



Inwood House

10921 Inwood Avenue, Silver Spring, Maryland 20902
301-649-6595 301-649-2917 TDD 301-649-5864 Fax
www.inwoodhouse.org info@inwoodhouse.org

Dear Applicant,

Thank you for expressing an interest in residency at Inwood House. We are pleased to offer you an application. We invite you to apply for residency in our special community.

Complete your application to get on the waiting list. Once the application is received in its entirety, Inwood House can begin to screen your application. You will receive a letter within 30 days of receiving your application stating if your application is complete. If your application is incomplete, you will have 14 days to submit the rest of the required information. If your application is complete, your name will be placed on the waiting list according to the date and time your completed application was received. **THE DATE YOU SUBMIT A COMPLETE APPLICATION IS THE DATE YOU WILL BE PLACED ON THE WAITING LIST.** The letter will also state the estimated time of the wait list. You will be placed on the one bedroom list, the one bedroom with shower stall list, two bedroom list, or the two bedroom shower stall list according to your preference checked on #II of the application and if you completed the Verification of Eligibility Status form to apply for the shower stall type apartment. Please use the checklist on the back of this letter to help you submit a complete application.

Applicant Interview. When your name nears the top of the waiting list, you will be contacted to schedule an appointment for an applicant interview and a tour of Inwood House. Your application will be fully processed at that time to determine if you meet the program resident screening criteria as it pertains to household size and composition, HUD income limits, rental, credit and criminal history and the ability to comply with the terms of the lease, such as paying rent every month, keeping a clean apartment, and being able to live peacefully with neighbors. You will be requested at that time to provide contact information for landlords and references, as well as verification of your income, assets, social security number and citizenship or immigration status. If your application does not meet all project and resident screening criteria, your application will be denied for residency at Inwood House. If it is determined your application meets all project and resident screening criteria, you will be given 30 days notice for an apartment when your name is at the top of the list and a vacancy occurs.

Tours of the building and of an apartment, if available, are provided every Tuesday from 1:00 p.m. to 3:00 p.m., without an appointment. It is Open House time, so feel free to drop by. If you have any further questions concerning your application, we will address them at that time.



Inwood House Development Corporation



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In order to apply for residency and rental assistance at Inwood House, you must return the necessary forms and information in its entirety before your application can be processed. Did you remember to.....

- ___ 1. Complete, sign and date the Application for Residency and Rental Assistance;
- ___ 2. If you are age 62 years or older, please submit verification of your age. Acceptable forms of age verifications are a birth certificate, valid passport, naturalization certificate and social security administration benefit printout.
- ___ 3. If you are under the age of 62 and have a disability, please submit verification of disability. You may verify your disability by submitting a copy of your SSI or SSDI Proof of Income Letter or Award Letter, or you may have a professional complete the Verification of Eligibility Status form.
- ___ 4. Sign and date the Notice and Consent for the Release of Information form;
- ___ 5. Sign and date Application's/Tenant's Consent To The Release of Information form;
- ___ 6. Enclose papers which verify your income and assets. This can be in the form of a pay stub, Social Security Notice of Income statement, bank statements or other documentation from the income and asset source which is current and dated within the last three months.
- ___ 7. If you are requesting an apartment with a shower stall (no tub), you must have a professional complete the Verification of Accessibility Features form.

Inwood House Development Corporation/Inwood House does not discriminate on the basis of disability in the admission of access to, or treatment or employment in, its programs or activities. This corporation does not discriminate in its activities because of race, sex, age, disability, handicap, religion, sexual orientation, source of income, marital status, families with children or national origin.



Inwood House Development Corporation



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



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APPLICATION FOR RESIDENCY AND RENTAL ASSISTANCE

I. HOUSEHOLD CHARACTERISTICS, SIZE AND COMPOSITION

List all persons in the household who will reside in the apartment unit.

