

ASCENSION MANOR, INC.



911 North Franklin Street | 970 North 7th Street | Philadelphia PA 19123-1326

215.922.1116 – office | 215.922.3735 – fax | www.ascensionmanor.org

Dear Applicant,

Thank you for your interest in Ascension Manor. Please find enclosed our twenty-five (25) page application. When you have completed the application in **full** please return it to us. The last four (4) pages of the application (Applying for HUD Housing Assistance & EIV and you) are for you to keep. Please retain them for your records.

Ascension Manor is located on three and one half landscaped & gated acres. We offer numerous amenities for our tenants and have a Social Services Coordinator on site. The building and grounds have been recently renovated. They feature, among other things, a continuous winding walking path, modern lobbies with flat screen TV's, and a state of the art facial recognition security access system.

If you have any questions please feel free to contact us. Thank you again for considering Ascension Manor for your housing needs.

Sincerely,

STEVE

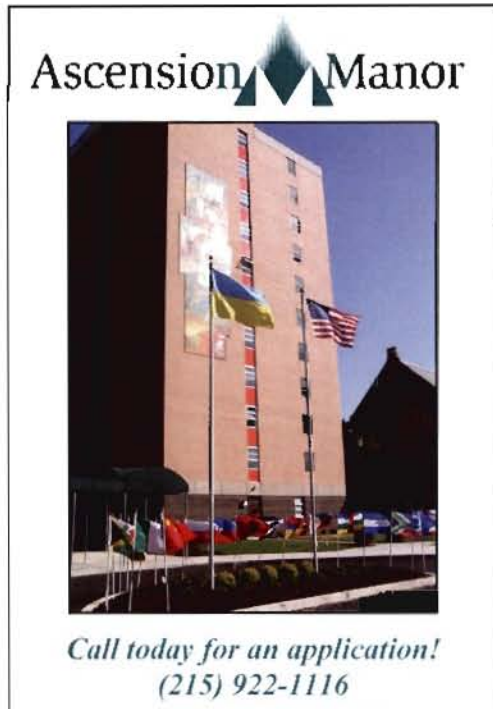
Steve Nasevich

Assistant Manager

Ascension Manor

Affordable Apartments for Seniors 62 Years of Age and Older

35 *Terrific Reasons*
why **YOU** should live at



Convenience

- Bus stop at front door
- Located in the Northern Liberties Section of Philadelphia, Minutes from Center City
- Walking distance to pharmacy, food markets, banks and library
- Near senior center and post office
- Local pharmacy delivery available
- Houses of worship within walking distance
- Neighborhood food market delivery available

Apartment Features

- Utilities included in rent
- Individually controlled heat and air conditioning (ceiling fans also included!)
- Cable ready hook-up
- Recently renovated bathrooms with shower and grab bars
- Ample closet space
- Window blinds/shades included

Make Ascension Manor Your Home, You Will Be Glad You Did!!!

- Professional caring staff
- Spacious efficiencies and one bedroom apartments
- State-of-the-art electronic face recognition detection system installed at building entrances for added security
- Newly renovated lobbies with fireplaces and flat screen tv's
- Computer Room, Exercise Room, Meditation Room and more!
- On-site management
- Well-lit off street parking
- Fenced parking lot with electronic gate
- Laundry facilities
- Soda machines
- Surveillance cameras installed on all floors of the building
- Convenient mailboxes
- Planned activities ... bus trips ... parties
- Computer classes available
- Social services available to assist residents
- 3 ½ beautifully landscaped acres
- Park like surroundings with benches and a continuous walking path around the perimeter of the estate
- Storage space available
- 24 hour emergency maintenance
- Center City skyline view
- Active Resident Association
- Gardening available

Ascension Manor
911 N. Franklin Street
Philadelphia, PA 19123
215-922-1116
(Fax) 215-922-3735



Come see why many of our residents have lived here for years!





DATE _____ FILE NUMBER _____

APPLICANT NAME _____ (Office Use Only)

CURRENT ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

SPOUSE/CO-HEAD WORK PHONE _____

CELL PHONE _____ EMAIL ADDRESS _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1 List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. Please identify all children who are the subject of a joint custody agreement with someone who will not be residing in the unit.

