



Dear Prospective Resident,

Thank you for your interest in Kavod Senior Life. We have provided subsidized and affordable housing for all older adults since 1971. Our attractive complex, support services, caring staff, and convenience of living in the beautiful Cherry Creek neighborhood make Kavod a great place to live!

Kavod offers more than just Senior Living and Assisted Living; we offer a wide variety of outstanding activities including our Life Enrichment programs happening here on campus, our on-site Harry and Jeanette Weinberg Health and Wellness Center or Kavod on the Road, which takes our award-winning programs out into the community.

Most of our apartments are subsidized and regulated by the United States Department of Housing and Urban Development (HUD). Applicants receiving assistance must meet income, eligibility, and lease requirements to qualify for the HUD programs offered here.

Each individual contributes to making Kavod Senior Living unique, so we look forward to the prospect of having you join our community as a resident or a volunteer.

Sincerely,

Michael Klein
President/CEO

Applying to Kavod Senior Living

We welcome your application to live at Kavod Senior Living community. Kavod Senior Living (Kavod) consists of Kavod Senior Life and Kavod Senior Housing & Services, two non-profit corporations governed by a Board of Directors representing the Denver Community. The apartments are regulated and subsidized by the Department of Housing and Urban Development (HUD). To live at Kavod, HUD regulations state that:

1. Applicants must be at least 62 years of age or meet the requirements for the accessible units designed specifically for mobility-impaired persons.
2. Applicants for subsidized apartments must have finances that do not exceed local income eligibility guidelines established by HUD. HUD determines eligibility by evaluating an applicant's income as derived from ALL SOURCES. Documentation of all income information is required by HUD and must be provided by applicants. Income eligibility amounts for subsidized units are determined by current HUD schedules. Some market rate non-subsidized units are available for applicants at higher income levels.
3. Applicants must be able to care for themselves or personally arrange for necessary assistance and must be able and willing to comply with the lease and house rules. A personal interview conducted by Kavod Health and Wellness department is required.
4. Kavod has a meal program which is part of the lease agreement. It consists of six kosher-style evening meals a week (Sunday through Friday). Kosher meals are also available upon request.

The following guidelines will assist you in understanding the procedure that will be followed to process your completed application:

1. Please mail, drop off, email, or fax your applications to:

Kavod Senior Life
Attn: Leasing Coordinator
22 South Adams Street
Denver, CO 80209

Drop Box in Lobby Open 24/7

Email: Applications@KavodSeniorLife.org

Fax: 720.382.7850

2. The application is received by Kavod's Leasing Coordinator and reviewed for completion of all required information.

3. If complete, the application is stamped with the date and time the application was received. The applicant is added to the wait list.
4. If incomplete, your application is returned with a request for additional information.
5. The application is then reviewed to determine if applicant meets HUD requirements for age, income, and citizenship/alien status.
6. Credit check, criminal background check, landlord check, and disability verification are conducted per our Tenant Selection Plan. If application is denied, written notification will be sent explaining the reasons for denial and the process of appeal.
7. It is the policy of Kavod to administer its wait list as required by HUD handbooks and regulations. Kavod will update the wait list every six months by contacting all applicants in writing or by the phone. **The applicant may submit in writing their continued interest and notify Kavod in writing of any change of address, phone, or other information relevant to the application.** Written correspondence should be sent to:

Kavod Senior Life
Attn: Leasing Coordinator
22 South Adams
Denver, CO 80209

8. As possible admission nears: an interview will be scheduled with the applicant and Resident Care staff; the applicant may tour the facility to affirm the applicant's ability to fulfill the terms of the lease; and, fiscal account numbers and signatures for release of financial documentation and verification of medical expenses will also be obtained as required by HUD.
9. When an apartment becomes available, the Leasing Coordinator will contact the applicant with a potential move-in date. A lease orientation will be scheduled to sign the lease, collect rent and dining services payments, and review all information needed to create a smooth transition to Kavod.
10. Refusal of an apartment when offered is cause for the applicant to be removed from the wait list.



Frequently Asked Questions

Q: How much does it cost to live at Kavod Senior Living?

A: Kavod Senior Living specializes in affordable senior housing. Most of our apartments are subsidized by the Department of Housing and Urban Development (HUD). In this program, rents are calculated based on an applicant's total adjusted income. The rent a family will pay is the *highest* of the following amounts:

- 30% of the family's monthly *adjusted* income
- 10% of the family's monthly income
- Or \$25 minimum rent

You are generally eligible for a subsidy if your income is under \$66,300/year for an individual or \$75,750/year combined for couples. Applicants may request a copy of income limits or check them online at <http://huduser.org/datasets/il.html>. When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of .06% of the total assets or the actual income derived from the assets.

For people whose incomes are above the subsidy income limits, market-rate apartment rentals range from \$1,150 – \$1,240/month.

Rent includes all utilities other than phone and cable. There is a separate charge for the meal program, which as of March 1, 2023 is \$262/month. Kavod Senior Living offers subsidies to residents whose individual annual adjusted gross income is \$11,775 or less per year or combined (for couples) annual adjusted income is \$23,528 or less per year.

We suggest you speak with the Kavod Senior Life Leasing Coordinator to get an estimate of what your rent and meal program charges will be.



Q: How long is your waitlist?

A: Our waitlist times can vary from month to month so it is best to contact our Leasing Coordinator to get the most up to date information.

Q: Do I need to apply for a separate housing subsidy to live at Kavod?

A: No, Kavod Senior Living works in tandem with the HUD program, so you only need to fill out one application for an apartment and the subsidy.

Q: Do I have to dispose of my assets to qualify for subsidized housing?