1) **HEAD OF HOUSEHOLD:** Full Name _____

Handicapped? _____ Disabled? _____ Elderly (62 yrs. or older)? _____

Date of Birth _____ Age _____ Sex _____ Marital Status _____

Social Security Number _____ Phone Number _____

2) **OTHER HOUSEHOLD MEMBER:** Full Name _____

Relationship to Head of Household _____ Sex _____ Marital Status _____

Handicapped? _____ Disabled? _____ Elderly (62 yrs or older)? _____

Date of Birth _____ Social Security Number _____

3) **OTHER HOUSEHOLD MEMBER:** Full Name _____

Relationship to Head of Household _____ Sex _____ Marital Status _____

Handicapped? _____ Disabled? _____ Elderly (62 yrs or older)? _____

Date of Birth _____ Social Security Number _____

4) **OTHER HOUSEHOLD MEMBER:** Full Name _____

Relationship to Head of Household _____ Sex _____ Marital Status _____

Handicapped? _____ Disabled? _____ Elderly (62 yrs or older)? _____

Date of Birth _____ Social Security Number _____

** Does anyone plan to live with the household in the future who is not listed above?
_____ Yes _____ No If Yes, who? _____

** Does your household include a live-in personal attendant? _____ Yes _____ No





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II. APARTMENT SIZE AND TYPE

Check the appropriate apartment size/type for which you are applying.

_____ ONE BEDROOM SHOWER STALL FOR PERSONS REQUIRING THE INCREASED ACCESSIBILITY FEATURES (Occupancy 1-2 people)

* In order to qualify for this unit, the Accessibility Features Verification Status form must be completed by the appropriate professional individual and returned with the application.

_____ TWO BEDROOM TUB/SHOWER COMBINATION (Occupancy 2-4 people)

_____ TWO BEDROOM SHOWER STALL FOR PERSONS REQUIRING THE INCREASED ACCESSIBILITY FEATURES (Occupancy 2-4 people)

* In order to qualify for this unit, the Accessibility Features Verification Status form must be completed by the appropriate professional individual and returned with the application.

III. HOUSING HISTORY

What is your current living situation? _____

1) Please list the residency of the Head of Household and each adult household member for the past seven years.

** **CURRENT ADDRESS** _____ Rent Amount _____

(City, State, Zip) _____ Utility Cost _____

Rent/Own/ Live with Family? _____ Years at This Address _____

Name/Address of Landlord _____

** **PREVIOUS ADDRESS** _____ Rent Amount _____

(City, State, Zip) _____ Utility Cost _____

Rent/Own/ Live with Family? _____ Years at This Address _____

Name/Address of Landlord _____





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** PREVIOUS ADDRESS _____ Rent Amount _____
 (City, State, Zip) _____ Utility Cost _____
 Rent/Own/ Live with Family? _____ Years at This Address _____
 Name/Address of Landlord _____

** PREVIOUS ADDRESS _____ Rent Amount _____
 (City, State, Zip) _____ Utility Cost _____
 Rent/Own/ Live with Family? _____ Years at This Address _____
 Name/Address of Landlord _____

2) Do you or any household member now receive or have received in the past a rent subsidy? _____ Yes _____ No
 If yes, please state the type of rent subsidy: _____

3) Have you or any household member ever had housing assistance payments or tenancy in a subsidized housing program terminated for fraud, non-payment of rent or failure to cooperate with rent recertification procedures? _____ Yes _____ No
 If Yes, please explain: _____

IV. INCOME INFORMATION

List all amounts of gross income the household receives.

- \$ _____ per month: Employment
- \$ _____ per month: Social Security Retirement/SSDI
- \$ _____ per month: SSI
- \$ _____ per month: GPA/AFDC
- \$ _____ per month: Veteran's Benefits
- \$ _____ per month: Pension/Annuity
- \$ _____ per month: Unemployment Benefits
- \$ _____ per month: Other; specify _____





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Assets you now own:

Value: \$ _____ Savings Account; Monthly Interest: _____
 Value: \$ _____ Checking Account; Monthly Interest: _____
 Value: \$ _____ Stocks/Bonds/IRA; Monthly Income: _____
 Value: \$ _____ Trust Fund; Monthly Income: _____
 Value: \$ _____ Real Property (real estate, etc.) Monthly Income: _____
 Value: \$ _____ Other; Monthly Income: _____

Have you disposed of any real property within the last two (2) years for less than fair market value? Yes No If Yes, please explain: _____