Member Number	Member's Full Name	Joint Custody	Sex	Relationship To Head	Birth Date	Age	Social Security Number
HEAD				HEAD			
2							
3							
4							
5							
6							
7							
8							
9							

2 Race of Head of Household (check one) (For statistical purposes only.)
 White Black American Indian/Alaskan Native Asian/Pacific Islander

3 Ethnicity of Head of Household (For statistical purposes only.) Hispanic Non-Hispanic

4 Does anyone live with you now who is not listed above: YES NO

5 Do you expect a change in your household composition? YES NO
 Explain if you answered yes to either question 4 or 5: _____

6 Is head of household, spouse or co-head handicapped or disabled? () YES () NO
(For program and unit eligibility purposes only)

7 Please identify any special housing needs your household has. _____

8 Are you now living in a subsidized housing unit? () YES () NO

9 Name of Complex: _____

10 Name of Manager: _____

11 Manager's Telephone Number: _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes," provide details in the charts below. Does any member of your household

- () YES () NO 1. Work full-time, part-time or seasonally?
- () YES () NO 2. Expect to work for any period during the next year?
- () YES () NO 3. Work for someone who pays them cash?
- () YES () NO 4. On a leave of absence from work due to lay-off, medical, maternity or military leave?
- () YES () NO 5. Now receive or expect to receive unemployment benefits?
- () YES () NO 6. Now receive or expect to receive child support?
- () YES () NO 7. Entitled to child support that he/she is not now receiving?
- () YES () NO 8. Now receive or expect to receive alimony?
- () YES () NO 9. Have an entitlement to receive alimony that is not currently being received?
- () YES () NO 10. Now receive or expect to receive public assistance (welfare)?
- () YES () NO 11. Now receive or expect to receive Social Security or disability benefits?
- () YES () NO 12. Now receive or expect to receive income from a pension or annuity?
- () YES () NO 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? (Include the payment of rent and / or utilities.)
- () YES () NO 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?

Member Number	SOURCE OF INCOME / TYPE OF INCOME	ANNUAL INCOME
HEAD		

ASSET INFORMATION

- 1 List all checking and saving accounts (including IRA's Keogh accounts, and Certificates of Deposit) of all household members.

Member Number	BANK NAME	ACCOUNT NUMBER	CURRENT BALANCE
HEAD			

- 2 List the value of all stocks, bonds, trusts, pension contributions, (cash, stocks, bonds, etc) or other assets owned by any household member. _____

3 Do you own a home or other real estate? () YES () NO

4 Have you sold or given away real estate or other assets (cash, stocks, bonds, etc.) in the past two years? () YES () NO

If yes list the asset and the market value at the time you disposed of it: _____

5 Do you or any member of your household have life insurance? () YES () NO

If yes list the Insurance Company and Policy Number _____

EXPENSES

1 Do you incur child care expenses for the care of a child 12 or younger: () YES () NO

2 If yes, give name, address and phone number of childcare provider and the weekly cost.

Name: _____

Address: _____

Phone Number: _____

Weekly Cost: _____

3 Do you pay a care attendant or for any equipment for any handicapped or disabled household member(s) that is necessary to enable that a person or someone else in the household to work? () YES () NO

4 If you pay a care attendant, provide their name, address, phone number and the weekly cost:

Name: _____

Address: _____

Phone Number: _____

Weekly Cost: _____

5 What is the nature and cost of any equipment? _____

FOR FAMILIES: WHERE HEAD, SPOUSE OR CO-HEAD IS ELDERLY, (62 or OLDER) HANDICAPPED OR DISABLED

1 Do you have Medicare? () YES () NO

If yes, what is your monthly premium? \$ _____

2 Do you have any other kind of medical insurance? () YES () NO

If yes, provide the following information:

Name: _____

Address: _____

Phone Number: _____

Premium Amount: _____

3 Do you have outstanding medical bills on which you are paying? () YES () NO

If yes, list them below:

4 What medical expenses do you expect to incur in the next twelve months? (List all)

5 If you use the same pharmacy regularly, please provide the name and address:

Name: _____

Address: _____

STUDENT INFORMATION

Will any member of the household be enrolled as a full or part-time student at an institution of higher education?
(If yes, completion of a Student Certification is required.)

