

RENTAL APPLICATION SECTION 8 HUD PROPERTIES

PROPERTY NAME:

- ✓ ALL QUESTIONS MUST BE ANSWERED ON THIS APPLICATION AND ATTACHMENTS.
 - ✓ ALL YES/NO OPTIONS MUST BE CIRCLED. IF A QUESTION DOES NOT APPLY PUT N/A IN THE BLANK.
 - ✓ PLEASE COMPLETE ONE RENTAL APPLICATION PER HOUSEHOLD.
- PLEASE CONTACT THE PROPERTY IF YOU WOULD LIKE TO REVIEW OR RECEIVE A COPY OF OUR SELECTION CRITERIA**
Please contact the property office if you need help understanding this document

- Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento. (Spanish)
- Por favor contate o escritório de gerência se deve ajudar entendimento este documento. (Portugese)
- እዚ ሰነድ ተረድኦ እንተድኦ ደሊኩም በጃኸ ንንብረት ቤት-ጽሕፈት ኣራኸበ (Tigrinya)
- ይህንን ሰነድ ለመረዳት ከፈለጉ እባክዎን ለንብረት ቢሮ ያነጋግሩ (Amharic)
- Xin liên lạc với văn phòng điều hành nếu bạn cần giúp đỡ sự hiểu biết tài liệu này. (Vietnamese)
- Пожалуйста свяжитесь с офисом управления, если Вам нужна помощь в понимании этого документа. (Russian)
- 이 문서를 이해하는데 도움이 필요하시면 부동산 사무소에 연락하십시오. (Korean)
- 請聯絡管理辦公室，如果你需要幫助理解這份文件。(Chinese)
- もしこの文書を理解しているための助けを必要としていれば、経営オフィスと連絡を取ってください。(Japanese)

HEAD OF HOUSEHOLD FULL LEGAL NAME (Last, First, M.)	PHONE NUMBER	E-MAIL ADDRESS		
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS, IF DIFFERENT		CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ENROLLED AT INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		GENDER (optional)	BIRTH DATE
PLEASE WRITE ALL U.S. STATES THIS MEMBER HAS LIVED AT ANY TIME (INCLUDING BIRTH) – INFORMATION IS MANDATORY AND MUST BE ACCURATE:				

COMPLETE FOR ALL PERSONS EXPECTED TO RESIDE IN THE UNIT: PRINT FULL LEGAL NAME. Use additional pages if necessary

CO-HEAD OR SPOUSE (Last, First, MI)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ENROLLED AT INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER (optional)	BIRTH DATE
PLEASE WRITE ALL U.S. STATES THIS MEMBER HAS LIVED AT ANY TIME (INCLUDING BIRTH) – INFORMATION IS MANDATORY AND MUST BE ACCURATE:					
OTHER MEMBER (Last, First, MI)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	GENDER (optional)	BIRTH DATE	



STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ENROLLED AT INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF THIS MEMBER IS A CHILD, ARE THEY SUBJECT TO A JOINT CUSTODY AGREEMENT WITH ANOTHER PARENT CURRENTLY LIVING IN HUD HOUSING? YES NO		
PLEASE WRITE ALL U.S. STATES THIS MEMBER HAS LIVED AT ANY TIME (INCLUDING BIRTH) – INFORMATION IS MANDATORY AND MUST BE ACCURATE:				
OTHER MEMBER (Last, First, MI)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	GENDER (optional)	BIRTH DATE
STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ENROLLED AT INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF THIS MEMBER IS A CHILD, ARE THEY SUBJECT TO A JOINT CUSTODY AGREEMENT WITH ANOTHER PARENT CURRENTLY LIVING IN HUD HOUSING? YES NO		
PLEASE WRITE ALL U.S. STATES THIS MEMBER HAS LIVED AT ANY TIME (INCLUDING BIRTH) – INFORMATION IS MANDATORY AND MUST BE ACCURATE:				
OTHER MEMBER (Last, First, MI)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	GENDER (optional)	BIRTH DATE
STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ENROLLED AT INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF THIS MEMBER IS A CHILD, ARE THEY SUBJECT TO A JOINT CUSTODY AGREEMENT WITH ANOTHER PARENT CURRENTLY LIVING IN HUD HOUSING? YES NO		
PLEASE WRITE ALL U.S. STATES THIS MEMBER HAS LIVED AT ANY TIME (INCLUDING BIRTH) – INFORMATION IS MANDATORY AND MUST BE ACCURATE:				