A: No. You may maintain your assets. When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of .06% of the total assets or the actual income derived from the assets. Each applicant's situation is unique and it is best to contact the Leasing Coordinator to determine your subsidized housing or market rate eligibility.

Q: Why do I have to provide financial and medical expense information on my application?

A: Rent at Kavod Senior Living is based on a number of factors including income, assets and applicable medical expenses. The information you provide is then verified by a third party to determine a person's eligibility for the HUD subsidy program and the amount of the resident's rent.

Q: How much does it cost to apply?

A: It is free to apply for housing and to be added to the waitlist. You will not be asked to pay any money until you have signed your lease and receive possession of an apartment. At that time, you will be required to pay for the rent, security deposit, and meal program.

Q: Do you have 2 bedroom apartments?

A: No. Kavod is made up of studio and one-bedroom apartments.

Q: Do you have furnished apartments?

A: All apartments include a refrigerator and a stove; residents must provide their own furnishings.

Q: Do you have to be Jewish to live at Kavod Senior Life?

A: No. We pride ourselves on being a community that is open to all, regardless of race, color, religion, gender, national origin, disability, familial status, or sexual orientation.

Q: I need to move immediately. Do you give any preference to individuals in need?

A: We are governed by state and federal fair housing law, which prohibits us from giving preferential treatment to any individual. The only exception would be individuals that are victims of a Presidential declared disaster such as Hurricane Sandy. These individuals may be eligible to receive priority on our waitlist.

Q: Can I choose where my apartment will be located?

A: Apartments are leased to applicants on a first come first serve basis. If an applicant does not accept an apartment when offered, their name is removed from the top of the waiting list and the applicant must reapply.

Q: Is the meal program mandatory?

A: Yes, Kavod Senior Living serves dinner 6 days per week, Sunday through Friday. Currently the meal program cost is \$262 per month. A meal subsidy may be available to individuals who qualify. We find that the meal program is an important service in helping residents remain independent for as long as possible.

Q: Is Kavod Senior Life a safe place to live?

A: Kavod Senior Living and Kavod Assisted Living are both located in the desirable Cherry Creek neighborhood. The entrances to Kavod's campus are controlled access, though as with any community, safety or security cannot be guaranteed. Kavod added new video security monitors in 2013 throughout the facility and has onsite night managers. We recommend that applicants check with the local police department to make an informed decision.

Q: What if I need assisted living?

A: Kavod Senior Life also offers Assisted Living that provides assistance with medication and all the activities of daily living, as well as 3 meals each day. Contact our Leasing Coordinator for further details.



Checklist of Items to Return

We want to ensure that your application will be processed efficiently. To assist you, please use this checklist of items that must be completed.

- _____ Application with Consent for Landlord Reference
- _____ Credit and Background Inquiry Release
- _____ Family Summary Sheet
- _____ Citizenship Declaration with appropriate documentation
- _____ Meal Program Acknowledgement
- _____ How did you hear about us questionnaire
- _____ HUD Release of Information packet, "Document Package for Applicant's/ Tenant's Consent to the Release Of Information" (*which includes 1) Form HUD-9887 and 2) Form HUD-9887-A*)
- _____ HUD Form 92006 (*Supplement to Application for Federally Assisted Housing*)
- _____ Race and Ethnic Data reporting form

Please mail, drop off, email, or fax your applications to:

Kavod Senior Life
Attn: Leasing Coordinator
22 South Adams Street
Denver, CO 80209

Drop Box in Lobby Open 24/7
Email: Applications@KavodSeniorLife.org
Fax: 720.382.7850



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Resident Selection Plan & Occupancy Standards

(Effective 08/01/2011, Update 08/07/2019)

The mission of Kavod Senior Living (Kavod) is to provide affordable housing and services to enhance the personal dignity of older individuals. Guided by Jewish tradition, the community is designed to enrich the residents' physical, emotional and spiritual quality of life, to help them age in place and to maintain the highest possible level of independence. Kavod serves people of all religions.

Kavod consists of Kavod Senior Life and Kavod Senior Housing & Services, two non-profit corporations governed by a Board of Directors representing the Denver Community.

Kavod selects residents in compliance with applicable laws and regulations including fair housing and equal opportunity requirements. The Resident Selection Plan is developed to ensure reasonable and objective standards for determining eligibility of applicants, consistent with the purpose and mission of the company.

I. HUD Program Requirements for Eligibility

Kavod is regulated and subsidized by the Department of Housing and Urban Development (HUD). Applicants and tenants must meet the following requirements to be eligible for occupancy and housing assistance:

1. Applicants for subsidized apartments must have finances that do not exceed local income eligibility guidelines established by HUD. HUD determines eligibility by evaluating an applicant's income as derived from ALL SOURCES. Documentation of all income information is required by HUD and must be provided by applicants. Income eligibility amounts for subsidized units are determined by current HUD schedules. Some market rate non-subsidized units are available for applicants at higher income levels.
2. Applicants must disclose social security numbers for all household members and provide proof of the numbers reported, unless individual is age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun prior to January 31, 2010, or existing tenant as of January 31, 2010, who have previously disclosed their social security number and HUD has determined their social security number to be valid, and individuals who have not claimed eligible immigration status.



3. All adults in each applicant household must sign an Authorization for Release of Information prior to receiving assistance and annually thereafter. (HUD Form 9887/9887A)
4. The unit for which the household is applying for assistance must be the household's only residence.
5. An applicant must agree to pay the rent required by the program under which the applicant will receive assistance.
6. Eligibility of Students for Section 8 assistance: Kavod must determine a student's eligibility for assistance at move-in, annual recertification, initial certification, and at the time of an interim recertification if one of the household composition changes reported is that a household member has enrolled as a student.

