

1400 LeBaron Avenue -
Jacksonville, Florida - 32207
Ph: 904-398-3406 Fax: 904-398-8080
TDD/TYY Florida Relay 711



Welcome to The Towers of Jacksonville (formerly Baptist Towers) and thank you for your inquiry. The Towers is located on the beautiful St. Johns River in the San Marco section of Jacksonville. We're close to Baptist Medical Center and adjacent to The Nemours Children's Clinic and The Fuller Warren Bridge.

Residents of The Towers have access to their own private river walk and river house for socials and entertainment with other residents, family members and friends. Some residents like to fish from the river walk, or just enjoy the sunsets.

The gross rent for our spacious **Studio apartment** is \$549.00 per month. Our **1-Bedroom** apartments are very affordable as well, with a gross rent of \$589.00 per month and a market rent of \$685.00 per month. (Electricity, water and garbage are included in the monthly rent). We have a contractual agreement with HUD to provide rental assistance for those who qualify. As of November 1, 2006, all applicants who lease an apartment at The Towers must agree to abide by the House Rule that prohibits smoking anywhere within the building, including the apartment.

The Towers celebrated its 39th anniversary in 2011 and continues its mission today of providing seniors 62 years and older with low to very low incomes a quiet, convenient, secure place to call home. We're governed by a not-for-profit board of directors and operate under the guidelines of the U.S. Housing and Urban Development for affordable housing for the elderly.

The Towers accepts applications, admits residents, and employs staff without regard to race, color, religion, sex, handicap, familial status, or national origin. All applicants and residents are treated with respect and dignity and provided equal time and encouragement. Pets may be admitted upon completion of a pet application. You are entitled to review a copy of our Tenant Selection Plan while visiting the office and may request a copy, or visit our website: www.thetowersofjacksonville.com and use the Application button.

For further information call Cathy Frausto: 904-398-3406 extension-102, or you may wish to contact her through email: leasing@ttoj.net.

I look forward to your visit to tour the property and hope you will choose The Towers as your new apartment home.

