PRESERVATION PARTNERS

THIRD-PARTY HOUSING PROVIDER

DATE: _____ ☐ Mail ☐ Fax

DATE: _____ ☐ 2nd ATTEMPT ☐ Mail ☐ Fax

I. THIS SECTION IS TO BE COMPLETED BY MANAGEMENT & EXECUTED BY APPLICANT/RESIDENT

TO: _____ FROM: _____

_____ _____

_____ _____

PHONE _____ FAX _____ FAX _____

EMAIL ADDRESS _____ EMAIL ADDRESS _____

RETURN THIS VERIFICATION TO THE PROPERTY LISTED ABOVE

RE: (APPLICANT/RESIDENT NAME) _____ **UNIT** _____ **SOCIAL SECURITY NO.** _____

The individual named directly above is an applicant/resident of has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. The information provided will remain confidential and used only to determine the eligibility status and level of benefit available to the applicant/resident.

We ask your cooperation in supplying this information to the below referenced Management. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

NOTE TO APPLICANT/TENANT: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/Resident Printed Name	Signature	Date

II. THIS SECTION TO BE COMPLETED BY 3RD PARTY SOURCE/AUTHORIZED REPRESENTATIVE

VERIFICATION OF APPLICANT'S ABILITY AND WILLINGNESS TO COMPLY WITH LEASE TERMS (SENT WHEN APPLICANT DOES NOT HAVE A LANDLORD)

TO WHOM IT MAY CONCERN:

1. If you are a relative or friend of the Applicant, please describe relationship:

   _____

2. If you are not a relative or friend of the Applicant, please describe relationship:

   _____

3. If you represent an agency, please indicate the name and address of the agency:

   _____

4. Are you qualified to determine how well the applicant would comply with our lease? ☐ Yes ☐ No
   If NO, who may we contact to determine potential lease compliance?

   Name: _____ Phone: _____

5. Date of Applicant's tenancy with you: From _____ To _____
   Name of Property: _____

6. Does the Applicant have a lease/occupancy agreement? ☐ Yes ☐ No

7. Does the Applicant share your home? ☐ Yes ☐ No

8. Rent Payments:
   a. Amount of monthly rent (if any): $ _____
   b. Does (did) applicant pay rent on time? ☐ Yes ☐ No
   c. Has (had) he/she ever paid late? ☐ Yes ☐ No
      If yes, how late? _____
      How often? _____
   d. Have (had) you ever begun/completed eviction proceeding for non-payment? ☐ Yes ☐ No
   e. Do you provide any of the utilities for the units? ☐ Yes ☐ No
   f. Have tenant-paid utilities ever been disconnected? ☐ Yes ☐ No
   g. If the applicant paid no rent, do you have other reason to believe the applicant would pay rent when living with us? ☐ Yes ☐ No
      Please describe your reasons for believing the applicant will pay rent:

9. Caring for the Unit"
   a. Does (did) the applicant keep the unit clean, safe and sanitary? ☐ Yes ☐ No
   b. Has (had) the applicant damaged the unit? ☐ Yes ☐ No
   c. Has (had) the applicant paid for the damage? ☐ Yes ☐ No
   d. Will (did) you keep any security deposit? ☐ Yes ☐ No
   e. Did the applicant have problems with vermin infestation? ☐ Yes ☐ No
   f. Did the applicant's housekeeping contribute to infestation? ☐ Yes ☐ No

10. General Lease Compliance
   a. Is (was) the applicant listed on the lease for the unit? ☐ Yes ☐ No
   b. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis? ☐ Yes ☐ No
   c. Has (had) the applicant, family members or guests damaged or vandalized the common areas? ☐ Yes ☐ No
   d. Does (did) the applicant, family members or guest create any physical hazards? ☐ Yes ☐ No
      Describe: _____
   e. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of anyone? ☐ Yes ☐ No
      Describe: _____
   f. Have the applicant, family members or guest engaged in any criminal activity, including drug-related criminal activity in the unit or building? ☐ Yes ☐ No
   g. Has (had) the applicant given you any false information? ☐ Yes ☐ No
      Describe: _____
   h. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, and landlord's staff? ☐ Yes ☐ No
   i. Would you readmit this applicant? ☐ Yes ☐ No
      If no, why? _____
   j. Do you have any additional comments about the applicant?

11. Ability to comply with Lease Terms: Need for Assistance
In your best professional and personal opinion, can the applicant named above perform the following activities that relate to lease compliance alone, or are assistance needed?

Activity	Can Perform Alone	Needs Assistance
Keep unit clean, sanitary and hazard free	☐	☐
Avoid destruction of property	☐	☐
Manage finances/Pay Rent	☐	☐
Make timely utility payments	☐	☐
Respond to mail	☐	☐
Report income/status changes	☐	☐
Follow appropriate rules	☐	☐
Avoid disturbing neighbors	☐	☐
Avoid criminal activity	☐	☐

12. To your knowledge, will the applicant have reliable assistance with the activities noted above as needing assistance if admitted to our property? ☐ Yes ☐ No

13. Does the applicant live alone and comply with a lease now? ☐ Yes ☐ No

14. In your opinion, can the applicant comply with the lease in an assisted housing apartment? ☐ Yes ☐ No

III. 3RD PARTY SOURCE/AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,

Signature of 3rd Party Source/Authorized Representative	Representative's Title	Date

Authorized Representative's Printed Name	Phone #	Fax #	Email

Source (Company) Name and Address

PENALTIES FOR MISUSING THIS CONSENT:

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