Section 8 assistance shall not be provided to any individual who:

- a. Is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential;
- b. Is under the age of 24;
- c. Is not married;
- d. Is not a veteran of the United States Military;
- e. Does not have a dependent child;
- f. Is not a person with disabilities, as such term is defined in 3(b) (3) (E) of the United States Housing Act of 1937 (42 U.S.C. 1437a (b) (3) (E)) and was not receiving section 8 assistance as of November 30, 2005);
- g. Is not living with his/her parents who are receiving Section 8 assistance; and
- h. Is not individually eligible to receive Section 8 assistance and has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance.

7. Only U.S. citizens and eligible non-citizens may receive assistance under the programs available at Kavod (Section 202/8, Section 236, and 221d3/Section 8). All adults in each applicant household must complete a Citizenship Declaration and provide verifiable documentation of their status. Non-citizen students and their non-citizen families may not receive assistance.

8. All information reported by the applicant is subject to verification.

II. Kavod Project Requirements for Eligibility

1. Kavod is an Elderly and Disabled Household project. The Head of Household must be at least 62 years of age or benefit from the features of accessible units designed specifically for mobility-impaired persons.

2. Income limits vary by household size. Kavod will provide applicants a copy of the income limits for the property upon request. In addition, applicants can review the income limits by accessing the following web site: <http://huduser.org/datasets/il.html>. As required by HUD, Kavod incorporates the most recently published income limits when determining eligibility. Income limits are updated by HUD annually. Qualified applicant households must meet the following income limit requirements:

- for 11 South Adams Street (West building) - low, very low, and extremely low;
- for 22 South Adams Street (East building) - low, very low, and extremely low;
- for 44 South Adams Street (South building) - very low, and extremely low.

Income Targeting Preference: Kavod must comply with HUD's Income Targeting Requirements. Kavod must lease not less than forty percent (40%) of the dwelling units that become available for occupancy in any project fiscal year to extremely low-income families. If Management determined that the required forty percent (40%) threshold may not be met, Management may "skip over" higher income applicants in order to reach extremely low income targeting. This will be accomplished by alternating between the first extremely low-income applicant on the wait list and the applicant at the top of the wait list.

3. Kavod has a statutory preference for applicants displaced due to government action or a presidential declared disaster such as Hurricane Sandy. Existing Kavod residents requesting transfers are also given preference on the wait list.

4. Kavod offers studios and one bedroom units. The maximum occupancy in a studio is one person. The maximum occupancy in a one bedroom is two people. Kavod shall not provide bedroom space for persons who are not members of the household, such as adult children on active military duty, permanently institutionalized family members or visitors. Kavod will count all full time members of the household and live-in attendants. Household composition will be considered when applying this rule.

5. Applicants must be able to care for themselves or personally arrange for necessary assistance and must be able and willing to comply with the lease and house rules. Mobility-impaired persons may meet the requirements of the lease with the self-provided assistance of others, including an assistance animal, live-in aide, or with services provided by someone who does not live in the unit.

6. Applicants must have verifiable rental/owner history, credit history, and non-criminal background. Mobility-impaired persons must have verifiable medical records of their disability. Screening is used to help ensure that applicants admitted to the property meet the requirements for eligibility and will abide by the terms of the lease, pay rent on time, take care of the property, and unit, and allow all residents to peacefully enjoy their homes. Management will decline applicants for poor credit/rental history; however lack of applicable history is not grounds for rejection.

7. A personal interview conducted by Kavod Resident Care department is required prior to acceptance for occupancy

8. Kavod has a meal program which is part of the lease agreement. It consists of six evening meals a week (Sunday through Friday). The monthly cost of the meal program approved by HUD is subject to change annually.

III. Application Process

The following guidelines will assist you in understanding the procedure that will be followed to process your completed application:

1. Please mail or deliver the completed application materials to:

Kavod Senior Life
Attn: Leasing Coordinator
22 South Adams Street
Denver, CO 80209

2. The application is received by Kavod's Leasing Coordinator and reviewed for completion of all required information.

3. If any item is incomplete, the application is returned with a request for additional information.

4. If complete, the application is stamped with the date and time received. The applicant is entered on the bottom of the Wait List. If the applicant is requesting residence in our Assisted Living, their application will be forwarded to the Director of Assisted Living, who maintains a separate Wait List specifically for that program.

5. The application is then reviewed to determine if applicant(s) meets HUD requirements for age, income, and citizenship/alien status. Kavod will decline applicant(s) if the applicant is ineligible for occupancy for our project type as indicated

in Section II, Item 1, is unable to disclose and document social security numbers of all household applicable members, does not sign and submit verification consent forms or the Authorization for Release of Information, or has household characteristics that are not appropriate for the specific type of units within our property. All rejection notices will be completed in writing.

6. As a part of initial screening all applicants will be subject to EIV (Enterprise Income Verification) System Existing Tenant Search in order to verify HUD compliance criteria of single residence. Income and Discrepancy Report (if applicable) will be conducted 90 days after the move in to insure compliance with HUD Regulations.

7. Credit check, criminal background check, landlord checks, and disability verification are conducted at receipt of application and/or within 120 days of move in.

