



FROSTBURG HEIGHTS

A DIAKON LUTHERAN SENIOR HOUSING COMMUNITY

Dear Applicant:

Thank you for your interest in Frostburg Heights Apartments. Frostburg Heights offers independent living to persons who are at least 62 years of age or disabled who meet the income guidelines established by the U.S. Department of Housing and Urban Development. For those who qualify, rents are subsidized by the HUD Section 8 Program.

On the following pages is an application for an apartment. Because of our affiliation with HUD, answering every question completely is important. Income and asset information must be provided for each member of the household. For our purposes *income* means:

- Wages, salaries, tips, commissions, bonuses and other income from employment;
- Social Security, Supplemental Security Income (SSI), Veterans' pensions, military retirement, and income for all other pensions and annuities;
- Interest earned from assets such as savings accounts, certificates of deposit, and checking accounts;
- Other income such as alimony, child support, unemployment benefits and general public assistance;
- Imputed interest income from real estate;
- Imputed income from real estate and monetary gifts given within the last two years.

We are pleased to offer an additional service to the residents of Frostburg Heights. The Choice Program at Frostburg Heights provides meals and up to six hours of personal assistance weekly to those who need help with daily activities.

You will need to include a copy of your Social Security card with your application.

You may send the application package to the address below or you may call and make an appointment to bring it in and tour Frostburg Heights. We will be glad to answer any questions you may have and look forward to hearing from you.

100 Honeysuckle Lane
Frostburg, MD 21532

Phone: 301.689.2268
Fax: 301.689.5365
TTY/TDD: 301.739.2036



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ Required to repay all overpaid rental assistance you received:▫ Fined up to \$ 10,000:▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.





FROSTBURG HEIGHTS

A DIAKON LUTHERAN SENIOR HOUSING COMMUNITY

APPLICATION FOR RESIDENCY

Applicant Name _____

Current Address _____
Number Street Apt.

_____ City State Zip Code

Telephone Number _____

Please give the following information for two relatives or friends who know how to contact you:

1. Name _____

2. Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Relationship _____

Relationship _____

The information solicited on this application is requested by Diakon Lutheran Social Ministries to assure compliance with Federal Laws prohibiting discrimination against tenant applicants based on race, color, national origin, religion, sex, marital status, age and disability. We do not require that you furnish this information but encourage you to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin and sex of individual applicants based on visual observation or surname.

Please check one below:

- American Indian Black Oriental
- Other Minority Hispanic White

Do you have a pet? (yes/no) _____

If yes, what kind of pet do you have? _____

Age _____ Weight _____

Household Composition and Characteristics

List the Head of Household and all other members who will be living in the apartment.

Member #	Member's Full Name	Relationship	Birth Date	Age	Sex	Social Security Number
		Head				

Income

For each type of income that your household receives, give the source of the income and the annual amount.

Family Member #	Source of Income	Annual Amount

Asset Information

List all checking and savings accounts (including IRA's Keogh Accounts, and Certificates of Deposit) for all household members.

Name Listed on Account	Bank Name and Address	Account Number	Type of Account

List the value of all stocks, bonds, trusts, pensions and monetary contributions: _____

Do you own real estate? If yes, list the address of property:

Have you given away any assets, including cash, over the past two years?
If yes, list the value of the asset: _____

Have you given away any real estate over the past two years? _____
If yes, list date given away and cash value: _____

Please answer each of the following questions. For each “yes” answer provide the details in the charts above.

1. Is any member of your household employed full-time, part-time or seasonally? yes no
2. Does any member of your household expect to work for any period during the next year? yes no
3. Does any member of your household work for someone who pays them cash? yes no
4. Does any member of your household expect a leave of absence from work due to layoff, medical, maternity or military leave? yes no
5. Does any member of your household receive or expect to receive unemployment benefits? yes no
6. Does any member of your household now receive or expect to receive child support? yes no
7. Is any member of your household entitled to child support that is not currently being received? yes no
8. Does any member of your household now receive or expect to receive alimony? yes no
9. Is any member of your household entitled to alimony that is not currently being received? yes no
10. Does any member of your household now receive or expect to receive public assistance (welfare)? yes no
11. Does any member of your household now receive or expect to receive Social Security benefits? yes no
12. Does any member of your household now receive or expect to receive income from a pension or annuity? yes no
13. Does any member of your household now receive or expect to receive regular contributions from organizations or individuals not living in the unit? yes no
14. Does any member of your household 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? yes no
15. Does any member of your household own real estate or any assets for which you receive income such as but not limited to checking or savings accounts, certificates of deposit, Treasury bills, mutual funds or stocks? yes no
16. Have you sold or given away real property or other assets (including cash) in the past two years? yes no

Expenses

Certain medical expenses are used in the calculation of rent. A list of these expenses is not necessary at this time; however, verification of these expenses will be needed at the time of move-in.

