

BELMONT HOUSING AUTHORITY
Application for Public Housing
Instructions for Completing and Submitting the Application

The completed application can be either:

**Completed in its entirety and mailed to
Belmont Housing Authority, emailed to Belmont Housing Authority or
Date stamped and dropped in wooden box in lobby.**

The instructions for completing the application are as follows:

1. Complete the application in its entirety. You must provide ALL requested information or your application will not be accepted. If a question does not apply to you, put NA in the block.
2. Applicant and co-applicant (if applicable) sign and date the Applicant Certification (page 7);
3. Complete, sign and date a Permission Form Authorizing Applicant/Tenant Screening, Criminal Records and Credit Report Check for **every** adult that will reside in the public housing property. Each adult must sign his/her form (page 8);
4. Complete, sign and date ALL three Landlord Verification Forms (pages 10-12);
5. Complete the Authorization for the Release of Information/Privacy Act Notice as explained on page 14;
6. Complete the Supplement to Application for Federally Assisted Housing as explained on page 15; and
7. Return the completed application with all signed forms to:

Mail:
Belmont Housing Authority
51 Flowers Court
Belmont, NC 28012

Hand Delivery:
Date stamp and drop in wooden box in lobby at 51 Flowers Court.

Email:
Bhanc.org

**BELMONT HOUSING AUTHORITY
Public Housing Application**

Name of head of household: _____
Last
First
Middle

Name of adult co-head of household: _____
Last
First
Middle

Current Address: _____ City, State, Zip _____

Mailing Address: _____ City, State, Zip _____

Phone number where you can be reached: _____

Emergency Contact Information: (please list name/address/phone number):

_____ Name Address Phone

For Statistical Purposes Only:

Place a check in each of the boxes below to indicate the **race** and **ethnicity** of each person who will reside in public housing

Race

| | HOH | Co-HOH | Child 1 | Child 2 | Child 3 | Child 4 | Child 5 | Child 6 | Child 7 | Child 8 |
|--------------------------------|-----|--------|---------|---------|---------|---------|---------|---------|---------|---------|
| Caucasian/White | | | | | | | | | | |
| African American/Black | | | | | | | | | | |
| Asian/Pacific Islander | | | | | | | | | | |
| Native American/Alaskan Native | | | | | | | | | | |
| Mixed race | | | | | | | | | | |
| | | | | | | | | | | |

Ethnicity

| | HOH | Co-HOH | Child 1 | Child 2 | Child 3 | Child 4 | Child 5 | Child 6 | Child 7 | Child 8 |
|-------------------------|-----|--------|---------|---------|---------|---------|---------|---------|---------|---------|
| Hispanic/Latino | | | | | | | | | | |
| Non-Hispanic/Non-Latino | | | | | | | | | | |

HOH – Head of Household
 Co-HOH – Co-Head of Household

Family Information

Beginning with you, list all persons who will live in the PHA unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member.

(No one except those listed on this form may live in the unit)

| | First & Last Name | Date of Birth | Sex F / M | Social Security Number | Relationship to Head of Household | Disabled person? Yes or No | Full-time Student Yes or No |
|---|-------------------|---------------|-----------|------------------------|-----------------------------------|----------------------------|-----------------------------|
| H | | | | | Head of Household | | |
| 2 | | | | | Spouse/ Co-head | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |

Is the applicant family displaced by domestic violence? ___Yes ___No

(If yes, provide name, address and phone number)

Name Address Phone

Will any family member need a unit with: _____one level (no stairs) _____Wheelchair access?
 _____Sight/hearing impaired features?

Is any adult family member enrolled in an education program full-time? ___Yes ___No

(If yes, who can verify this? Please give name, address and phone number)

Name Address Phone

Is any adult family member enrolled in a job-training program including one required under the Welfare program? _____Yes _____No

If yes, who can verify this? Please give name, address and phone number.