The following conditions would warrant an automatic decline for occupancy:

- a. Landlord check revealed an eviction within the last five (5) years.
- b. Any delinquent or charge off debt over \$100 due to other apartment communities.
- c. Credit history for the last three (3) years will be reviewed. Applicants whose credit histories are unacceptable will be declined and removed from the wait list. The following will be considered unacceptable credit history:
 - i. Amounts placed for collection totaling \$3,000 or more.
 - ii. Amounts placed into charge-offs accounts totaling \$3,000 or more.
 - iii. A derogatory credit item(s) within the past three (3) years such as repossessions, foreclosures, judgments, liens and any open bankruptcy.
- d. The lack of credit history or past due payments or derogatory credit relating to medical expense will not be considered as grounds for declining an applicant.
- e. Criminal background check indicates a felony conviction within the last five (5) years or any drug or sexual related charges during lifetime.
- f. Criminal background check indicates incarceration release date within the last two (2) years for a felony offense from the date of application.
- g. Disability verification indicates the applicant(s) cannot benefit from the features of an accessible unit designed specifically for mobility-impaired persons and the household does not otherwise qualify per Section II 1.

8. Kavod uses these additional guidelines to decline for occupancy:

- a. Applicant(s) cannot have any non-compliance with previous rental agreements, such as violating the lease and/or house rules, altering property, destruction of property, non-payment of rent, failure to cooperate with applicable re-certification procedures, termination of assistance for fraud, unauthorized guests and/or pets, living or housekeeping habits which may adversely affect the health, safety, or welfare of other tenants or the applicant him/herself. Rental history screening will also include verification for those who were homeowners or lived with parents, guardians, or other relatives. Applicant cannot have been evicted within the last five (5) years for any reason.
- b. Kavod prohibits admission:
 - i. if any household member is currently engaged in illegal drug use;
 - ii. if any household member has been evicted for drug-related criminal activity;
 - iii. if Kavod determines that there is reasonable cause to believe that a household member's illegal use or pattern of illegal use of drug or pattern of abuse of alcohol may interfere with the health, safety, or right of peaceful enjoyment of the premises by other residents. Pattern of alcohol abuse is defined as three (3) or more offenses within the last five (5) years;
 - iv. if any member of the household has been convicted within past five (5) years for illegal drug use, manufacture or distribution of a controlled illegal substance;
- c. Applicant(s) cannot have any record of fraud in connection with any housing program, or any willful misrepresentation in this application procedure.
- d. Kavod uses a resident screening provider to conduct our credit checks. Applicant has the rights to review their credit report. It is the applicant's responsibility to contact the credit reporting agency to resolve any items that have been incorrectly reported.
- e. Kavod reserves the rights to conduct criminal background checks at any time during application process or residency if in receipt of credible and verifiable information that would lead to ineligibility.
- f. Applicant(s) will be notified in writing of the decision if they are denied admission. The rejection notice will include specifically stated reason(s) for the rejection and applicant's right to appeal and to respond to Kavod in writing to request a meeting within fourteen (14) days to dispute the rejection.

9. It is the policy of Kavod to administer its wait list as required by HUD handbooks and regulations. Kavod will update the wait list every six months by contacting all applicants in writing or by the phone.

If an applicant household composition changes and the result is a need for a different sized unit, Kavod will place the applicant on the wait list for the appropriate sized unit. The applicant will keep their original application date and be placed on the Wait List for a different sized unit based on their original application date.

The applicant must notify Kavod in writing or by phone of any change of address, phone, or other information relevant to the application. Written correspondence should be sent to:

Kavod Senior Life
Attn: Leasing Coordinator
22 South Adams Street
Denver, CO 80209

10. Kavod will not remove an applicant's name from the wait list unless:
- a. The applicant requests that the name be removed.
 - b. Kavod made a reasonable effort, in writing or/and by phone, to contact the applicant to determine if there was continued interest in housing but was unsuccessful in making contact.
 - c. Mail sent to the applicant's address is returned as undeliverable.
 - d. Kavod will notify the applicant, in writing, of its intention to remove the applicant's name, because the applicant no longer qualifies for assisted housing.
 - e. The unit that is needed – using household size as the basis – has changed, and no appropriate size unit exists in the property.
 - f. Applicant refused one (1) offer of unit for other than medically related reason.

If an applicant is removed from the list, and subsequently Kavod determines that an error was made in removing the applicant, the applicant will be reinstated at the original place on the wait list. If an applicant is in the hospital at the time an apartment is offered and therefore is unable to move in at that time, the applicant's original place on the wait list will be maintained

11. As possible admission nears: an interview will be scheduled with the applicant and Resident Care staff; the applicant may tour the facility to affirm the applicant's ability to fulfill the terms of the lease; and, fiscal account numbers and signatures for release of financial documentation and verification of medical expenses will also be obtained as required by HUD.

12. When an apartment becomes available, the Leasing Coordinator will contact the applicant with a potential move-in date. A lease orientation will be scheduled to sign the lease, collect rent and food service payments, and review all information needed to create a smooth transition to Kavod.

13. Refusal of an apartment when offered is cause for the applicant to be removed from the wait list, except in cases where a studio unit is turned down or applicant has medically related reason. The applicant would need to re-apply to be added to the wait list.

IV. Wait List Management

1. Kavod maintains one (1) wait list for admittance to any of our three (3) properties. When a unit becomes vacant, Kavod selects the next applicant from the top of the wait list based on the unit size available, preferences established for the property, income-targeting policies and requirements, and screening policies.

2. To ensure that applicants are appropriately and fairly selected for the next available unit, the following data is included on our wait list:

- a. Date and time completed application was received by the Leasing Department.
- b. Name of Head of Household.
- c. Notation of income level to be used for income-targeting requirements of the project (low-income, very low-income, or extremely low-income).
- d. Identification of the need for an accessible unit; and
- e. Unit size

3. If we are unable to rent an accessible unit to an applicant who could benefit from the features of the accessible unit, Kavod will offer the unit to the next applicant on the wait list. The applicant will be required to sign a Lease Addendum which specifies their family will move to a non-accessible unit of the proper size to accommodate an applicant or current resident's reasonable accommodations request if needed.