EMPLOYMENT:

HEAD OF HOUSEHOLD Present Employer _____
 Paid _____
 Volunteer _____ Address _____
 Sheltered _____
 Date Started _____

Job Title _____ Supervisor's Name _____ Hours per week _____

OTHER HOUSEHOLD MEMBER Employer _____
 Paid _____
 Volunteer _____ Address _____
 Sheltered _____
 Date Started _____

Job Title _____ Supervisor's Name _____ Hours per week _____

DOES ANY HOUSEHOLD MEMBER:

Yes ___ No ___ Work full-time, part-time or seasonally?
 Yes ___ No ___ Expect to work for any period during the coming year?
 Yes ___ No ___ Work for someone who pays them cash?
 Yes ___ No ___ Expect a leave of absence from work due to a lay-off, medical, maternity or military leave?
 Yes ___ No ___ Entitled to child support that he/she is not receiving?
 Yes ___ No ___ Entitled to alimony that is not currently being received?
 Yes ___ No ___ Expect to receive Social Security benefits or welfare?
 Yes ___ No ___ Now receive or expect to receive regular contributions from organizations or individuals not a part of the household?
 Yes ___ No ___ Now receive or expect to receive an earned income tax credit?
 Yes ___ No ___ Have expenses for child care of a child aged 12 or younger?
 Yes ___ No ___ Pay for a personal attendant and/or for equipment for any handicapped or disabled household member which permits that person or someone else in the household to work?
 Yes ___ No ___ Have outstanding medical bills?
 Yes ___ No ___ Have any medical expenses?





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IV. OTHER INFORMATION

- 1) What type of medical insurance covers the household members? _____
- 2) What handicap accessible apartment features do you require? _____

- 3) Do you or any household member require a supportive service from an individual or an agency in order to comply with the terms of a lease? Yes _____ No _____
If Yes, please explain: _____
- 4) Do you or any household member have a legal guardian? Yes _____ No _____
Household Member Name _____ Personal or Financial? _____
Full Address of Guardian _____

Phone: Day (_____) _____ Evening (_____) _____
- 5) Have you or any of the household members been convicted of a crime? Yes _____ No _____
If Yes, please explain: _____

- 6) Do you or any of the household members currently have any criminal charges pending?
Yes _____ No _____ If Yes, please explain: _____

- 7) Please list an emergency contact person for the **Head of Household**.
Name _____ Relationship _____
Full Address _____

Phone: Day (_____) _____ Evening (_____) _____
- 8) Other information you think we should know. _____





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V. APPLICANT CERTIFICATION

I/we certify that if selected to receive rental assistance and residency at Inwood House, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize Inwood House to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we authorize Inwood House to obtain a credit history report and a criminal history report which will be obtained from a reporting agency. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law and can result in my application being denied or my tenancy being terminated. I/we agree to notify Inwood House in the event that I/we move from the address listed on the application as my/our current address. I/we understand that my/our name can be removed from the waiting list if I/we do not keep Inwood House informed as to my/our current address.

Signature Head of Household _____
Date

Signature Other Adult Household Member _____
Date

Signature Other Adult Household Member _____
Date

Signature Other Adult Household Member _____
Date

How did you find out about Inwood House? _____

Please check the appropriate ethnic group for the Head of Household. The disclosure of your ethnic group will have no bearing on the determination of your eligibility for residency. You are not required by law to answer these questions. However, this information will be used for equal housing opportunity purposes by Montgomery County and the Department of Housing and Urban Development.

_____ White _____ Black _____ American Indian/Alaskan Native
_____ Hispanic _____ Asian/Pacific _____ Other

APLICAT2.FRM 1/2009



Verification of Eligibility Status

TO THE APPLICANT:

Inwood House is a specialized apartment complex for adults with disabilities, handicaps and/or the elderly age 62 and older. HUD authorizes Inwood House to verify the disability or handicap of any applicant under the age of 62 in determining eligibility for residency at Inwood House. The following form should be given to an objective third party who has professional knowledge of your ability to meet HUD's definition of disabled or handicapped. Examples of an objective third party individual who has professional knowledge of your handicap or disability could include a physician, psychiatrist, psychologist, physical therapist, DORS counselor, etc.