() YES () NO

PREVIOUS RENTAL HISTORY (must include at least 3 years)

Name and address of your present landlord:

Telephone No. _____

How long did you live here? _____

Reason for leaving? _____

Name and address of your former landlord:

Telephone No. _____

How long did you live here? _____

Reason for leaving? _____

Have you ever been evicted from any housing unit?

() YES () NO

If yes when and why? _____

EMPLOYMENT HISTORY

Name and address of your present employer

Telephone No. _____

Supervisor's Name _____

How long have you worked there? _____

Name and address of spouse or co-head employer

Telephone No. _____

Supervisor's Name _____

How long have you worked there? _____

CRIMINAL HISTORY

1 Have you or any member of your household ever been arrested or convicted of a crime? (List all family members)

Head of Household () YES () NO

Spouse/Co-head () YES () NO

_____ () YES () NO

_____ () YES () NO

_____ () YES () NO

_____ () YES () NO

_____ () YES () NO

_____ () YES () NO

2 For all yes answers please provide additional information on a separate sheet of paper and circle all that apply below. Using the numbers below, please indicate whether any family members have been arrested for or convicted of any crimes relating to the following:

- 1 Homicide / Murder
- 2 Rape or Child Molestation
- 3 Burglary / Robbery / Larceny
- 4 Threats or Harassment
- 5 Destruction of Property / Vandalism
- 6 Assault or fighting
- 7 Drug Trafficking/Use/Possession
- 8 Child Abuse/Domestic Violence
- 9 Sex Offender Registry
- 10 Public Intoxication / Drunk & Disorderly
- 11 Receiving Stolen Goods
- 12 Fraud
- 13 Prostitution
- 14 Disorderly Conduct
- 15 Other

3 Are you, the applicant, or any member of the applicant's household, subject to a lifetime sex offender registration requirement in any state? () YES () NO

If yes, please explain: _____

4 List all states where you and all members of your household have resided. _____

Privacy Act Notice

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member who is 6 years old or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of 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. Penalty: You must provide all of the information requested by the owner, including all social security numbers

Social Security Numbers. The applicant must disclose the Social Security numbers of all household members prior to admissions. If the applicant has not been able to supply the Social Security number the applicant will be determined to be ineligible.

- The applicant who has not provided required Social Security Number information for all non-exempt household members has 90 days from the date they are first offered an available unit to disclose/verify the Social Security Numbers.
- During this 90-day period, the applicant may retain its place on the waiting list.
- After 90 days, if the applicant is unable to disclose/verify the Social Security Numbers of all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.

The regulation at 24 CFR 5.216 requires that assistance applicants and residents, excluding residents age 62 and older as of January 31, 2010, whose initial determination of eligibility was begun prior to January 31, 2010, and those individuals who do not maintain eligible immigration status, to disclose and provide verification of the complete and accurate SSN assigned to them.

Exceptions to Disclosure of SSN -- (1) Individuals who do not contend eligible immigration status. (2) Mixed Families: For projects where the restriction on assistance to noncitizens applies and where individuals are required to declare their citizenship status, the existing regulations pertaining to proration of assistance or screening for mixed families must continue to be followed. In these instances, the owner will have the tenant's Citizenship Declaration on file whereby the individual did not contend eligible immigration status to support the individual not being subject to the requirements to disclose and provide verification of a SSN.

NOTE: We may not deny assistance to mixed families due to nondisclosure of a SSN by an individual who does not contend eligible immigration status. (2) For Section 221(d)(3) BMIR, Section 202 PAC, Section 202 PRAC and Section 811 PRAC properties, the restriction of assistance to noncitizens does not apply. Individuals living at one of these properties who do not contend eligible immigration status must sign a certification, containing the penalty of perjury clause, certifying to that effect. The certification will support the individual not being subject to the requirements to disclose or provide verification of a SSN. The certification must be retained in the tenant file.

NOTE: HUD regulations do not prohibit an individual (head of household with other eligible household members) with ineligible immigration status from executing a lease or other legally binding contract. However, if your state law prohibits this, the family must not be admitted into the program.

(b) Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.

The eligibility determination is based on participation in either a Public and Indian Housing or Multifamily HUD-assisted program. The eligibility date is based on the initial effective date of the form HUD-50059 or form HUD-50058, whichever is applicable.