CURRENT HOUSING AND DISPLACEMENT STATUS - DESCRIBE THE CONDITION OF THE HOUSING FROM WHICH YOUR HOUSEHOLD IS MOVING	
PREVIOUS HOUSING: <input type="checkbox"/> STANDARD <input type="checkbox"/> SUBSTANDARD (PHYSICALLY) <input type="checkbox"/> CONVENTIONAL PUBLIC HOUSING <input type="checkbox"/> LACKING A FIXED NIGHTTIME RESIDENCE <input type="checkbox"/> FLEEING/ATTEMPTING TO FLEE VIOLENCE	
DISPLACED BY: <input type="checkbox"/> NOT DISPLACED <input type="checkbox"/> GOVERNMENT ACTION <input type="checkbox"/> NATURAL DISASTER <input type="checkbox"/> PRIVATE ACTION	
IS ANYONE IN THE HOUSEHOLD A VETERAN OF THE U.S. MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHOM?	
DO ANY ADULTS 18 OR OVER IN THE HOUSEHOLD REQUEST AN ADJUSTMENT TO ANNUAL INCOME FOR DISABILITY STATUS? YES NO IF YES, WHO QUALIFIES?	
DOES ANYONE IN THE HOUSEHOLD, (NOT THE HEAD OR CO-HEAD) 18 or OVER REQUEST ADJUSTMENT TO ANNUAL INCOME FOR FULL-TIME STUDENT STATUS? YES NO IF YES, WHO QUALIFIES?	
DOES ANYONE IN THE HOUSEHOLD REQUEST ADJUSTMENTS TO INCOME FOR CHILDCARE EXPENSES FOR DEPENDENTS UNDER 13? YES NO IF YES, WHO QUALIFIES?	
DOES ANYONE IN THE HOUSEHOLD REQUEST A WHEELCHAIR ACCESSIBLE UNIT, ACCESSIBLE FEATURES OR UPSTAIRS/DOWNSTAIRS UNIT? YES NO IF YES, PLEASE EXPLAIN YOUR REQUEST:	
HAS ANYONE LISTED ON THIS APPLICATION EVER BEEN CITED FOR NON-PAYMENT OF RENT, LEASE VIOLATIONS OR BEEN EVICTED? YES NO IF YES, WHO? WHERE? WHEN? EXPLAIN:	
HUD FEDERAL SCREENING-RELATED INQUIRIES: HAS ANYONE LISTED ON THIS APPLICATION BEEN EVICTED WITHIN THE LAST THREE YEARS FROM FEDERALLY ASSISTED HOUSING FOR DRUG RELATED CRIMINAL ACTIVITY? YES NO IF YES, WHO? WHEN? EXPLAIN:	



HAS ANYONE LISTED ON THIS APPLICATION EVER BEEN **CONVICTED FOR MANUFACTURE OR PRODUCTION OF METHAMPHETAMINE ON THE PREMISES OF FEDERALLY ASSISTED HOUSING?** YES NO IF YES, WHO? WHEN?

COUNTY/STATE CHARGE (USE ADDITIONAL PAGES IF NECESSARY):

SENTENCE/DISPOSITION/RESTITUTION DETAILS:

EXPLAIN:

IS ANYONE LISTED ON THIS APPLICATION SUBJECT TO A STATE LIFETIME **SEX OFFENDER** REGISTRATION IN ANY STATE? YES NO

IF YES, WHO?