4. Kavod may close our wait list if the average wait for an apartment is excessive (e.g. one year or more). When Kavod closes the list, we notify potential applicants of such and refrain from accepting additional applications. We will publish notice that our wait list is closed on our web site (www.kavodseniorlife.org) and other publications likely to be read by potential applicants. When Kavod decides to accept applications again, we will publish notice that our wait list is open on our web site and other publications likely to be read by potential applicants. The notice will include specific instructions for

applying and the order in which applications will be processed.

V. Regulatory Provisions

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against persons with disabilities and establishes accessibility requirements by recipients of federal financial assistance in both housing and non-housing programs.

Under both Section 504 and the Fair Housing Act, a resident or applicant makes a reasonable accommodation request whenever he/she makes it clear to Kavod that a request is being made for an exception, change, or adjustment to a rule, policy, practice, service, or physical structure because of his/her disability. A request can be made by the person with the disability, a household member, or someone else acting on the individual's behalf. If the request is made orally, a Kavod staff member will put the request in writing for the resident or applicant to confirm with their signature.

Title VI of the Civil Rights Act of 1964: Kavod will comply with Title VI of the Civil Rights Act of 1964 which prohibits discrimination based on race, color, or national origin in any program or activity receiving federal financial assistance from HUD.

Title VIII of the Civil Rights Act of 1968 (Fair Housing Amendments Act of 1988), as amended: Kavod will comply with Title VIII of the Civil Rights Act of 1968 which prohibits discrimination based on race, color, national origin, religion, sex, disability or on familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18) in any program or activity receiving federal financial assistance from HUD.

In order to assist residents and applicants with hearing or speech impairments, Kavod provides auxiliary aids to ensure everyone is given equal opportunity to receive and enjoy the benefits of our property (e.g. visual alarms; tactile signs; visual doorbell; reader; interpreter; applications, leases, and other information/communications in large print; TTY 1.800.659.2656; Relay Colorado service).

Any questions regarding Kavod's compliance with Section 504 can be directed to Olga Roush, Fair Housing Compliance Officer for Kavod. She can be contacted at 22 South Adams Street, Denver, CO 80209 or 303.399.1146.

VI. Program access for persons with limited English proficiency (LEP)

Kavod will take reasonable steps to ensure meaningful access to the information and services they provide for persons with limited English proficiency (LEP). This includes

persons who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. Such steps may include interpreter services and/or written materials translated into other languages.

VII. Policies to comply with the Violence Against Women Act

Kavod complies with the requirements outlined in the Violence Against Women Act. The Violence Against Women Act was promoted for a noble cause to make the lives of victims of abuse easier and to prevent homelessness. Some key points provided in the Act include:

1. A potential resident who certifies they are the victim of domestic violence will be allowed to be admitted even with poor credit and poor landlord evaluations if they can show the cause of these negative factors were caused by domestic violence. Kavod can require certification beyond self-certification of the applicant.
2. It assures that victims of domestic violence, sexual assault, etc. can have access to the criminal justice system without facing eviction.
3. Where someone is abusive to other members of the household, only the abuser may be evicted. Furthermore, the standards for eviction due to imminent threat have been strengthened.
4. Residents in assisted housing facing violence can be allowed early lease termination and unit transfers for a matter of safety.
5. Victims must certify their status as victims and that the incident in question was a bona fide incident of domestic violence by presenting appropriate documentation to Kavod, and nothing prevents a victim who has committed a crime or violated a lease from being evicted or terminated.

VIII. Occupancy Standards

The initial lease term is for one year. A 30-day notice is required to terminate the lease agreement by the resident.

A security deposit is required equal to one month's rent at the time of lease signing and is payable in the form of personal check or money order. The amount of the security deposit established at move-in does not change when a resident's rent changes. This security deposit is held in an interest bearing account and accrues interest for the resident.

1. Residents agree to comply with all lease requirements and house rules, and are willing to pay the rent and meal program payment in accordance with the lease. Rent and meal program payments can be made by check, money order, or ACH withdrawal from resident's checking or savings account.
2. Residents are permitted to keep common household pets in their units subject to the Pet Agreement and Pet Rules. A pet deposit in the amount of \$300 is required for a dog or cat. The first installment of \$50.00 or less is due upon the signing of this Agreement; the balance will be paid in monthly installments of \$10.00 or less until paid in full. Kavod may use the pet deposit only to pay reasonable expenses directly attributable to the presence of the pet on the property. Such expenses would include, but not be limited to, the cost of repairs and replacement to the unit, fumigation of the unit, and the cost of animal care facilities. This pet deposit is held in an interest bearing account and accrues interest for the resident from the time of the pet's move-in to pet's move-out.
3. According to HUD rules and regulations, Kavod must recertify all residents receiving Section 8 assistance on an annual basis. Re-certifications are scheduled by building and floor. Recertification notices are sent 120, 90, and 60 days prior to recertification.
4. To maintain our property in decent, safe and sanitary condition, all apartments are inspected at least twice a year – once by our Maintenance department and once by our Leasing department.
5. Kavod offers many services to our residents for their convenience. Following is a list of other charges you may incur for the use of these services:

Office Support Services	
Item	Fee
Envelope – any size	\$ 0.05 per envelope
Fax	\$ 0.25 per fax
Photocopies	\$ 0.10 per page
Maintenance Services	
Apartment Key Replacement	\$ 2.00 per key
Mailbox Key Replacement	\$ 2.00 per key
Building Security Access Card	\$ 25.00 per card
Light Bulb – F15T8 Florescent	\$ 4.90 per bulb
Light Bulb – F32T8TL7 Florescent	\$ 2.70 per bulb
Light Bulb – F40T12CW Florescent	\$ 3.40 per bulb
Light Bulb – F8T5CW Florescent	\$ 3.29 per bulb
Light Bulb – 15T7N Appliance	\$ 3.10 per bulb