Michael McClernon

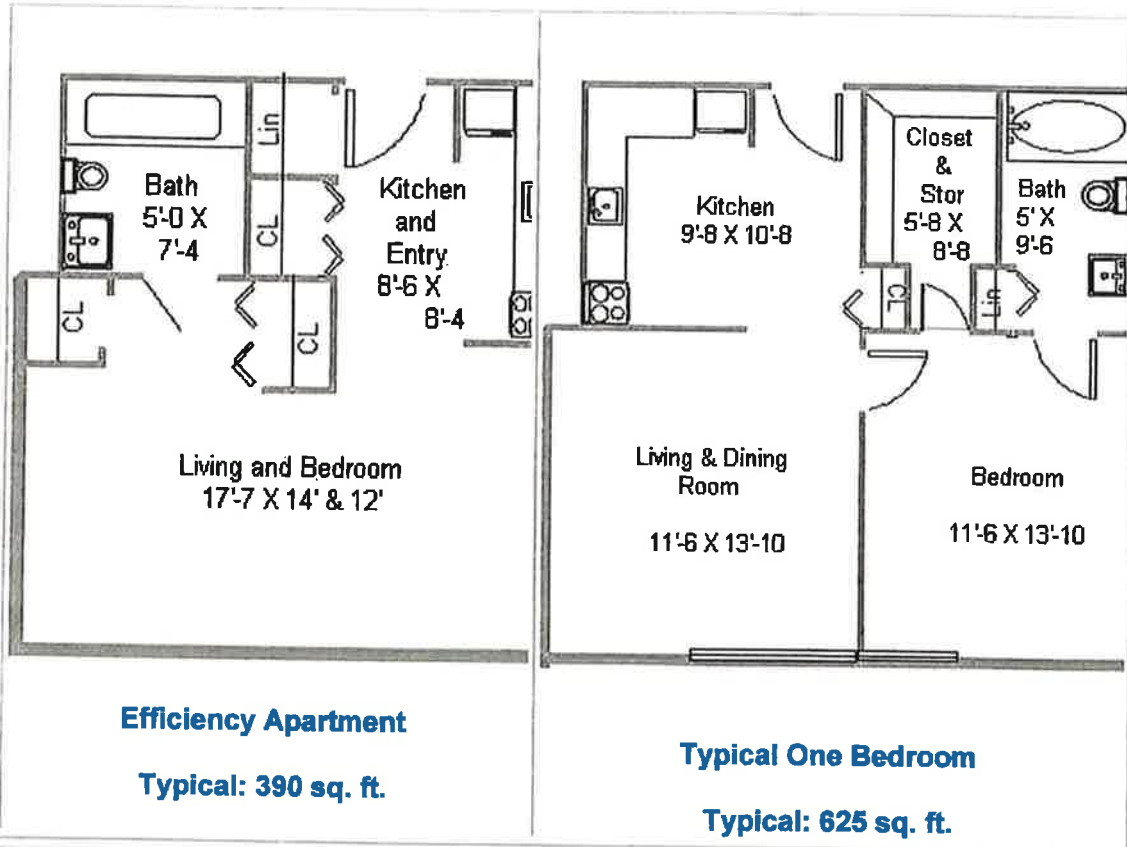
6_1_2011

1400 LeBaron Avenue ♦ Jacksonville, FL 32207 ♦ Phone (904) 398-3406 ♦ FAX (904) 398-8080 ♦ 
TDD/TTY Florida Relay 711



We are a Crime Free Property

Apartment Floor Plans



Apartment/Room Features	Community/Facility Features
<ul style="list-style-type: none"> • Separate Kitchen (not combined room) • Central Heat & Air Conditioning • Generous Closet Space • Additional Storage • Cable TV & Telephone available • Emergency Call System • Pet Policy: Small Pets allowed • And a Great View! 	<ul style="list-style-type: none"> • Activities Program • Beautician/Barber • Cable/Satellite TV • Controlled Security Access • Courtyard - Private river walk • Elevators • Fire Sprinkler System • Laundry Room • Library with Internet Access • Recreation Room - Our Summer House • River Front Living • Service Coordinator • Transportation Provided



1400 LeBaron Avenue
 Jacksonville, Florida 32207
 (904)398-3406 ext. 102
 TTY through Florida Relay
 Center Dial
 771 or 1-800-955-8771

Do you require language assistance? Yes No

All information is subject to verification by Management, prior to occupancy.

DO NOT LEAVE ANY BLANK SPACES.

Note: Use only the notation "\$0.00" if the information requested is not applicable.

Application must be returned within 14 days.

I am interested in a:

Studio Apartment

One Bedroom Apartment

When do you wish to take occupancy? _____

If accepted and if a unit becomes available, can you move in within 30 days' notice? yes no

Date: _____ Phone Number: _____

Name: _____ SS# _____

Date of Birth: _____ SS Claim# _____

Other Household Member: _____ SS# _____

Date of Birth: _____ SS Claim# _____

* Present Address _____

Landlord's Name _____ Address _____
Street/Apt City State Zip

How Long: _____ () Own () Rent () Other *explain:* _____

Monthly Rent \$ _____ Landlord's Phone Number _____

* If at present address less than 5-years, list all addresses for the past 5-years.