DOES ANYONE LISTED ON THIS APPLICATION **CURRENTLY USE** ILLEGAL DRUGS OR ABUSE ALCOHOL? YES NO

IF YES, WHO? EXPLAIN:

DOES ANYONE LISTED ON THIS APPLICATION **CURRENTLY USE** MARIJUANA FOR RECREATIONAL OR MEDICINAL PURPOSES? YES NO

IF YES, WHO? EXPLAIN:

DOES ANYONE LISTED ON THIS APPLICATION HAVE A **HISTORY OF BEHAVIOR RESULTING IN INTERFERENCE** WITH THE HEALTH, SAFETY OR RIGHT TO PEACEFUL ENJOYMENT OF A PREMISES OF OTHER RESIDENTS BECAUSE OF THEIR USE OF ILLEGAL DRUGS OR ALCOHOL ABUSE? YES NO

IF YES, WHO? EXPLAIN:

WILL EVERYONE LISTED ON THIS APPLICATION BE ABLE TO PROVIDE PROOF OF THESE HUD REQUIREMENTS PRIOR TO MOVE-IN? YES NO

A. VALID SOCIAL SECURITY NUMBERS FOR ALL FAMILY MEMBERS WITHIN 90 DAYS OF BEING OFFERED A UNIT
 (EXCEPTIONS: 62 OR OLDER AS OF 1/31/2010 WHOSE INITIAL DETERMINATION OF ELIGIBILITY WAS BEGUN BEFORE 1/31/2010, MEMBERS THAT DO NOT CONTENT ELIGIBLE IMMIGRATION STATUS AND AN EXTENSION FOR UP TO 90 DAYS FOLLOWING MOVE-IN FOR MEMBERS UNDER AGE 6 ADDED TO APPLICATION WITHIN 6 MONTHS PRIOR TO MOVE-IN)

B. PROOF OF ELIGIBILITY AND ALLOWANCES FOR ALL FAMILY MEMBERS (AGE, HOUSEHOLD MEMBERSHIP, CUSTODY, DISABILITY STATUS ETC, IF APPLICABLE)

C. LEGAL NON-CITIZENSHIP/IMMIGRATION STATUS (IF APPLICABLE, FOR NON-CITIZENS UNDER 62 YEARS OF AGE)

IF NOT, WHY NOT?

DO YOU HAVE A SECTION 8 VOUCHER OR ARE YOU CURRENTLY OCCUPYING A HUD ASSISTED UNIT? YES NO IF YES, WHERE?

DO YOU UNDERSTAND THAT HUD ASSISTANCE MUST TERMINATE PRIOR TO RECEIVING HUD ASSISTANCE AT THIS PROPERTY? YES NO

THE VIOLENCE AGAINST WOMENS ACT REQUIRES OWNERS TO PROVIDE SPECIAL CONSIDERATION, PROTECTIONS AND CONFIDENTIALITY DURING THE RENTAL APPLICATION PROCESS TO APPLICANTS THAT REQUEST AND QUALIFY FOR PROTECTIONS UNDER THE ACT DUE TO DATING VIOLENCE, DOMESTIC VIOLENCE, STALKING AND SEXUAL ASSAULT. DO YOU UNDERSTAND THAT YOU MAY DISCUSS, CONFIDENTIALLY, WITH THE OWNER/MANAGEMENT OF THIS PROPERTY, IF YOU WOULD LIKE MORE INFORMATION OR WOULD LIKE TO CLAIM PROTECTIONS UNDER THIS ACT? YES NO

DO YOU HAVE ANY PETS OR ANIMALS THAT YOU PLAN TO BRING TO THE UNIT? YES NO IF YES, SPECIFY TYPE AND NUMBER OF ANIMALS

IF YES, IS ANIMAL(S) REQUIRED TO LIVE IN THE UNIT TO ALLEVIATE THE SYMPTOM(S) OF A DISABILITY FOR A HOUSEHOLD MEMBER? YES NO

IF YES WHO QUALIFIES AS DISABLED REQUIRING AN ASSISTANCE ANIMAL?