Name Address Phone

Family Income Information

Please list the source and amount of all income expected for the next 12 months for each family member, including you. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child support, etc. *Example: Name, wages, \$150/week or name, wages, SSI, \$421/month.*

| Family Member Name | Income Source | Amount \$ | Frequency-Per |
|--------------------|---------------|-----------|-----------------------------------|
| | | | ___ Week ___ Month ___ Year |
| | | | ___ Week ___ Month ___ Year |
| | | | ___ Week ___ Month ___ Year |
| | | | ___ Week ___ Month ___ Year |

Does your household receive food stamps? ___ yes ___ no

If yes, list amount? \$ _____/month

Does anyone outside your household help pay for any of your bills or give you money? If so, give name and address:

Reason: _____

Do you have a checking or savings account or own any Certificates of Deposit, stock, bonds, etc.
 ___ Yes ___ No

If yes, describe the type of asset(s): _____

Do you own now or have you owned in the last two years, land, mobile home, or a house? ___ Yes ___ No

If yes, please explain: _____

Rental History

The Belmont Housing Authority will contact all former landlords for the period of three years before the date of this application.

List all addresses for previous three (3) years. If you have lived with family or friends, please list their name, there relationship to you, his/her telephone number and how long you have lived with them.

Current Landlord's name and phone number: _____
Name Phone

Address of unit rented: _____

How long at this address? From _____ To: _____
Month/Year Month/Year

Previous Landlord's name and phone number: _____
Name Phone

Address of unit rented: _____

How long at this address? From _____ To: _____
Month/Year Month/Year

Prior Landlord's name and phone number: _____
Name Phone

Address of unit rented: _____

How long at this address? From _____ To: _____
Month/Year Month/Year

Screening Questions

A "Yes" answer will not necessarily disqualify you for admission.

Have you ever been evicted or asked to vacate a unit? ____ Yes ____ No (If yes, When and Why?)

Have you ever received housing assistance through public housing or through Section 8 Housing Choice Voucher Program? ____ Yes ____ No When? _____

(If yes, please list the name of the head of household, the unit address or location or the name of the housing authority)

Do you owe money to any housing authority? ____ Yes ____ No

If yes, how much? \$ _____

Do you have any *past due* utility bills? ____ Yes ____ No If yes, please describe and give amount owed.

Have you or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? ____ Yes ____ No

If yes, please explain the nature of the offense including the county and state, the date of the charge and the name of the family member involved.

Is anyone in your household currently on parole or probation within the last three years? ____ Yes ____ No

(If yes, please explain and list the name of your probation officer and his/her telephone number)

Name of probation officer

Phone

Qualifying for Deductions in Calculating Rent

Is the head of household or spouse age 62 or older or a person with a disability? ____ Yes ____ No
(If yes, please answer the following questions. If no, skip to question #28.)

Does your household have any medical expenses (include insurance, Medicare deduction, doctor visits, hospital, therapy, supplies, medical transportation, etc.)? ____ Yes ____ No

(If yes, please describe the type of expense (not your medical condition) and the un-reimbursed amount you spend per month on all medical expenses)

Monthly medical expense: \$ _____

Type of Expense:

Please give the name, address & phone # of someone who can verify the expense:

| Name | Phone |
|------|-------|
|------|-------|

Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work, go to school or attend job training? ____ Yes ____ No

Monthly medical expense: \$ _____

Type of Expense:

Please give us the name, address & phone number of someone who can verify the expense:

| Name | Phone |
|------|-------|
|------|-------|

Do you have childcare expenses for children under age 13 or receive benefits so an adult in the family can work, go to school or attend job training? ____ Yes ____ No

If yes, Monthly un-reimbursed child care cost: \$ _____

Please list the name address and phone number of your childcare provider:

| Name | Address | Phone |
|------|---------|-------|
|------|---------|-------|

Driver's License or State ID number: Applicant: _____

Driver's License or State ID number: Co-Applicant: _____

Automobile: Year: _____ Make: _____ Model: _____

License Plate #: _____

Applicant Certification

I have read and understand the information contained in the Application Fact Sheet, the Instructions for Completing the Application and the Notice to All Applicants regarding reasonable accommodations for Applicants with Disabilities and have received a copy of this information.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature

Date

Co-applicant Signature

Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

BELMONT HOUSING AUTHORITY

51 Flowers Court
Belmont, NC 28012

**Permission Form
Applicant/Tenant Screening/Criminal Records and Credit Report Check**

I, _____ hereby give permission to the Belmont Housing Authority to obtain a nation-wide criminal history on my behalf as a part of the employment screening and criminal records check process for the purpose of determining eligibility for participation in the Public Housing program.