TO OBJECTIVE THIRD PARTY VERIFYING DISABILITY OR HANDICAP:

_____ has applied for residency at Inwood House. For the purpose of qualifying for residency and for the HUD Section 8 rental assistance program, the applicant, who is either the head of household or spouse of the head of household must meet the HUD definitions of handicapped or disabled. We would appreciate your completing this verification for the applicant. This information will be used only for the purpose of establishing eligibility for residency at Inwood House and participation in the rental assistance program. This certification must be completed by an objective third party who has professional knowledge as to this applicant's ability to meet the HUD definitions of handicapped or disabled as defined on the attached form.

If you have any questions feel free to contact me. Thank you for your assistance to this applicant.

Sincerely,



Laura A. Fangmeyer
Leasing Consultant

PLEASE CHECK ALL THAT APPLY:

DISABLED refers to an individual who has a developmental disability which is defined as being a severe, chronic disability which:

- a. is attributable to a mental and/or physical impairment or combination of mental and physical impairments;
- b. was manifested before the age of 22;
- c. is likely to continue indefinitely;
- d. results in substantial functional limitations in three or more of the following areas of major life activity: capacity for independent living; self-care; receptive and expressive language; learning; mobility; self direction; and economic self sufficiency; AND
- e. reflects the need for a combination and sequence of special, interdisciplinary, or, generic care, treatment or other services which are of lifelong, or extended duration and are individually planned and coordinated.

HANDICAPPED means a person having a physical impairment which:

- a. is expected to be of long-continued and indefinite duration;
- b. substantially impedes the person's ability to live independently; AND
- c. is of such a nature that the person's ability to live independently could be improved by more suitable housing conditions.

HANDICAPPED means a person having a chronic mental illness which:

- a. has a severe and persistent mental or emotional impairment ;
- b. seriously limits the person's ability to live independently by limiting functional capabilities relative to primary aspects of daily living such as: personal relations, living arrangements, work and recreation; AND
- c. is of such a nature that the person's ability to live independently could be improved by more suitable housing conditions.

DISABLED means a person having a physical, mental, or developmental disability as a result of:

- a. alcohol or drug addiction
- b. infection with the Human Acquired Immunodeficiency Virus (HIV)

*NOTE: A person whose sole impairment is the diagnosis of alcoholism or drug addiction does not meet the qualifying criteria in section 202 or 811.

**NOTE: A person whose sole impairment is the diagnosis of HIV positive does not meet the qualifying criteria in section 811.

* * * * *

ACCESSIBILITY FEATURES VERIFICATION STATUS

TO THE APPLICANT AND OBJECTIVE THIRD PARTY VERIFYING NEED FOR INCREASED ACCESSIBILITY FEATURES

Inwood House has 56 one bedroom and 11 two bedroom shower stall apartments designed for individuals with physical disabilities who require the increased accessibility features offered in these units. Specifically, the accessibility features include a large "roll-in" shower stall with hand rails, lowered medicine cabinet, specially positioned bathroom sink, ample bathroom floor space so a wheelchair can easily turn and lowered kitchen cabinets which can easily be reached from a sitting position. These special units will only be offered to those individuals who can verify their need for this type of unit. Therefore, applicants must verify their need for this type of unit.

This form should be given to an objective third party individual who has professional knowledge of your physical disability or handicap and can verify your need for these increased accessibility features. Examples of an objective third party individual who would have such professional knowledge could include a physician, physical therapist, DORS counselor, social worker, etc.

TO OBJECTIVE THIRD PARTY VERIFYING NEED FOR INCREASED ACCESSIBILITY FEATURES:

_____ has applied for a shower stall unit at Inwood House and must verify their need for the increased accessibility features offered in these units. Please complete this form for the applicant.