SOURCES OF INCOME AND ASSETS: List all income of all members (including minors) – Use additional pages if necessary

List all **INCOME SOURCES** for all members (including minors). Includes, but is not limited to, full and/or part-time employment, income from Public agencies (DSHS etc), Social Security, Pensions, SSI, Disability, L & I, Unemployment, Child Care, Alimony, Child Support, Financial Aid, Income from sale of property, Interest on Assets, Dividends, Annuities, and Regular Contributions from people not residing with you or payments of expenses on your behalf.

Household Member	Type of Income/Asset (e.g. employment, social security, Child Support, Checking account, etc.)	Source of Income/Asset (e.g. employer name, bank name, public agency name, etc.)	Annual Gross Income
1.			
2.			
3.			
4.			
5.			
6.			
Total Household Income			



HOW DID YOU HEAR ABOUT OUR PROPERTY?

Please Read: In compliance with the Fair Credit Reporting Act, we are informing you that information as to your household member's rental history, character references (if applicable), public records, certain mandated criminal history and credit history is being verified. I/We understand that any misrepresentation will be sufficient cause for rejection of the application. I/we understand that, upon acceptance of this application for tenancy, I/we must provide releases and/or verification of ALL income and assets and household composition (including custody or guardianship of minor children) and consent to release for wage and/or income matching by HUD, including Enterprise Income Verification (EIV) or the owner/agent. I/we also agree to signify all terms of occupancy by signing the Lease Agreement, Rules and Regulations of the property and a Tenant Certification for Calculation of Rent form HUD 50059. 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 proof of valid social security number of each household member (if applicable). 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.


BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE AND CERTIFY AS APPLICABLE (CHECK BOXES):

- I ACKNOWLEDGE THAT I MUST INFORM MANAGEMENT OF CHANGES TO OUR APPLICATION INFORMATION PRIOR TO SIGNING A LEASE.
- I CERTIFY THIS APARTMENT WILL BE MY PERMANENT RESIDENCE AND I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.
- SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION. FAILURE TO COMPLETE AND SIGN THE APPLICATION WITH REQUIRED ATTACHMENTS, PROVIDING FALSE STATEMENTS OR FAILURE TO PROVIDE COMPLETE AND TRUTHFUL INFORMATION RELATED TO YOUR APPLICATION MAY RESULT IN DELAY OF YOUR ELIGIBILITY APPROVAL, REJECTION OF YOUR APPLICATION OR EVICTION AFTER TENANCY.
- IF YOU ARE REJECTED YOU HAVE THE RIGHT TO APPEAL THE DECISION WITHIN (14) DAYS OF THE RECEIPT OF THE REJECTION NOTICE BY CONTACTING THE MANAGEMENT OF THIS PROPERTY IN WRITING OR REQUESTING A MEETING. A COPY OF THE GRIEVANCE AND APPEAL PROCEDURE IS POSTED IN THE SITE OFFICE. YOU MAY REQUEST A COPY OF THIS APPEAL PROCEDURE BY CONTACTING THE RENTAL OFFICE. PERSONS WITH DISABILITIES HAVE THE RIGHT TO REQUEST REASONABLE ACCOMMODATIONS TO PARTICIPATE IN THE INFORMAL HEARING PROCESS.
- THE LANDLORD IS PROHIBITED FROM REQUIRING DISCLOSURE, ASKING ABOUT, REJECTING AN APPLICANT, OR TAKING AN ADVERSE ACTION BASED ON ANY ARREST RECORD, CONVICTION RECORD, CRIMINAL HISTORY, EXCEPT FOR REGISTRY INFORMATION AS DESCRIBED IN SUBSECTION 14.09.025.A.3, SUBSECTION 14.09.025.A.4, SUBSECTION 14.09.025.A.5, AND SUBJECT TO THE EXCLUSIONS AND LEGAL REQUIREMENTS IN SECTION 14.09.115. IF A LANDLORD SCREENS PROSPECTIVE OCCUPANTS FOR REGISTRY INFORMATION, THE WRITTEN NOTICE SHALL ALSO INCLUDE THIS SCREENING CRITERIA AND MUST INFORM APPLICANTS THAT THEY MAY PROVIDE ANY SUPPLEMENTAL INFORMATION RELATED TO AN INDIVIDUAL'S REHABILITATION, GOOD CONDUCT, AND FACTS OR EXPLANATIONS REGARDING THEIR REGISTRY INFORMATION.