Applicant's Full Name:

_____ (Last) (First) (Middle Initial)

Maiden Name: _____

Other Name (s) Known by: _____

Address: _____

City: _____

State _____

Zip _____

Social Security Number: _____

Date of Birth: _____ / _____ / _____ City of Birth: _____
(month) (date) (year)

Race: 1-White 2- Black 3- American Indian/Alaskan 4- Asian/Pacific Islander
(Please circle the appropriate race)

Ethnicity: 1- Hispanic 2- Non Hispanic *(Please circle the appropriate ethnicity)*

Gender: 1- Male 2- Female *(Please circle the appropriate gender)*

Signature: _____ Date: _____

ATTENTION APPLICANT

DO NOT COMPLETE the Landlord Verification Forms on the following pages

INSTEAD

SIGN AND DATE

the Applicant Release section at the bottom of the form(s)

AND RETURN TO

**BELMONT HOUSING AUTHORITY
51 Flowers Court
Belmont, NC 28012**

**Belmont Housing Authority
will submit
the signed forms to the landlords.**

LANDLORD VERIFICATION FORM

Belmont Housing Authority is required by federal regulations to verify previous residencies of applicants for public housing. We ask your cooperation by providing the following information and will use the information you provide only to determine eligibility and will maintain your responses in strict confidence.

Name of Applicant: _____

Current Address: _____

Name of Landlord: _____

I am the: Current Landlord _____ Previous Landlord _____ Other _____

Dates of Applicant's Tenancy: From _____ To _____

1. Rent Payment

A. Amount of monthly rent: _____ \$ _____

B. Does (did) applicant pay rent on time? YES NO

C. Have (had) you ever begun/completed eviction for non-payment? YES NO

D. Do you provide any of the utilities for the unit? YES NO

E. Have tenant-paid utilities ever been disconnected? YES NO

2. Caring for the Unit

A. Does (did) the applicant keep the unit clean, safe and sanitary? YES NO

B. Will (did) you keep any security deposit? YES NO

3. General

A. Is (was) the applicant listed on the lease for the unit? YES NO

B. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis? YES NO

Describe: _____

C. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants? YES NO

If yes, Describe: _____

D. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity? YES NO

If yes, Describe: _____

E. Would you rent to this applicant again? YES NO

If not, why? _____

F. Does Applicant have a balance due? YES NO

If yes, amount? _____

Name of authorized project staff _____ Phone _____

Landlord Signature _____ Date _____

Applicant Release

I, _____ hereby authorize the release of the requested information.

