

Cover Letter for Preliminary Application Packet

Project Name: TERRIFIC INN Project Address: 1222 "T" Street, NW, Washington, DC 20009

Telephone: 202-882-1160

Fax: 202-882-1131

Dear Perspective Tenant:

Thank you for your interest in our home. Enclosed is a Preliminary Application, an Information Sheet, and the Declaration of Citizenship or Eligible Immigrant Status Forms.

When the signed and dated **Preliminary Application** form and **Required Citizenship or Eligible Immigrant Status Forms** are returned to us, **an evaluation will be made based on the eligibility requirements to determine whether or not you qualify for the waiting list.**

All eligibility requirements of the U.S. Department of Housing & Urban Development (HUD), Section 8 Rental Assistance Program, must be met to become a resident. You will be contacted if we have any questions or if you are not eligible for the program.

Admission is limited to those applicants whose income meets the "Section 8" income limits for this area and all obligations of the lease. **Forty percent (40%) of the Section 8 units that turnover each year must be rented to applicants who meet the "extremely low" income (30% of median) limits.** We do not accept applications for any preference program. HUD has discontinued the Federal Preference program.

As the time approaches for you to move, we will send a Documentation Checklist Form to verify your income and assets. It is not necessary to begin collecting any documentation at this time.

We look forward to serving you as a resident. We do not discriminate on the basis of race, color, religion, sex, handicap, familial status or national origin in the admission or access to, or treatment or employment in our federally assisted programs and activities.

Cordially,

Aaron McCarley
Housing Director
O: 202 234-4128

Enclosure:

This project does not discriminate against any person on the basis of race, color, religion, sex, handicap, familial status, national origin or marital status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



Application for Housing Assistance Information Sheet

Project Name: Terrific Inn Project Address: 1222 "T" Street, NW, Washington, DC 20009

Telephone: 202-234-4128

Fax: 202-234-8145

This application covers the assisted housing program for Terrific Inn. The Manager will assist you if you have questions concerning your application.

Instructions for Completing Your Application:

1. **Please print legibly or type. Supply all requested information.**
2. **Write "NA" in all areas of the application that does not apply to you or any member of your household.**
3. **Provide social security numbers for all household members that have one.**
4. **List all household members, whether related or not, who will actually live in your unit. Use their correct legal name.**
5. **All members of your household, 18 years of age or older, must sign this application and Authorization for Release of Information form, form HUD-9887, Notice and Consent for the Release of Information to HUD (form HUD-9887-A, Applicant's and Tenant's Consent to the Release of Information – Verification by Owners of Information Supplied by Individuals Who Apply for Housing Assistance).**
6. **Immediately notify management in writing of any changes to your application.**
7. **The application must be mailed or hand-delivered, a FAX is not acceptable.**
8. **Return your application to our office at 1222 "T" Street, Washington, DC 20009.**
9. **Incomplete applications will be returned, and must be re-submitted to be processed.**

If you appear eligible for the program you applied for, your place on the waiting list is determined by the date your application was received. Management *will notify you in writing* of the status of your application. If your application is denied, you are entitled to an informal review.

People with disabilities are entitled to reasonable accommodation. Disclosing that you have a disability is entirely voluntary. If your application is denied and you feel that your disability is the cause for the denial, or if you need assistance to live in a unit due to a disability, you may request a reasonable accommodation. A "Reasonable Accommodation Request" form is available at our office.

For More Information: Contact any of the office of Terrific Inn at 202-234-4128.

Pre-Application for Housing

Project Name: Terrific Inn

Project Address: 1222 "T" Street, NW, Washington, DC 20009

Telephone: 202-234-4128

Fax: 202-234-8145

1. List each household member who would be living in the unit, including yourself. (Use reverse side if needed)

NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	SEX	RELATIONSHIP TO YOU	SOCIAL SECURITY NUMBER
			SELF	

2. Total annual household income _____

3. Current address: Street _____ Apt. # _____

City/State/Zip Code _____

Daytime telephone # _____ Evening telephone # _____

Name and address of current landlord _____

4. Most recent previous address: Street Address _____ Apt. # _____

City/State/Zip Code _____

Daytime telephone # _____ Evening telephone # _____

Name and address of current landlord _____

I lived at this address from _____ to _____ (fill in dates)

5. Have you lived in government-subsidized housing? Yes No

If yes, please provide the following information about your most recent subsidized housing?

