SAMPLE

**HOME/CDBG/NSP Program  
Eligibility Release Form**

Organization requesting release of information (Name, Address, Telephone and Date)

**Purpose:** Your signature on this Eligibility Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

HOME Rental Rehabilitation Program

NSP Rental Rehabilitation Program

CDBG Rental Rehabilitation Program

**Privacy Act Notice Statement**: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant’s eligibility in a project assisted using HOME/CDBG/NSP funds. This information will be used to establish level of benefit; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

**Instructions**: Each adult member of the household must sign a Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. 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.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.

Head of Household – Signature, Printed Name and Date  
Family Member HEAD

X

Other Adult Member of the Household – Signature, Printed Name and Date  
Family Member #3

X

**Information Covered:** Inquiries may be made about items initiated by applicant/tenant.

|  |  |  |
| --- | --- | --- |
|  | Verification Required | Initials |
| Income (all sources) |  |  | |
| Assets (all sources) |  |  | |
| Child Care Expense |  |  | |
| Handicap Assistance Expense (if applicable) |  |  | |
| Medical Expense (if applicable) |  |  | |
| Federal Preferences |  |  | |
| Other Preferences |  |  | |
| Other (list) |  |  | |
| Dependent Deduction \_\_\_\_ Full-Time Student \_\_\_\_ Handicap/Disabled Family Member \_\_\_\_ Minor Children |  |  | |

**Authorization:** I authorize the above-named entity and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

(1) A photocopy of this form is as valid as the original

(2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).

(3) I have the right to copy information from this file and to request correction of information I believe inaccurate.

(4) All adult household members will sign this form and cooperate with the owner in this process.

Other Adult Member of Household – Signature, Printed Name and Date  
Family Member #2

X

Other Adult Member of the Household – Signature, Printed Name and Date  
Family Member #4

X

VERIFICATION OF ASSETS ON DEPOSIT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (Name of Entity Requesting informaton)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Checking Account # | Average Monthly Balance for Last 6 Months | Current Interest Rate |  |
| **AUTHORIZATION:** Federal Regulations require us to verify income from Assets of all members of the household applying for participation in the federally assisted project which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. | Savings Accounts # | Current Balance | Current Interest Rate |  |
| Certificate of Deposit Account # | Amount | Withdrawal Penalty | Current Interest Rate |
|  | IRA, Keogh, Retirement Accounts | | | |
| Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed | Account # | Amount | Withdrawal Penalty | Current Interest Rate |
|  | Money Market Funds | Amount (Average 6 month Balance) | Interest Rate |  |
| Release: I hereby authorize the release of the requested information    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of Applicant | Signature of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or  Authorized Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Title:  Date:  Telephone | | | |
| WARNING: 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. | | | | |

VERIFICATION OF EMPLOYMENT

|  |  |  |
| --- | --- | --- |
| (Name of entity)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Employed since: \_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_  Salary: \_\_\_\_\_\_\_\_ Effective date of last increase:\_\_\_\_\_\_  Base pay rate:  $ \_\_\_\_\_\_\_\_/hour or $ \_\_\_\_\_\_\_/week or $ \_\_\_\_\_\_\_\_\_/month  Average hours/week at base pay rate: \_\_\_\_\_\_\_\_\_ Hours  No. Weeks \_\_\_\_ or No. Weeks \_\_\_\_\_\_\_\_ worked per year  Overtime pay rate: $\_\_\_\_\_\_\_\_\_\_/hour  Expected average number of hours overtime worked per week during next 12 months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any other compensation not included above (specify for commissions, bonuses, tips, etc.):  For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_per \_\_\_\_\_  Is pay received for vacation? \_\_\_\_No. of days/year\_\_\_\_\_\_\_  Total base pay earnings for past 12 mos. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total overtime earnings for past 12 mos. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Probability and expected date of any pay increase:\_\_\_\_\_\_\_  Does employee have access to a retirement account? Yes\_\_\_\_\_ No \_\_\_\_\_\_\_  If Yes, what amount can they get access to $\_\_\_\_\_\_\_\_\_\_\_\_ |
| **AUTHORIZATION:** Federal Regulations require us to verify income from Assets of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.. | |
| Release: I hereby authorize the release of the requested information    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of Applicant | Signature of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or  Authorized Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Title:  Date:  Telephone | |
| WARNING: 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. | | |

SECURITY DEPOSIT INSTALLMENT PAYMENT AGREEMENT

Tenant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS AGREEMENT entered into on the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 19\_\_\_\_, between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereinafter called the LANDLORD and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereinafter called the TENANT.

Pursuant to the terms and conditions of the lease agreement executed between the LANDLORD and TENANT, it is hereby understood between the LANDLORD and TENANT that the Security Deposit for the above stated dwelling unit, as stated in the Lease Agreement executed by the LANDLORD and TENANT on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall be paid by the TENANT to the LANDLORD as stated below:

Total Security Deposit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to be paid upon  
Signing of the Lease $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance to be paid in \_\_\_\_\_\_\_\_\_\_\_\_ installments of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ each, beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and each \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ thereafter until paid in full.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant

**DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT   
AND/OR LEAD-BASED PAINT HAZARDS**

**LEAD WARNING STATEMENT:**

**Housing build before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.**

**Lessor’s Disclosure:**

a. Presence of lead-based paint and/or lead-based paint hazards (Check (i) or (ii) below):

i.  Known lead-based paint and/or lead-based paint hazards are present in the housing. Explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ii.  Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

b. Records and reports available to Lessor (Check (i) or (ii) below:

i.  Lessor has provided the Lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing. (List documents below.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ii.  Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee’s Acknowledgement**: (Initial)

c. \_\_\_\_\_ Lessee has received copies of all information listed above.

d. \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family From Lead In Your HOME*.

**Certification of Accuracy:**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Lessor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Lessee Date