Previous Housing History

Name and address of your present landlord:

_____ Telephone number _____
_____ How long have you lived there? _____
_____ Reason for leaving _____

Name and address of your former landlord:

_____ Telephone number _____
_____ How long had you lived there? _____
_____ Reason for leaving _____

Application Certification

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 for Section 8 assistance. I/we authorize Frostburg Heights Apartments/Diakon Lutheran Social Ministries 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.

Signature of HOH _____ date _____
(Head of Household)

Signature of Spouse
Or Adult Co-Head _____ date _____

Program Director _____ date _____

(For Office Use Only)
Date placed on waiting list _____
Apartment assigned _____

**The CHOICE Program at Frostburg Heights
in conjunction with the Maryland Dept. of Aging
Application for Participation in CHSP**

Date _____

1. Applicant(s) _____

2. Social Security No. (for each applicant) _____

3. Current Address _____

4. Telephone No. _____

5. Date of Birth (for each applicant) _____

6. I (we) need assistance with: (check all that apply)

_____ meals _____ housekeeping _____ laundry
_____ dressing _____ grooming _____ bathing

I understand that an assessment of my needs will be made to determine whether I am eligible for the program, and if so, what services I will receive.

7. Name of person completing application _____

Telephone No. _____

(Unless unable to, the Applicant should complete the application)

AFFIRMATION

I affirm that the information provided by me in this CHOICE Program and sub-side application is true and complete to the best of my knowledge, information, and belief.

Signature

Address

Printed Name

Address

Date

Relationship to Applicant (if signed by someone other than Applicant)

Frostburg Heights Apartments, in cooperation with the Maryland Department of Aging, is pleased to offer a program that allows independence. CHOICE at Frostburg Heights provides up to two meals per day and up to three hours per week of personal assistance. The cost of this program is determined by the type of services needed and subsidies may be available to those who qualify. Please show your interest in this program by signing your name to one of the lines below. If you have any further questions, please contact the director.

This form must be returned with your completed application.

YES, I am (we are) interested in the CHOICE Program at Frostburg Heights.

Name

Date

Name

Date

NO, I am (we are) not interested in participating in the CHOICE Program at Frostburg Heights at this time.

Name

Date

Name

Date

If you indicated interest in the CHOICE Program, please complete the attached application for participation in CHSP (Congregate Housing Services Program).

If you are not interested in the CHOICE Program you may skip the application for participation in CHSP.

Frostburg Heights Apartments
100 Honeysuckle Lane
Frostburg, MD 21532
(301) 689-2268-telephone
(301) 689-5365-fax

**This form is not to be used to request a copy of a tax return.
Instead, use IRS form 4506, Request for a Copy of Tax Form.**

Your signature of this form, and the signature of each member of your household who is 18 years of age or older, authorizes the U.S. Department of Housing and Urban Development (HUD) and the above-named organization to obtain employee income information from current and previous employers and wage and claim information from the State Wage Information Collection Agency (SWICA) for the following programs:

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Program
- Section 202
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- Section 811
- HOPE 2 Home Ownership of Multifamily Units

Sensitive Information: The consent granted by this form may be used as a basis to collect sensitive information which is protected by the Privacy Act. Such information will not be disclosed or released outside of HUD except to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. Please see the Federal Privacy Act Statement for a more detailed description of your privacy rights.

Computer Matching Notice & Consent: I understand that a HUD or a Public Housing Agency may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The governmental agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by my family

Head of Household – signature and printed name

Other Adult Member of the Household – signature and printed name

Instructions: Each adult member of the household must sign the form HUD-9887 at the initial certification. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age. Additional signature lines may be added as necessary. Agency (SWICA) for the following programs:

Owners/Public Housing Agencies must provide copies of the Form HUD-50059 and HUD-9887 simultaneously to applicants and tenants. The form HUD-50059 contains a Privacy Act Notice Statement that must be read by applicants and tenants which applies to both forms.

Before completion of any adverse actions taken for persons who have previously refused to sign the form HUD-9886(4/91 edition), such persons must be given an opportunity to sign the alternative form HUD-9887.