SIGNATURES (REQUIRED) I CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED:

APPLICANT (HEAD) SIGNATURE	DATE
CO-HEAD/SPOUSE/ OTHER ADULT SIGNATURE	DATE
OTHER ADULT SIGNATURE	DATE
OTHER ADULT SIGNATURE	DATE
OTHER ADULT SIGNATURE	DATE

**EACH ADULT MUST
SIGN/DATE APPLICATION
AS HEAD, CO-HEAD,
SPOUSE OR OTHER ADULT
HOUSEHOLD MEMBER**

Owner or Property Name: Capitol Hill Housing 504 Coordinator Name: Director of Property Management	does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.	
Address: 1620 12 th Ave, Suite 205 Seattle WA 98122		Telephone # (206) 329-7303 (TDD 711 for hearing impaired).

Office Use Only: ACKNOWLEDGEMENT OF RECEIPT OF RENTAL APPLICATION

DATE RECEIVED	TIME RECEIVED	PERSON THAT RECEIVED APPLICATION AND REVIEWED FOR COMPLETENESS:	SIGNATURE
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**PROPERTY LIST AND ELIGIBILITY
REQUIREMENTS (APPLICANT RETAIN WITH
YOUR RECORDS)**

HUD Subsidized Properties with an open waiting list

Our priority is to take the extremely low income households (below 30% median income) first in our fiscal year for up to 40% of our expected vacancies, then offer units to the applicants on our list that are either extremely very low or very low income (below 50% median income) chronologically thereafter until our income limit goals are met for the year. (You can get more information on the HUD income limits at the CHH Main Office)

<p>18th Ave Apartments</p> <p>1532 18th Ave/ 98122</p> <p>Dependent minor required</p> <p>2 BR</p> <p>Parking, No Elevator</p>	<p>412 APARTMENTS</p> <p>412-418 25th Ave. S / 98144</p> <p>Dependent minor required</p> <p>2 BR, 3 BR</p> <p>Parking, No Elevator</p>	<p>EL NOR</p> <p>117 18th Ave. / 98122</p> <p>Serving ELDERLY (55 years or older) residents</p> <p>1 BR</p> <p>No Parking, Elevator</p>	<p>ELIZABETH JAMES SR. HSG.</p> <p>109 23rd Ave. E / 98112</p> <p>Serving ELDERLY (62 years or older) and/or DISABLED residents</p> <p>1 BR</p> <p>Parking, Elevator</p>
<p>Haines Apartments</p> <p>1415 E Olive St/ 98122</p> <p>Serving ELDERLY (62 years or older) and/or DISABLED residents</p> <p>Studio, 1 BR</p> <p>No Parking, No Elevator</p>	<p>HAZEL PLAZA</p> <p>2021 E John St. / 98112</p> <p>Dependent minor preference for 2 BR and 3 BR</p> <p>2 BR, 3 BR</p> <p>Parking, No Elevator</p>	<p>HOLDEN VISTA</p> <p>1212 SW Holden St. / 98106</p> <p>2 BR, 3BR</p> <p>Parking, No Elevator</p>	<p>Mary Ruth Manor</p> <p>100-114 20th Ave. E/ 98112</p> <p>2 BR, 3BR</p> <p>Parking, No Elevator</p>
<p>Union and James</p> <p>2101 E James St/ 981 20th Ave 98122</p> <p>2 BR, 3BR</p> <p>Parking, No Elevator</p>			



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> 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.	

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. 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.