Previous Address _____

Previous Landlord's Name _____ Phone Number _____

Address (city and state) _____

How Long _____ Monthly Rent \$ _____

Reason for leaving this Landlord: _____

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Previous Address _____

Previous Landlord's Name _____ Phone Number _____

Address (city and state) _____

How Long _____ Monthly Rent \$ _____

Reason for leaving this Landlord: _____

Previous Address _____

Previous Landlord's Name _____ Phone Number _____

Address (city and state) _____

How Long _____ Monthly Rent \$ _____

Reason for leaving this Landlord: _____

Check every State in the U.S. you have live in since 18 years of age:

<input type="checkbox"/> Alabama	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New Mexico	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Alaska	<input type="checkbox"/> Idaho	<input type="checkbox"/> Michigan	<input type="checkbox"/> New York	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arizona	<input type="checkbox"/> Illinois	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Texas
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Indiana	<input type="checkbox"/> Mississippi	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Utah
<input type="checkbox"/> California	<input type="checkbox"/> Iowa	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Vermont
<input type="checkbox"/> Colorado	<input type="checkbox"/> Kansas	<input type="checkbox"/> Montana	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Virginia
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Oregon	<input type="checkbox"/> Washington
<input type="checkbox"/> Delaware	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Nevada	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Florida	<input type="checkbox"/> Maine	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Georgia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New Jersey	<input type="checkbox"/> South Carolina	<input type="checkbox"/> Wyoming

Are you or any member of your household subject to a lifetime state sex offender registration program in any state? Yes State/s _____ No
Failure to respond to the question may jeopardize the approval of your application.

Are you enrolled as student in an institute of higher education? Yes No

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How did you hear about The Towers of Jacksonville, Inc.?

- Church HUD Listing Website
 Newsprint Word of Mouth Other _____

Please check your reason for desiring to move:

- Personal Choice Displacement Government Action Natural Disaster
 Other, please specify _____

Have you lived in a high-rise building before? Yes No Floor Number _____

Have you previously lived or do you currently live in subsidized or public housing?

Yes No If yes, name of housing and location _____

Do you need subsidy? Yes No

Eligibility

The Towers of Jacksonville, Inc., is open to persons 62 years or older, single, or married, regardless of race, creed, color or national origin. The handicapped are also eligible, but must be 62 years or older and must be able to live in "Housing for the Elderly without Services." In the case of a related couple only one member must be 62 or older.

Rent Subsidy

All apartments at The Towers of Jacksonville, Inc. are at below market rents. Some are available with Section 236/8 subsidies.

Income Limits

For this property, qualified applicant households must meet the following income limit requirements:

Subsidy	Type of Income Limit
Section 8 (pre-1981)	Low, very low, and extremely low-income limit
Section 236	Low-income limit

An applicant's eligibility income limit is based on the type of assistance provided to the household. Please see the attached Income Limits for Duval County.

Section 8 qualified persons will pay 30% of adjusted income towards rent. Section 8 subsidy provides remainder of the rent.

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The project unit characteristics are:

<u>Type of Units</u>	<u>Subsidy Available</u>	<u>Square Feet</u>	<u>Total Number of Units</u>
Efficiency	84 units	390	84
One Bedroom	67 units	625	106
Two Bedroom	0 units	1015	1

Equipment and Services included in Rent

Electric Range	Refrigerator	Air Conditioning/Heat
Kitchen Exhaust Fans	Blinds	Emergency Call System
Carpet	Electricity	Water
Sewer		Trash Chute

Ability to modify units to accommodate some handicaps is limited by construction type and individual physical needs.

I understand that:

The attached forms are data gathering tools to be used to determine if I am eligible for housing under HUD 236 or to receive assistance payments under HUD 236/8. The application may entitle me to placement on the waiting list but does not entitle me to an apartment.

I understand I must be qualified by income data and meet selection criteria in order to qualify for occupancy. I am applying for Housing for the Elderly without services, which means primarily being able to take care of myself, including cleaning, cooking, laundry or anything relating to being self-sufficient, or with the provision of supportive services.