(1) The exception status for these individuals is retained if the individual moves to a new assisted unit under any HUD-assisted program or if there is a break in his or her participation in a HUD-assisted program.

(2) When determining the eligibility of an individual who meets the exception requirements for SSN disclosure and verification, documentation must be obtained from the owner of the property where the initial determination of eligibility was determined prior to January 31, 2010, that verifies the applicant's exemption status. This documentation must be retained in the tenant file. An O/A must not accept a certification from the applicant stating they qualify for the exemption.

1 Are all persons listed on the Household Composition a citizen or national of the United States? () YES () NO
If no, please explain:

.....
.....

Displacement by a government action or a Presidentially declared disaster are often called Statutory Preferences. Applicants with a Statutory Preference may take priority over other waiting list Applicants. Are you claiming any Statutory Preference? If yes, please explain:

() YES () NO

3 How did you learn about our housing? (newspaper, internet, friend, relative, etc) Please specify: _____
I have received the following brochures (mark all that apply): _____ EIV _____ Is Fraud Worth it? _____ 9887 _____ 9887A

APPLICANT CERTIFICATION

I / we represent and acknowledge that the landlord considers all information to be material in nature and understand that if selected for occupancy any false statements and/or information provided on this application will be deemed material non-compliance with my lease and grounds for eviction.

I / we certify that if selected to receive assistance, 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 the owner/manager 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 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.

Applicant's Signature / Date _____

Applicant's Co-Head Signature / Date _____



Date: _____

Property Name: Ascension Manor, Inc.
 Address: 911 North Franklin Street
 City, State, Zip: Philadelphia PA 19123-1326

Telephone: 215.922.1116
 Fax: 215.922.3735
 TTD/TTY: 800.955.8771

TO:
 Name: _____

Dear Applicant:

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

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

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

1. Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below by ASAP (insert date).

Ascension Manor, Inc.
911 North Franklin Street
Philadelphia PA 19123-1326

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact (insert name and telephone number). He/she will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Form. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

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

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

Attachments: Family Summary Sheet
Citizenship Declaration

Manager Date

Received with attachments:

Signature of Head of Household Date



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 II-digit number found on DRS Form 1-94, *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 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 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). Penalty provisions are cited as violations of 42 *V.S.C* 408 (a) (6), (7) and (8).

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name)

1. A citizen or national of the United States.

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

- 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
 - (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) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
 - (e) Certificate of Citizenship issued by USCIS
 - (f) American Indian card issued by USCIS for the Kickapoo tribe
 - (g) Final Adoption Decree
 - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
 - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
 - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
 - (k) Extract of U.S. hospital birth record established at the time of birth
 - (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,

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

If you checked this block, you must submit the/allowing documents:

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

- a. This signed declaration of eligible immigration status and
- b. Proof of age

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

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

- c. One of the following documents:
 1. Form I-551, Permanent Resident Card.
 2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a Refugee Pursuant to Section 207";
 - b. "Section 208" or "Asylum";
 - c. "Section 243 (h)" or "Deportation stayed by Attorney General"; or
 - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
 3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DRS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DRS district director granting asylum (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
 4. A receipt issued by the DRS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
 5. Other acceptable evidence. If other documents are determined by the DRS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

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

Signature

Date

Check here if adult signed for a child,

EXTENSION

I hereby certify that I am a non-citizen 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, 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,



PHONE: Ascension Manor, Inc. ~ 215.922.1116

TDD: 800.955.8781
Fax: 215.922.3735

FAMILY SUMMARY SHEET

Member No.	Last Name of Household Member	First Name	Relationship to Head of Household	Sex	Date of Birth
HEAD					

I, _____, hereby declare, under penalty of perjury, that the information list above is true.

Signature of Head of Household

Date



Owner's Summary of Family



Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Date of Birth	Declaration	Date Verified
Head							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Optional and Supplemental 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.

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

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.	

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 102-556, 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.