I certify that I am an objective third party who has professional knowledge that this applicant has a physical disability or handicap that requires the increased accessibility features offered in a shower stall unit. I verify that this applicant needs the following accessibility features:

_____ large "roll-in" shower stall with hand rails

_____ lowered medicine cabinet

_____ specially positioned bathroom sink

_____ ample bathroom floor space so a wheelchair can easily turn

_____ lowered kitchen cabinets which can easily be reached from a sitting position

_____ Other - Please explain: _____

Signed: _____ Title: _____

Address: _____ Phone: _____

_____ Date: _____

I certify that I am an objective third party who had professional knowledge as to this applicant's ability to meet the above HUD defined definitions. I certify that the statements made on this form are true and complete to the best of my knowledge and belief. I understand that false or misleading statements or information given on this form are punishable by Federal Law and can result in the denial of the applicant's application or the termination of his/her tenancy.

Signed: _____

Title: _____

Address: _____

Phone: _____

Date: _____

U.S. Department of Housing and Urban Development

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

This Package contains the following documents:

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

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

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

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

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

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

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

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

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

Customer Protections

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

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

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

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

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

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

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

Consequences for Not Signing the Consent Forms

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

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

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

Programs Covered by this Fact Sheet

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

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

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

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

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

<p>HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): HUD, Washington Dc Field Office Union Center Plaza, Phase II 3rd Floor 820 First St. NE Washington, DC 20002</p>	<p>O/A requesting release of information (Owner should provide the full name and Address of the Owner.): Inwood House 10921 Inwood Ave Silver Spring, MD 20902</p>	<p>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.): Maryland Dept. of Housing and Community Development Contract Administration Unit 100 Community Place Crownsville, MD 21032</p>
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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 HUD to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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

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

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

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

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

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

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

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

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

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

Signatures:

Additional Signatures, if needed:

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

Agencies To Provide Information

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

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

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

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

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

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

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

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

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

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

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Inwood House/Rhonda M. Smith

Name of Project Owner or his/her representative

Admissions & Occupancy Coordinator

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.



Inwood House

***10921 Inwood Avenue, Silver Spring, Maryland 20902
301-649-6595 301-649-2917 TDD 301-649-5864 Fax
www.inwoodhouse.org info@inwoodhouse.org***

FACT SHEET

ELIGIBILITY

Single adults and families are eligible for residency if the head of household or spouse has a disability, handicap or is 62 years or older. All applicants must have income that does not exceed limits established by the Department of Housing and Urban Development (HUD). In addition, applicants must meet all program and resident eligibility requirement, including a good credit and rental history and the ability to comply with all terms of the lease.

TYPES OF APARTMENTS

There are 125 one-bedroom and 25 two-bedroom units. Occupancy in a one-bedroom unit is limited to one or two persons. Occupancy in a two-bedroom unit is limited to two to four persons. 56 one-bedroom and 12 two-bedroom apartment have shower stalls and specially designed kitchens for persons who have a mobility impairment and/or use a wheelchair. 69 one-bedroom and 13 two-bedroom units have bathtub/shower arrangements.

RENTS

Rent for the Residents of Inwood House is funded under HUD's Section 8 rental assistance program and is subject to HUD regulations. Each family's monthly rent is based on 30% of their monthly adjusted gross income. Rent includes all utilities. The rent is determined upon residency and annually thereafter.

FURNISHINGS

All apartments are provided with wall-to-wall carpeting and draperies. Each Resident provides their own home furnishings.

MEAL PLAN

There is an optional free lunch program available provided by Montgomery County. Meals are served in the dining room, Monday through Friday, at 12:00 p.m.

STAFFING AND SERVICES

There are variety of administrative, maintenance, resident services and front desk staff on duty 24 hours a day. Administrative offices are open Monday through Friday, 9:00 a.m. - 4:00 p.m. The resident services staff provides information and referral to community resources. The maintenance staff provides routine and emergency maintenance and repairs. The front desk attendants monitor the emergency call system and the safety of the community. The Montgomery County Department of Recreation provides a variety of social and recreation activities and programs. The Montgomery County Paratransit service provides wheelchair accessible transportation to the local shopping center on Friday mornings.

APPLICATIONS

Any citizen of the United States, or registered legal alien, may apply as long as they meet the program criteria for eligibility. Application procedures include completing the application packet as well as an applicant interview. Interested persons should contact the rental office for an application at (301) 649-6595, TTY (301) 649-6597.



Inwood House Development Corporation