentation obtained, the household constitutes a low-income resident who's anticipated annual income for the next twelve months does not exceed:

For Initial Application: \$ _____ (Income Limit for Household Size)

Signature of Owner's or Developer's

Authorized Representative: _____ Date _____

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. This information is for reporting purposes only. The information will not be used in evaluation of your application or to discriminate against you in any way. **You are not required to furnish this information, but are encouraged to do so.**

I choose not to complete this questionnaire.

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST	Relationship	Racial –please see below *1	Ethnicity- Please see below *2	Disabled – please see below *3
1.	HEAD			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Racial*1

- 1 – White
- 2 – Black/African American
- 3 – American Indian/Alaska Native
- 4 – Asian
- 5 – Native Hawaiian/Other Pacific Islander

Ethnicity*2

- 1 – Hispanic or Latino
- 2 – Not Hispanic or Latino

Disabled*3

- Yes No

Military Service

- Pre-Vietnam Era
- Vietnam Veteran
- Post-Vietnam Era
- Disabled Veteran

How did you hear about this housing opportunity?

- Newspaper
- Company Employee
- Professional Publication
- Job Fair
- Placement Office
- Web Site
- Other _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!

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.

DISABILITY VERIFICATION FORM FOR SECTION 202/8 PROPERTIES

Name of Medical Professional: _____

PLEASE RETURN FORM TO:

Address: _____

SUBJECT: Verification of Information Supplied by an Applicant/Tenant for Housing Assistance

Tenants to Homeowners, Inc.
 2518 Ridge Court, Suite 103
 Lawrence, KS 66046
FAX: (785) 842-7570

NAME: _____

ADDRESS: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

Area to be completed by a Medical Professional

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

- 1. YES NO Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
- 2. YES NO Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
 - a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitation in three or more of the following areas of major life activity;
 - (1) Self-care,
 - (2) Receptive and expressive language,
 - (3) Learning,
 - (4) Mobility,
 - (5) Self-direction,
 - (6) Capacity for independent living, and
 - (7) Economic self-sufficiency; and
 - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- 3. YES NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
- 4. YES NO Is a person whose sole impairment is alcoholism or drug addiction.

 Name and Title of Person Supplying the Information Firm/Organization Name Signature Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

 Signature Date

NOTE TO APPLICANT/TENANT: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT: 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 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 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Please return the form to the address listed above. Thank You.



EXPLANATION TO THE APPLICANT
REQUIRED TO BE GIVEN TO EACH APPLICANT BEFORE SIGNING THE
VERIFICATION FORM.

HUD permits owners to verify that you have a disability only if:

- 1) Your eligibility for admission is dependent on your being a person with a disability; or
- 2) You claim eligibility for deductions that are given to a person with a disability.

The definitions of disability vary depending on the project you are applying for or living in. The owner determines the definition(s) to use by consulting with HUD Handbook 4350.3. The third party from whom this verification is being requested has knowledge of whether your disability meets the applicable definition(s) of disability (or person with a disability). An owner may request from a third party only the minimum information necessary to determine whether you meet the applicable definition of disability (or person with a disability). Any other request for information about you is not relevant and may not be asked (e.g., diagnosis, treatment plan).

Acceptable forms of a Disability Verification:

NOTE: HUD accepts three methods of verification. These are, in order of acceptability, third-party verification, review of documents, and family certification. If third-party verification is not available, owners must document the tenant file to explain why third-party verification was not available.

1. Disability Verification Form completed by a medical professional stating that the individual qualifies under the definition of disability; or
2. The person receives Social Security Disability. If a person receives Social Security Disability solely due to a drug or alcohol problem, the person is not considered disabled under housing law. **If item 4 on the verification form is checked the person is also not considered disabled under housing law.**

NOTE: A person that does not receive Social Security Disability may still qualify under the definition of a person with disabilities, as long as a medical professional verifies the disability.

Receipt of a veteran's disability benefits does not automatically qualify a person as disabled, because the Veteran's Administration and Social Security Administration define disabled differently. (3-28 B. 3)

Owners must not seek to verify information about a person's specific disability other than obtaining a professional's opinion of qualification under the definition of a person with disabilities



Tenants to Homeowners, Inc.
The Lawrence Community Housing Trust Program
2518 Ridge Court, Suite 103, Lawrence, Kansas 66046
842.5494 ♦ FAX 785.842.7570 ♦ lawrencelandtrust@yahoo.com ♦ www.tenants-to-homeowners.org

TENANT RELEASE AND CONSENT

I/We, _____, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to Tenants to Homeowners, Inc., for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

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

GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

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

- | | |
|------------------------------------|--|
| Past and Present Employers | Welfare Agencies |
| Veterans Administration | Previous Landlords (including public housing agencies) |
| State Unemployment Agencies | Social Security Administration |
| Retirement Systems | Support and Alimony Providers |
| Banks/Other Financial Institutions | |
| Medical and Child Care Providers | |

CONDITIONS

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

Signature Date

Signature Date