FOR OFFICAL USE ONLY

Date of Application	Time of Application	Head of Household	Unit Size	Income Level			Need for Accessible Unit		Comment /Contact	Removed /Rejected Date	Move-in Date	Preference Type
				ELI	VLI	LI	Y	N				

 Manager

 Date



Ascension Manor, Inc.
 911 North Franklin Street
 Philadelphia PA 19123-1326
 215.922.1116 (office) - 215.922.3735 (fax)



LANDLORD VERIFICATION

Date: _____

RE: _____
(enter Tenant / Applicant Name here)

Address: _____

City, State Zip _____

Social Security Number: _____

The referenced individual has applied for residency at the Property listed above. We are required to obtain a Landlord verification for all applicants of projects receiving a Low Income Housing Tax Credit allocation or other programs administered by the US Department of Housing and Urban Development (HUD) or the US Department of Agriculture - Rural Development. We ask your cooperation in supplying this required information that will only be used to determine eligibility of the person named above. Your prompt response is crucial and greatly appreciated. The applicant hereby authorizes the release of said information. Forms should be completed by the landlord, owner, or other authorized representative of your firm / company / agency.

Please complete the section below and return it in the enclosed self-addressed envelope. (Please mail rather than have the individual hand deliver). If you have any questions, please do not hesitate to contact me at the number listed above. Thank you in advance for your prompt attention.

Sincerely,

 Owner / Managing Agent Date

 Signature of Applicant/Resident Date

This Section to be Completed by Landlord

How long has / did the person reside at this address? _____ Months Years

How many bedrooms? _____ Amount of monthly rent: \$ _____ Is this subsidized housing? YES NO
(circle one)

Does/did the tenant pay rent on time? YES NO Does / did the tenant take proper care of the unit? YES NO
(circle one) (circle one)

Does/did the tenant have poor housekeeping? YES NO (include items that could be detrimental to the property or other residents - such as poor care of appliances, plumbing fixtures, poor health habits, Evidence of negligent dependent care, Physical abuse of the facilities. Any evidence of conduct, which can be detrimental to the property.)
(circle one)

If YES, please explain _____

Is/was there evidence of infestation during the tenancy? YES NO Roaches Bed bugs Rodents
(circle one) (check all that apply)

If YES, please explain _____

Did the tenant or anyone under his/her control interfere with the safety, security and right to peaceful enjoyment of other tenants? YES NO
(circle one)

If YES, please explain _____

Do/did you consider this tenant to be a good tenant? YES NO If NO please explain _____
(circle one)

If current tenant, have you been given 30 days notice of their intent to vacate your premises? YES NO
(circle one)

If previous tenant, what was the vacate date? _____ Would you rent to this tenant again? YES NO
(circle one)

If NO, why not? _____

 Landlord's Signature Telephone / Fax / Email

 Landlord's Printed Name / Company Name Date

PENAL TIES FOR MISUSING THIS CONSENT Title 18, Section 1601 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 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 42 USC 208 a(6)(7) and (8). Violations of these provisions are cited as violations of 42 USC 408 a (6) (7) and (8).

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave. S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).

This institution is an equal opportunity housing provider and employer. It 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).

Sandy Cipollone, Section 504 Coordinator, Interstate Realty Management Company, 3 East Slow Road, Marlton, NJ 08053
 (856) 596-0500 • Fax (856) 596-6093 • TDD 711

ASCENSION MANOR, INC.

911 North Franklin Street / 970 North 7th Street / Philadelphia, PA 19123

215-922-1116-Office / 215-922-3735-Fax / www.ascensionmanor.org

I hereby authorize INTERSTATE REALTY
MANAGEMENT COMPANY to complete
the following screening process:

Credit Check

Landlord Reference

Police Check

Signature of Head of Household & Date

Signature of Co-Head & Date

ASCENSION MANOR, INC.

911 North Franklin Street / 970 North 7th Street / Philadelphia, PA 19123

215-922-1116-Office / 215-922-3735-Fax / www.ascensionmanor.org

I acknowledge that I have received the below handout while making an application for admission to Ascension Manor.

Applying for HUD Housing Assistance?
Think About this....Is Fraud Worth it?

Signature of Head of Household & Date

Signature of Co-Head & Date



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 Carefull

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

What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm.



JULY 2009

8323



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



What income information is in EIV and where does it come from?

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - Child support
 - AFDC payments
 - Social security for children, etc.

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.



Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.