Lock Re-keyed	\$ 41.50
Lock Replaced (East & South)	\$ 95.00
Lock Replaced (West)	\$158.00

IX. Unit Transfers

1. Resident Requests for Unit Transfers: Kavod will accept requests for transfer based on the following:

- a. A unit transfer because of household size
- b. A new unit because of changes in household composition
- c. A deeper subsidy (because subsidy is not attached to the physical unit, this type of transfer is not typically required)
- d. A unit transfer based on the need for an accessible unit
- e. A unit transfer for a medical reason certified by a doctor or other medical professional
- f. A unit transfer from a studio to one bedroom apartment
- g. A unit transfer due to VAWA Rule.

2. All requests must be made in writing. Kavod will verify the need for a unit transfer for accessibility and/or medical reasons in writing from a doctor or medical professional who is familiar with the resident's disability or medical condition. There must be reasonable nexus between the disability and/or medical reasons and the features needed in the alternative unit.

Residents are responsible for leaving the vacated unit clean and undamaged. Upon the unit being vacated by the resident, Kavod will perform a move-out inspection on the vacated unit to ensure there are no damages to the unit. Kavod will list any damages on the move-out inspection form and compare it with the move-in form to determine if the damage is reasonable wear and tear or excessive damage. Residents will be charged for damages that are determined beyond reasonable wear and tear, in compliance with the Security Deposit policy as stated in the Lease.

3. Transfers due to reasonable accommodations: If a member of a resident household becomes disabled with an impairment that requires special accessibility features and the resident requests an accessible unit, Kavod may move the resident into an accessible unit, or make modifications to the resident's existing unit. Transfers due to verifiable medical needs will be made at Kavod's expense unless doing so would constitute an undue financial or administrative burden.

The resident will be added to the Wait List with priority over other applicant's requests

for accessible units. The existing security deposit will be transferred to the new unit

4. Transfers to vacate an accessible unit: If Kavod is unable to rent an accessible apartment to an applicant who would benefit from the features of that unit, we will rent the apartment to the next applicant on the wait list. Should Kavod need the accessible unit to accommodate an applicant or current resident's reasonable accommodations request, Kavod will give the existing resident 30 days' notice to transfer to the next available non-accessible unit. The move would be at Kavod's expense. The existing security deposit will be transferred to the new unit.

5. Transfer from Studio to One Bedroom: Residents are allowed to transfer from a Studio unit to a One Bedroom unit at their request and at their cost. Residents submit their request by completing an Apartment Transfer Request form which is available in the East Office after the first initial lease expires (12 month). The resident will be added to the top of the wait list. When a one bedroom unit becomes available, the resident will be contacted by the Leasing Department. The resident may refuse an offer three (3) times for whatever reason. After that he/she will be placed at the end of the Wait List and will have to wait until his/her name comes to the top of the list again. The resident will be required to sign a new lease and appropriate paperwork for the new unit, and pay a new security deposit based on the new lease. The existing security deposit will be processed the same as if resident was vacating the property. An Apartment Transfer Request form may only be submitted once in a twelve (12) month period.

X. Notification of Policy Changes

Current residents and applicants will be given a 30-day notification in writing of any changes to the Resident Selection Plan & Occupancy Standards, House Rules, Pet Policy, Meal Program requirements, or other charges.

If you have any questions regarding our Resident Selection Plan & Occupancy Standards, please contact our Leasing Department at 303.399.1146.

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Office Use Only
Date Received Complete: _____
Time: _____
Staff Initials: _____

Application

All applications and information will be reviewed on an impartial basis and will be kept confidential. All information, including age, legal status, and social security number, will be verified. Applicant must present documentation.

APPLICANT #1 (Head of Household)

Last Name	First Name	Middle Name	Email Address	
Current Street Address / /		City	State	Zip Code
Age	Date of Birth	City of Birth	M / F / Prefer not to Respond	
Social Security Number			Telephone Number	

Citizenship Status

- US Citizen
 Legal Immigrant
 Non-legal Immigrant

APPLICANT #2

Last Name	First Name	Middle Name	
Current Street Address / /		City	State Zip Code
Age	Date of Birth	City of Birth	Relationship to Applicant #1
M / F / Prefer not to Respond			
Social Security Number		Sex (circle one)	Telephone Number

Citizenship Status

- US Citizen
 Legal Immigrant
 Non-legal Immigrant

What is your preferred method(s) of contact? Circle all that apply:
USPS Mail | Email | Home Phone | Cell Phone

What are your preferred hours to be contacted? _____

What is your preferred language(s)? _____

Please indicate what size apartment you are interested in:

- Studio One Bedroom No Preference

Does the applicant or any member of the household have an assistance animal or require a reasonable accommodation to use and enjoy the dwelling because of a disability-related need (for example an ADA mobility accessible unit, vision or hearing impaired assistance devices)?

- Yes No Prefer not to answer

If yes, list all that apply- _____

Do you have a pet? *Kavod does accept pets though the Pet Agreement requirements must be met. Pet Agreement is available upon request. Assistance animals are not pets.*

- Yes No

Do you own a vehicle for which a parking space will be required?

- Yes No

Are you or any member of the household currently enrolled as a student at an institution of higher education?

- Yes No

Have you been displaced due to government action or a presidential declared disaster?

- Yes No

Are you or any member of the household currently employed?

- Yes – FT or PT?
No

Have you or any member of the household been evicted within the last five years?