Name and address of site/landlord _____

I lived at this site from _____ to _____ (fill in dates)

6. Have you ever been evicted from subsidized housing? Yes No

7. Unit size requested: One-bedroom Two-bedroom Three-bedroom

8. (For statistical purpose only) (Check one box each in "a" and "b")

a. Is the head of your household?

White Black American Indian/Alaskan Native Asian/Pacific Islander

b. Ethnicity of Head of Household: Hispanic Non-Hispanic

c. Are you currently homeless or living in a shelter? Yes _____ No _____

9. How did you hear about us? _____

10. Is anyone elderly, handicapped or disabled? Yes _____ No _____

11. Do they require an apartment with features designed for the physically disabled (wheelchair accessible or hearing/visual disabilities)? Yes _____ No _____



12. After reading the following certification, please sign to indicate that you understand and agree to it:

CERTIFICATION: The information provided on this pre-application form is complete and true to the best of my knowledge. I understand that providing false information may lead to denial of this application, to eviction (if the falsehood is discovered after move-in), or to criminal prosecution. I understand that admission to this site is conditioned upon eligibility criteria set by federal law, rules set by this site's resident selection plan, and my payment of any applicable security deposit in advance of move-in. I understand that, should I be accepted for admission, I must not maintain any other residence anywhere after I move in.

Signature of head of household _____ Date _____

Signature of spouse or co-head of household _____ Date _____

This project does not discriminate against any person on the basis of race, color, religion, sex, handicap, familial status, national origin or marital status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

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 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

For Office Use Only:		
Date pre-application received _____	Time pre-application received _____	By _____



Applicant Verification Consent Format

Project Name: Terrific Inn

Project Address: 1222 "T" Street, NW, Washington, DC 20009
(Please return this form to this address)

Telephone: 202-234-4128 Fax: 202-882-1131

Instructions: Complete this format for each non-citizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, the adult responsible for the child must sign it.

Consent

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

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

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF THE PROJECT IS LEFT BLANK.

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 which 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.

Signed _____

Date _____

Notification to Applicants:

Evidence of eligible immigration status shall be released only to the INS 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 INS.

This project does not discriminate against any person on the basis of race, color, religion, sex, handicap, familial status, national origin or marital status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

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Citizen/Non-citizen Declaration

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

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

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

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

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

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

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).



Citizen/Non-citizen Declaration

DECLARATION

I, _____ hereby declare, under
(print or type first name, middle initial, last name):

penalty of perjury, that I am:

1. A citizen or national of the United States.

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

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
 - (a) United States (U.S.) Passport
 - (b) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
 - (c) Certificate of Citizenship issued by USCIS
 - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
 - (a) U.S. Birth Certificate
 - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
 - (c) U.S. Citizen ID card issued by USCIS
 - (d) American Indian card issued by USCIS for the Kickapoo tribe
 - (e) Final Adoption Decree
 - (f) Evidence of Civil Service employment by U.S. Government before 6/1/1976
 - (g) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
 - (h) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
 - (i) Extract of U.S. hospital birth record established at the time of birth
 - (j) Life, health, or other insurance record showing U.S. place of birth
 - (k) Census records showing U.S. place of birth
 - (l) Nursing home records, medical records, or other documents showing U.S. place of birth created at least 5 years before initial AHCCCS application date
 - (m) Bureau of Indian Affairs tribal census records (Navajo & Seneca tribes only)
 - (n) Written affidavit (see eligibility specialist for details about who/when a member or applicant can use)
 - (3) Proof of Identity includes
 - (a) Driver's License
 - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
 - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
 - (d) Day care or nursery record (minors only)
 - (e) School record or report card (under 16 only)
 - (f) School ID with picture
 - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature

Date

- Check here if adult signed for a child,



Citizen/Non-citizen Declaration

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

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

- a. Verification Consent Form

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

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

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

Signature

Date

- Check here if adult signed for a child.



Citizen/Non-citizen Declaration

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.

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

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

Signature

Date

Check here if adult signed for a child.

Terrific Inc. 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).

Name
Address
City State Zip
Telephone - Voice
Telephone - TTY

See HUD Handbook 4350.3 Revision 1, Change 2, Paragraph 2-29-c 3 & 4 for information about the requirements to include this information.



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TO THE HOUSEHOLD MEMBER

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