- I understand The Towers of Jacksonville, Inc. is not a nursing home, and is not equipped as such.
- I understand that my income and expense information data requires third-party verification at the time I am offered an apartment. Any indication of my rent is an estimate only until all parties have provided verification information. I understand that The Towers will use Enterprise Income Verification (EIV) to verify if I am receiving a HUD subsidy at any other properties.
- I understand as of November 1, 2006 all applicants who sign a lease with The Towers of Jacksonville, Inc. agree to the House Rules regarding prohibition on smoking anywhere within this building (includes the apartment). This prohibition includes the guests of any applicant. Violation of this House Rule will result in a violation of the conditions of the Lease and can begin eviction proceedings.

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- I understand that The Towers of Jacksonville will not transfer me to a different apartment size or location unless it is initiated by Management to accommodate any HUD approved renovations, or to make reasonable accommodations as prescribed by a physician for a bona fide medical purpose. A 30-day written notice will be provided to a resident if management initiates relocation to a different apartment.

- I understand that I am entitled to review a copy of the Tenant Selection Plan in the leasing office at a time of my choice. I am also aware that the Tenant Selection Plan is available on The Towers website at thetowersofjacksonville.com and selecting the “application” button.

**Character References (*required*)
(Cannot be a family member)**

1. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

3. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name and telephone number of two people we can contact if we are unable to reach you.

Name: _____ Relationship _____

Phone# _____ Address: _____

Name: _____ Relationship _____

Phone# _____ Address: _____

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Live-in Aide

We consider a request for a live-in aide, as a request for a reasonable accommodation and as an exception to our usual resident selection and qualification criteria.

Will you require a live-in aide to do activities that are of central importance in most peoples' lives? Yes No.

Note: A live-in aide must meet all of the applicant screening criteria as describe in the Tenant Selection Plan. We consider an effort to obtain housing for an ineligible person who is not legitimately needed as a live-in aide to be fraud

Accessible Unit

Will you require an accessible unit in order to use and enjoy the housing?

Yes No. If yes, describe features you will require. _____

Please check all sources of current income and monthly amount received:

Applicant		Other Household Member	
<input type="checkbox"/> Social Security \$ _____	<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> Social Security \$ _____	<input type="checkbox"/> SSI \$ _____
<input type="checkbox"/> Employment \$ _____	<input type="checkbox"/> Disability \$ _____	<input type="checkbox"/> Employment \$ _____	<input type="checkbox"/> Disability \$ _____
<input type="checkbox"/> Pension \$ _____	<input type="checkbox"/> Rents \$ _____	<input type="checkbox"/> Pension \$ _____	<input type="checkbox"/> Rents \$ _____
<input type="checkbox"/> Medicaid \$ _____	<input type="checkbox"/> Dividends \$ _____	<input type="checkbox"/> Medicaid \$ _____	<input type="checkbox"/> Dividends \$ _____
<input type="checkbox"/> Other \$ _____		<input type="checkbox"/> Other \$ _____	

Please indicate assets held and approximate value of each

Applicant	Other Household Member
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Checking Account
Balance \$ _____ <small>(6 month average required)</small>	Balance \$ _____ <small>(6 month average required)</small>
Account # _____	Account # _____
Name of Bank: _____	Name of Bank: _____
Phone# _____	Phone# _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____

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<input type="checkbox"/> Savings Account	<input type="checkbox"/> Savings Account
Balance \$	Balance \$
Account #	Account #
Name of Bank:	Name of Bank:
Phone#	Phone#
Address:	Address:
City:	City:
State: Zip:	State: Zip:

Applicant	Other Household Member
<input type="checkbox"/> Certificates of Deposits	<input type="checkbox"/> Certificates of Deposits
Value \$	Value \$
Account #	Account #
Name of Bank:	Name of Bank:
Phone#	Phone#
Address:	Address:
City:	City:
State: Zip:	State: Zip:

<input type="checkbox"/> Stocks	<input type="checkbox"/> Stocks
Value \$	Value \$
Account #	Account #
Name of Bank:	Name of Bank:
Phone#	Phone#
Address:	Address:
City:	City:
State: Zip:	State: Zip:

<input type="checkbox"/> Treasury Bills	<input type="checkbox"/> Treasury Bills
Value \$	Value \$
Account #	Account #
Name of Bank:	Name of Bank:
Phone#	Phone#
Address:	Address:
City:	City:
State: Zip:	State: Zip:

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<input type="checkbox"/> Money Market Funds	<input type="checkbox"/> Money Market Funds
Value \$	Value \$
Account #	Account #
Name of Bank:	Name of Bank:
Phone#	Phone#
Address:	Address:
City:	City:
State: Zip:	State: Zip:

<input type="checkbox"/> Individual Retirement	<input type="checkbox"/> Individual Retirement
Value \$	Value \$
Account #	Account #
Name of Bank:	Name of Bank:
Phone#	Phone#
Address:	Address:
City:	City:
State: Zip:	State: Zip:

<input type="checkbox"/> Real Property	<input type="checkbox"/> Real Property
Value \$	Value \$
Location	Location

Please list other assets and/or sources of income

CASH: On Hand \$ _____ In Safe Deposit Box:\$ _____ At Home: \$ _____

Recurring Gifts from Relatives or Friends
for any of the following:

Rent: \$ _____

Utility Payments: \$ _____ Insurance Payments: \$ _____

Hospital Payments: \$ _____ Other: \$ _____

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Required

Your application will be returned should this information not be provided)

Provide Proof of age and citizenship or national of the United States: Provide a copy of 1) Birth Certificate, "green card," or naturalization document; and 2) Driver's License or picture identification.

Note: A copy of the Social Security Card is requested but not required until the time a unit becomes available. Should a copy not be provided, the next eligible applicant will be offered the available unit. An applicant who has not disclosed and/or provided verification of Social Security Numbers for all non-exempt household members has 90 days from the date they are first offered an available unit to disclose and/or verify the Social Security Numbers. During this 90-day period, the applicant may, at its discretion, retain its place on the waiting list. After 90 days, if the applicant is unable to disclose and/or verify the Social Security Numbers of all non-exempt household members, the applicant will be determined ineligible and removed from the waiting list. (See Tenant Selection Plan)

Disposed Assets

Have you or your Other Household Member disposed of assets for less than fair market value during the two years preceding this application?

YES

No

If you or your Other Household Member have disposed of assets for less than fair market value, please show all assets disposed of:

The date asset(s) was disposed of: _____

The amount you or your Other Household Member received:

\$ _____

The asset's market value at the time of disposition: \$ _____

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Do you have any recurring medical expense:

Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Household Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Doctor: \$	<input type="checkbox"/> Insurance: \$	<input type="checkbox"/> Doctor: \$	<input type="checkbox"/> Insurance: \$
<input type="checkbox"/> Medicare: \$	<input type="checkbox"/> Dental \$	<input type="checkbox"/> Medicare: \$	<input type="checkbox"/> Dental \$
<input type="checkbox"/> Prescriptions \$	<input type="checkbox"/> Other \$	<input type="checkbox"/> Prescriptions \$	<input type="checkbox"/> Other \$
<input type="checkbox"/> Over-the-counter (<i>must be for a medical purpose as prescribed by a physician.</i>) \$		<input type="checkbox"/> Over-the-counter (<i>must be for a medical purpose as prescribed by a physician.</i>) \$	

At the time you are notified of the availability of an apartment you will be required to provide the name and address of your physician, pharmacy, etc. to verify actual expenses.

Do You Anticipate Changes in Income? Yes No

Do you own an automobile? If so, complete the following.

Automobile Make: _____ Year: _____ Tag: _____

State: _____ Drivers License # _____

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

Signature of Applicant Date

Signature of Other Household Member Date

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HUD Form 9887 and 9887A are attached. Both forms must be signed by all parties making application. It is requested that you complete the HUD Form 27061-H and HUD Form 92006 or at the least sign and date the forms. All of these forms are required for an application to be deemed complete. An application must be deemed complete before you can be entered on the waiting list.