Employment Information: I also authorize the above-named organization and HUD to obtain information about me and my family that is pertinent to employment income information from current and former employers.

Conditions: I agree that photocopies of this authorization may be used for the purposes stated above. If I or any adult member of my family fail to sign this authorization, I understand that this action may constitute denial of eligibility or termination of assistance or tenancy or both.

State Wage Agencies: I authorize only HUD or a Public Housing Agency to obtain information on wages or Unemployment compensation from State Agencies charged with the State unemployment law.

Other Adult Member of the Household – signature and printed name

Other Adult Member of the Household – signature and printed name

Original is retained by the requesting organization

Ref. Handbooks 4350.3, 4571.1, 4571.2 & 4571.3 ,
And HOPE II Notice of Program Guidelines

Form HUD – 9887 (10/92)

**Participant's Consent to the
Release of Information**

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



FROSTBURG HEIGHTS

A DIAKON LUTHERAN SENIOR HOUSING COMMUNITY

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 United States citizens, nationals, or certain categories of eligible noncitizens in the following HUD programs:

1. Public and Indian Housing programs
2. Section 8 Housing Assistance Payments programs
3. Section 235 of the National Housing Act
4. Section 236 of the National Housing Act
5. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under the **Section 8 Housing Assistance Payment program**; 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. To do this you should:

1. Complete a **Family Summary Sheet**, using the attached blank format to list all family members who will reside in the assisted unit;
2. Have a **Declaration Format** completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are two people listed on the Family Summary Sheet, you should have two completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format. One copy of this Declaration Format is included in this packet. Please contact us for additional copies.
3. Submit the Family Summary Sheet, the Declaration Format(s) and any other forms and/or evidence to **Frostburg Heights Apartments, 100 Honeysuckle Lane, Frostburg, MD 21532** along with your application.

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 formats or determining the type of documentation required, please contact us at (301) 689-2268 and we will be happy to assist you.

100 Honeysuckle Lane
Frostburg, MD 21532

Phone: 301.689.2268
Fax: 301.689.5365
TTY/TDD: 301.739.2036

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, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

TENANT DECLARATION FORMAT

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

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____

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

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER (If applicable. This is an 11-digit number found on INS Form I-94 Departure Record)

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

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

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

DECLARATION

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

_____ **Section 1. A citizen or national of the United States.**

If you check this section, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this section is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

_____ **Section 2. A noncitizen with eligible immigration status in the category checked checked below:**

___ (I) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Naturalization Act (INA) as an immigrant, as defined by section 101(a)(15) of the INS (8 U.S.C. 1001(a)(20) and 1101(a)(15), respectively). [immigrants] (This category includes a noncitizen admitted under Section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);

___ (II) A non citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);

___ (III) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) or the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;

___ (IV) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 U.S.C. 1182 (d)(5)) [parole status];

___ (V) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or

___ (VI) A noncitizen lawfully admitted for temporary or permanent resident under section 245 of the INA (8 U.S.C. 1255 (a)) [amnesty granted under INA 245A]

If you checked this section and you are **62 years of age or older and receiving assistance on June 19, 1995**, you should submit a proof of age document, together with this format, and sign here:

Signature

Date

OR

If you checked this section and you are under 62 years of age, you must submit the following documents:

A. Verification Consent Format

AND

B. One of the following documents:

(1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);

(2) Form I-94, Arrival-Departure Record, with one of the following annotations:

(I) "Admitted as Refugee Pursuant to Section 207"

(II) "Section 208" or "Asylum"

(III) "Section 243 (h)" or "Deportation Stayed by Attorney General";

(IV) "Paroled Pursuant to Section 212 (d)(5) or the INA"

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in Section 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 if adult signed for a child: _____

_____ **Section 3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance.**

If you checked this section, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this section is checked on behalf of a child, the adult living in the unit and responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

TENANT VERIFICATION CONSENT FORMAT

INSTRUCTIONS: complete this format for each noncitizen member of the household who declared eligible immigration status on the Declaration Format and is under 62 years of age. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:

(Print or type first name, middle initial, last name)

A. The use of the attached evidence to verify my eligible immigration status to enable me to continue

receiving financial assistance for housing; and

B. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity, receiving it, to:

(I) HUD, as required by HUD: and

(II) The INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO TENANTS

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature

Date

Check here if adult signed for a child:_____

Mr. No.	Last Name of Family Member	First Name	Relationship To Head of Household	Sex	Date of Birth
Head					
2					
3					
4					

FAMILY SUMMARY SHEET