Signature _____ Date _____

LANDLORD VERIFICATION FORM

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Name of Applicant: _____

Current Address: _____

Name of Landlord: _____

I am the: Current Landlord _____ Previous Landlord _____ Other _____

Dates of Applicant's Tenancy: From _____ To _____

1. Rent Payment

A. Amount of monthly rent: \$ _____

B. Does (did) applicant pay rent on time? YES NO

C. Have (had) you ever begun/completed eviction for non-payment? YES NO

D. Do you provide any of the utilities for the unit? YES NO

E. Have tenant-paid utilities ever been disconnected? YES NO

2. Caring for the Unit

A. Does (did) the applicant keep the unit clean, safe and sanitary? YES NO

B. Will (did) you keep any security deposit? YES NO

3. General

E. Is (was) the applicant listed on the lease for the unit? YES NO

F. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis? YES NO

Describe: _____

G. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants? YES NO

If yes, Describe: _____

H. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity? YES NO

If yes, Describe: _____

E. Would you rent to this applicant again? YES NO

If not, why? _____

F. Does Applicant have a balance due? YES NO

If yes, amount? _____

Name of authorized project staff _____ Phone _____

Landlord Signature _____ Date _____

Applicant Release

I, _____ hereby authorize the release of the requested information

Signature _____ Date _____

LANDLORD VERIFICATION FORM

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Name of Applicant: _____

Current Address: _____

Name of Landlord: _____

I am the: Current Landlord _____ Previous Landlord _____ Other _____

Dates of Applicant's Tenancy: From _____ To _____

1. Rent Payment

A. Amount of monthly rent: _____ \$ _____

B. Does (did) applicant pay rent on time? YES NO

C. Have (had) you ever begun/completed eviction for non-payment? YES NO

D. Do you provide any of the utilities for the unit? YES NO

E. Have tenant-paid utilities ever been disconnected? YES NO

2. Caring for the Unit

A. Does (did) the applicant keep the unit clean, safe and sanitary? YES NO

B. Will (did) you keep any security deposit? YES NO

3. General

I. Is (was) the applicant listed on the lease for the unit? YES NO

J. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis? YES NO

Describe: _____

K. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants? YES NO

If yes, Describe: _____

L. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity? YES NO

If yes, Describe: _____

E. Would you rent to this applicant again? YES NO

If not, why? _____

F. Does Applicant have a balance due? YES NO

If yes, amount? _____

Name of authorized project staff _____ Phone _____

Landlord Signature _____ Date _____

Applicant Release

I, _____ hereby authorize the release of the requested information.

Signature _____ Date _____

Authorization for the Release of Information/Privacy Act Notice Form HUD-9886

Complete the Authorization for the Release of Information/Privacy Act Notice as follows:

1. Write in the date that you completed and mailed/returned this application package
2. Complete the Consent information **in its entirety**.

Failure to complete this form in its entirety (and all other requested information in this application packet will delay your application.

**Authorization for the Release of Information/ U.S. Department of Housing and Urban Development
Privacy Act Notice**

Office of Public and Indian
Housing

OMB CONTROL NUMBER: 2501-0014 and

exp. 1/31/2014

to the U.S. Department of Housing and Urban Development (HUD)
the Housing Agency/Authority (HA)

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

BELMONT HOUSING AUTHORITY
ERICA BOBO, PHM
51 FLOWERS COURT
BELMONT, NC 28012
704-825-9376
E.D.BOBO@BHANC.ORG

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date) *****

Authority: 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 that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

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. HUD may disclose information (other than tax return information) for certain routine uses, such as to

other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever 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:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information to Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

| | | | |
|--|------|---------------------------------|------|
| _____ | | _____ | |
| Head of Household | Date | | |
| _____ | | _____ | |
| Social Security Number (if any) of Head of Household | | Other Family Member over age 18 | Date |
| _____ | | _____ | |
| Spouse | Date | Other Family Member over age 18 | Date |
| _____ | | _____ | |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |
| _____ | | _____ | |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |

Privacy Act Notice. Authority: 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.), 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 six 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 HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six 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.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Belmont Housing Authority

Notice to ALL Applicants/Residents

**Supplement to Application for Federally Assisted Housing
HUD -92006**

The Belmont Housing Authority must provide applicants and tenants the opportunity to include information on an individual or organization that may be contacted to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services that you may require. Examples of persons or organizations include: family members, friends, social and case workers, mental health care workers, advocacy groups, or other organizations. The contact information provided is Confidential and will only be used as allowed by the tenant or applicable law.

If you wish to provide this contact information, please read the Instructions on the attached form and complete the requested information. You must sign and date the form. You do not have to provide this information. If you do not want to provide the information, please check the box at the bottom of the form indicating that you “choose not to provide the contact information” and sign and date the form.

Applicants and residents will be able to update, remove, or change the information on this form at admission and annual re-examination. At that time, you will also be given a chance to complete the form if you have previously chosen not to do so. However, you may update, remove, or change the information you provide at any time during the application process or tenancy. It is your responsibility to ensure that we have the correct information on file.

If you have any questions regarding this notice, please speak to the Property Manager when you turn in your application or during your annual re-examination process.

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.

| | |
|--|--|
| | |
|--|--|

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.

Form HUD- 92006