- Yes No

If yes, please expand on rental history or provide mitigating circumstances. _____

Have you or any member of the household been convicted of a felony or drug or alcohol related offence in the past (5) five years?

- Yes No

If yes, please expand on criminal history or provide mitigating circumstances. _____

Are you or any member of the household subject to any state lifetime sex offender registration requirement?

- Yes No

Are you presently receiving a rent subsidy from HUD?

- Yes No

Will you need a rent subsidy if approved for residency at Kavod Senior Life?

- Yes No

Please note: According to HUD Regulations, tenants may have Section 8 assistance on only one residence. This residence must be the applicant's only residence.

Please list all states you or any member of the household have lived:

Kavod Senior Life is an indoor smoke-free community and smoking is not allowed in any of the buildings, including residents' apartments. Smoking is only allowed outside in designated areas of the grounds. Are you a smoker?

- Yes No

Do you feel you can comply with the indoor smoking ban?

- Yes No

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Consent for Landlord Reference

Please provide housing contact information for the **past five (5) years**; you may use an additional page if necessary. These references will be contacted by Kavod leasing personnel. Rental history screening will also include verification for those who were homeowners or lived with parents, guardians, or other relatives; if this applies to you, please provide contact information for family members, guardians, and friends whom you have lived with in the past five (5) years.

Current Landlord:

	/ /	to	/ /
Name	Telephone Number	Fax Number	Dates of Residency
Street Address		City	State Zip Code

Former Landlord:

	/ /	to	/ /
Name	Telephone Number	Fax Number	Dates of Residency
Street Address		City	State Zip Code

Former Landlord:

	/ /	to	/ /
Name	Telephone Number	Fax Number	Dates of Residency
Street Address		City	State Zip Code

Former Landlord:

	/ /	to	/ /
Name	Telephone Number	Fax Number	Dates of Residency
Street Address		City	State Zip Code



Consent for Landlord Reference

Street Address	City	State	Zip Code
----------------	------	-------	----------

Former Landlord:

Name	Telephone Number	Fax Number	/ / to / / Dates of Residency
------	------------------	------------	----------------------------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Former Landlord:

Name	Telephone Number	Fax Number	/ / to / / Dates of Residency
------	------------------	------------	----------------------------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

I hereby give permission to the listed landlords to provide Kavod Senior Life information regarding my residency.

I understand that I do not have to sign this consent if it is not clear to me who will provide the information or who will receive the information.

Applicant's Signature	Date Signed
------------------------------	-------------

Applicant's Name **Printed**

"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). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).



Financial data – This information must be completed to be considered for residency at Kavod Senior Living.

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

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

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all of the information requested by the owner, including all social security numbers you, and all other household members age 6 years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Sources of ***Monthly***
Income:

Social Security	\$ _____
Supplemental Security Income	\$ _____
Pensions/Benefits - Source	\$ _____
Interest (Monthly) - Source	\$ _____
Dividends (Monthly) - Source	\$ _____
Gross Wages	\$ _____
Rental Income	\$ _____
Other Income	\$ _____
Total Monthly Income	\$ _____



Assets:

Checking Account(s)	Average Balance	\$ _____
Savings Account(s)	Average Balance	\$ _____
Market Value of Stocks		\$ _____
Market Value of Bonds		\$ _____
Market Value of Real Estate	(List Separately)	\$ _____
Cash Surrender Value of Life Insurance		\$ _____
Other Assets (Cash on Hand; Collectibles; etc)		\$ _____
Total Assets		\$ _____

CERTIFICATION OF ASSET DISPOSITION

This is to certify that I/We have not ___ OR I/We have ___ disposed of an asset, i.e. a home, Certificate(s) of Deposit, savings, stocks, bonds, etc., at less than market value within TWO YEARS of this application. I did receive an earned Income Tax Credit for the Year of _____.

Medical Expenses:

Supplemental Health Insurance		\$ _____
Medical Expenses not Covered by Insurance		\$ _____
Other Unusual Medical Expenses		\$ _____
Total Medical Expenses		\$ _____

Please describe any unusual circumstances which may affect your income, assets, or medical expenses over the next twelve (12) months.

I understand that if I meet the eligibility criteria for residency at Kavod Senior Living, I will be contacted for an interview. I hereby certify that all information contained on this application is correct and complete to the best of my knowledge. I understand that any material misrepresentation will result in my being ineligible for consideration. I understand that it is my responsibility to provide verifying documentation for all information contained within this application when requested by Kavod Senior Living.

Signature of Applicant #1 Date

Signature of Applicant #2 Date



Credit and Background Inquiry Release

In connection with my application for residency at Kavod Senior Living ("Kavod"), I hereby authorize Kavod and/or its designated resident screening provider and/or its employees to obtain information concerning my past credit information, criminal information, tenant-landlord history, and/or past addresses, in accordance with the Fair Credit Reporting Act and all state and federal laws.

I hereby authorize any of the following sources, including but not limited to: landlords; public or privately-owned utilities; current or past creditors; governmental housing agencies; credit reporting agencies; criminal and court reporting agencies; and/or government or court agencies providing criminal or court records; to release any information to Kavod, its resident screening provider, and/or employees concerning my credit, criminal, tenant-landlord history, and/or past addresses.

I understand that should I lease an apartment, Kavod and its agent(s) shall have continuing right to review my credit information, criminal information, rental application, payment history and occupancy history for account review purposes and for improving application review methods.

I further release and discharge all liability from all companies, agencies, officials, officers, and other persons, who, in good faith, provide to Kavod the above-mentioned information as requested in order to successfully complete a background investigation for my application of residency. I will allow a photocopy of this authorization to be as valid as the original.