Office Use Only

Date Received: _____ **Date Acknowledged** _____

Date Character Reference Mailed:

Date Landlord Reference Mailed:

Date Interview Scheduled:

Leasing Coordinator Signature:

Comments:

**The Towers of Jacksonville, Inc.
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Character Reference and Background Check Release

All applicants of The Towers of Jacksonville are required to under-go a criminal background check, sexual offender and/or predator background, current and/or previous landlord checks as well a three (3) personal reference checks.

To be considered for an apartment each applicant must sign and print their name below. Reference and background checks are conducted after you are notified for consideration of an available apartment.

By this/these signature(s) The Towers of Jacksonville is provided the authority to conduct the personal reference checks, current and/or previous landlord checks and the criminal and sexual offender/predator background check that is conducted on all applicants. This authorization remains in effect until it is revoked in writing.

Background checks are done at the expense of The Towers of Jacksonville.

Signed: _____ Signed: _____

Print Name: _____ Print Name: _____

Date: _____ 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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): U.S. Department of Housing and Urban Development 400 West Bay Street, Suite 1015 Jacksonville, FL 32202-4410	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Michael McClemon The Towers of Jacksonville, Inc. 1400 LeBaron Avenue Jacksonville, FL 32207	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.): North Tampa Housing Development Corporation, Jerome Ryan - President 4300 West Cypress Street, Suite #970 Tampa, FL 33607-4196
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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 HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to 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.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

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

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

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

Failure to Sign the Consent Form

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

Conditions

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

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

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

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

Name of Project Owner or his/her representative

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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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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. If supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 03/31/2014)

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

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

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

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

Signature

Date

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

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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

A. General Instructions:

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

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

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

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

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

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

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



Office of the Sheriff

Jacksonville, Florida

Crime Free Multi-Housing Program

Criminal History Checklist



Have you, or anyone (regardless of age) who will reside with you:

1. Ever been arrested or cited for, pled guilty or no contest to, or been convicted of, a crime?
[] Yes or [] No
2. Ever been, or are currently, on probation or parole?
[] Yes or [] No
3. Ever pled guilty or no contest to, or been convicted of, any type of sexual misconduct?
[] Yes or [] No
4. Ever been court ordered to register with the Sexual Predator Registry or been affected by the Megan Law?
[] Yes or [] No
5. Ever been, or are currently, a member of a gang or have any gang affiliations?
[] Yes or [] No
6. Currently have a warrant for your/their arrest?
[] Yes or [] No
7. Ever been evicted or had a forcible detainer filed against you?
[] Yes or [] No
8. Ever moved to avoid eviction or because of problems with other tenants or a landlord?
[] Yes or [] No

Explain all "yes" answers in detail:

I/we, the undersigned, hereby attest that all the information furnished on this page is, to the best of my/our knowledge, complete and accurate. I/we understand that the discovery of false, misleading, or omitted information shall constitute grounds for rejection of this application. I/we hereby authorize the property owner, or agent(s), to verify any and all information provided by me/us in connection with this application for tenancy. I/we hereby authorize all persons or entities, named or unnamed in this application, to provide any and all requested information concerning me or anyone in my charge, who will be residing with me. I/we hereby forever fully release and hold harmless from any and all liability any person or entity releasing such information in connection with this application for tenancy.

Applicant #1: _____ **Date:** _____

Applicant #2: _____ **Date:** _____

Applicant #3: _____ **Date:** _____

INCOME LIMITS FOR DUVAL COUNTY
Effective December 1, 2011

Income Limit	Area Median Income (AMI)	1 Family Household	2 Family Household
Low-income	80% of AMI	\$37,700	\$43,100
Very low-income	50% of AMI	\$23,600	\$26,950
Extremely low-income	30% of AMI	\$14,150	\$16,200