Print Full Name: _____

Social Security #: _____

Date of Birth: _____

Driver's License: State: _____

Number: _____

continued next page



Credit and Background Inquiry Release

Current Address: _____

City, State, Zip _____

Previous Address(es) During Past 5 years: _____

Applicant's Signature: _____

Date of Birth is being requested for the purpose of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.

Instructions for Citizenship Declaration

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

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

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

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

Kavod Senior Living
Attn: Leasing Coordinator
22 S. Adams Street
Denver, CO 80209

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact our Leasing Coordinator at 720.382.7833. We are happy to assist you. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

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

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

Family Summary Sheet

Please list each person who will reside in the apartment.

Member #	Last Name of Family Member	First Name	Relationship to Head of Household	Date of Birth
Head				
2				
3				

Each family member (including you) listed on this Family Summary Sheet must complete a Citizenship Declaration form.

Citizenship Declaration

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

_____	_____	_____
Last Name	First Name	Date of Birth
_____		_____
Relationship to Head of Household		Social Security Number

Admission Number _____ if applicable
(This is an 11-digit number found on DHS 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 Number _____
(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 blocks shown below and complete either block 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)

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

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

Signature Date

Check here if adult signed for a child: _____

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

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this form and sign below.

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Form

AND

- b. One of the following documents:
 - i. Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens)
 - ii. Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - 1. "Admitted as Refugee Pursuant to Section 207";
 - 2. "Section 208" or "Asylum";
 - 3. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - 4. "Paroled Pursuant to Section 212(d)(5) of the INA."
 - iii. If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - 1. A final court decision granting asylum (but only if no appeal is taken);
 - 2. A letter from an Department of Homeland Services (DHS) asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - 3. A court decision granting withholding or deportation; or
 - 4. A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
 - iv. Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
 - v. Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
 - vi. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed

Citizenship Declaration

categories has been made and that the applicant’s entitlement to the document has been verified.

vii. Form I-151, *Alien Registration Receipt Card*.

If block 2 is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the Instructions for Citizenship Declaration. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

If for any reason, the documents shown in subparagraph 2b are not currently available, please complete the Request for Extension block below.

REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check here if adult signed for a child: _____

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

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address listed on the Instructions for Citizenship Declaration. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

Verification Consent Form

INSTRUCTIONS: Complete this format for each non-citizen family member who declared eligible immigration status on the Citizenship Declaration form. If this form 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)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. 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 the following:
 - a. HUD, as required by HUD; and
 - b. The Department of Homeland Services (DHS) for purposes of verification of the immigration status of the individual.

Signature

Date

Check here if adult signed for a child: _____

NOTIFICATION TO FAMILY: Evidence of eligible immigration status shall be released only to the DHS 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 DHS.

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Kavod Resident Meal Program Acknowledgement

Kavod Senior Living has a resident meal program which is part of the Lease Agreement. It consists of six meals per week (Sunday through Friday). The meals are made fresh daily in our on-site kitchen. Residents have a choice of kosher or kosher style meals. A dinner consists of an entrée, accompaniment, salad or soup, dessert and beverage. We offer an assortment of meal choices and can easily accommodate a variety of diets including low sodium, low sugar, soft mechanical and pureed requests.

As of March 1, 2023, the monthly cost per resident is \$262. Kavod offers Meal Program subsidies to residents whose income is below a set annual adjusted amount in order to support the overall health of our residents.

If you have any questions or concerns, we will put you in touch with our Dining Services Director.

I have read and understand that my lease includes the meal program, which has a separate fee, and I agree to participate.

Signature of Applicant #1	Date
Signature of Applicant #2	Date



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Dear Applicant:

Kavod Senior Living is very interested in knowing how you heard about us. Please check off the appropriate sources of information listed below. You may check more than one.

- Friend
- Relative
- Resident
- Brochure
- Agency, i.e. HUD – specify: _____
- Senior Resource Guide/Blue Book
- Newspaper, specify: _____
- Kavod Website
- Internet Site, i.e. SeniorHousing.net – specify: _____
- Internet Search, i.e. Google
- Other, specify: _____

/

Current Zip Code _____ Completed Month/Year _____

Your Name (optional) _____ Telephone Number (optional) _____

Thank you for helping us gather this important information.

Sincerely,
Kavod Senior Living

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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.

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-9 887:** Allows the release of information between government agencies.
3. **Form HUD-9 887-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.

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.): US Department of HUD Multifamily HUB 1670 Broadway, 24th floor Denver, CO 80202	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Allied Housing Inc. 22 S. Adams Street Denver, CO 80209	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.): Colorado Housing and Finance Authority 1981 Blake Street, Denver, CO 80202
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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.

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Allied Housing East/West/South

101-EH001/101-44801/101-3630NP

22 , 11 , or 44 S. Adams St., Denver, CO 80209

Name of Property

Project No.

Address of Property

Kavod Senior Life

202/Section 8; 236; and 221d3/Section8

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.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & YOU

ENTERPRISE INCOME VERIFICATION



What YOU Should Know

if You are Applying or or are Receiving

What is EIV?

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



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

The Social Security Administration:

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

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

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

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement

or income when you recertify for continued rental

assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting

your income source directly for verification.

Property owners and managers are able to use the

EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

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

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

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

Who has access to the EIV information?

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

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application

the form used to certify and

recertify your assistance (form HUD-50059) is accurate and honest. This is also described

in the *Tenants Rights & Responsibilities* brochure that your property owner or

manager is required to give to

you every year.

Penalties for providing false information

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

Protect yourself, follow HUD reporting requirements

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

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

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

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



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

What if I disagree with the EIV information?

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

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

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

What if the information in EIV is not about me?

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

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

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

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



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

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

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



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