

Affordable Housing Advocates

Waiting List Application for Admission and Rental

Assistance

Please select the project(s) for which you are applying:

Cloverfield-Kingston House, York, PA

_____ **Cloverfield-Kingston House** is funded under the Section 202/8 Program of the United States Department of Housing and Urban Development (HUD). There are two locations for this project (1500 Rodney Road, York, PA and 1243 West King Street, York, PA). When applying for Cloverfield-Kingston House, there is one waiting list for both locations. Eligibility is for heads of households and spouse that are elderly and / or non-elderly with a disability that **requires the features of the accessible units for the mobility-impaired.** The location at 1500 Rodney road had 18 one-bedroom units and 6 two-bedroom units. The location at 1243 West King Street has 78 one-bedroom units.

Delphia House Apartments, 350 East Philadelphia Street, York, PA

_____ **Delphia House Apartment** is funded under HUD's Section 8 – New Construction Program and is for heads of households that are elderly and / or non-elderly with a disability. Delphia House has 104 one-bedroom units.

Green Meadow Apartments, 20 Beaver Street, Dillsburg, PA

_____ Eligibility for **Green Meadow Apartments** is for heads for household that are elderly and / or non-elderly with a disability. Green Meadow Apartments is a Rural Housing Service 515 project funded by the United States Department of Agriculture (USDA), Rural Development. Green Meadow has 46 one-bedroom units.

Highland Manor Apartments, 36 Highland Manor Drive, Stewartstown, PA

_____ **Highland Manor Apartments** is a Rural Housing Service 515 project under USDA Rural Development. Highland Manor resident receive HUD Section 8 rental assistance. Households in which the head, co-head or spouse is 18 years of age or older are eligible. At Highland Manor, there are 10 one-bedroom units (two are mobility units), 15 two-bedroom units, and 8 three-bedroom units.



Affordable Housing Advocates

Affordable Housing Advocates offices are located at 3 Rathton Road, York, PA 17403. Our telephone number is 717-846-5139. TTY 7-1-1.

Additional information on Affordable Housing Advocates and the properties managed can be found online at www.ahadvocates.org.

<u>Site</u>	<u>Location</u>	<u>Telephone Number</u>
Cloverfield-Kingston House	1243 West King Street York, PA 17404	717-848-2927 (phone) 717-848-2716 (fax)
	1500 Rodney Road York, PA 17408	717-764-5464 (phone) 717-848-2716 (fax)
Delphia House Apartments	350 East Philadelphia Street York, PA 17403	717-843-1064 (phone) 717-854-0971 (fax)
Dutch Kitchen	381 West Market Street York, PA 17401	717-846-5281 (phone) 717-854-0343 (fax)
Green Meadow Apartments	20 Beaver Street Dillsburg, PA 17019	717-432-2556 (phone) 717-409-6888 (fax)
Highland Manor Apartments	36 Highland Manor Drive Stewartstown, PA 17363	717-993-6541 (phone) 717-993-2289 (fax)

Reasonable Accommodations

A reasonable accommodation is a change, exception, or adjustment to a program, service, building, dwelling unit, or workplace that will allow a qualified person with disability to: participate fully in a program, take advantage of a service, live in dwelling, or perform a job.

The Owner/Agent for all sites listed above is obligated to make property physically accessible as well as operating and administering the property to enable persons with disabilities to have equal access to participate in the program.

Applicants with disabilities that need a reasonable accommodation in order to participate in the application process or to make effective use of the housing program, have the right to request such an accommodation.



<p style="color: red; text-align: center;">For Office Use Only:</p> <p>For Office Use Only: Date application received _____</p>	Time application received _____	By _____
Site(s) Selected: _____ CFKH _____ DH _____ GM _____ HM		

Affordable Housing Advocates

**PRE-APPLICATION
FOR ADMISSION TO APARTMENTS WITH RENTAL ASSISTANCE**

Date: _____

Applicant Name <small>(Head of Household)</small>			
How did you hear about us?			
Citizenship Status	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen		
Current Address			
City, State, Zip			
Home Phone			
Cell Phone			
Email Address			
Work Phone	May we contact you at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have no Social Security Number, you claim you are exempt because			
<input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10			
Will anyone else live in the unit with you?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How many people will live in the unit?	Adults		Minors

Household Member #	Household Member's Full Name	* Relationship to Head of Household	Birth Date	Age	Sex (Optional)	Social Security Number
01		Self				
2						
3						
4						
5						
6						

* Relationship to Head of Household member = Co-head Spouse Child Other adult Foster adult/child
 Live-in aide (live in aides must be approved before move in) None of the above

You must indicate one of the above HUD approved relationship codes for each adult household member.



If the head-of household or co-head/spouse is not 62 years or older, do you claim eligibility because the head-of-household or co-head/spouse is disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For Cloverfield-Kingston House only – If the head of household or spouse is not 62 years or older, do you claim eligibility because the head of household or spouse requires the features of an accessible unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you currently using marijuana for recreational or medicinal purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor

Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, when _____

Please indicate each state where you have lived: *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA
 KS KY LA ME MD MA MI MN MS MO MT NE NV NH
 NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT
 VT VA WA WV WI WY Washington D.C

PREFERENCES: The owner/agent places household in units based on the date and time the completed application is received and the household’s eligibility for preference. Please indicate if you qualify for the preference indicated below.

I am a victim of a recent presidentially declared disaster. Yes No

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

MEMBER # & HOUSEHOLD MEMBER’S FULL NAME	
2	
Citizenship Status	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen

Please indicate each state where you have lived: *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA
 KS KY LA ME MD MA MI MN MS MO MT NE NV NH
 NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT
 VT VA WA WV WI WY Washington D.C



UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements in to consideration. The owner/agent’s occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance with HUD Handbook 4350.3 Revision 1. Please indicate unit size preferences below. If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

Unit Size

<input type="checkbox"/> Single Room
<input type="checkbox"/> 1 Bedroom Unit
<input type="checkbox"/> 2 Bedroom Unit
<input type="checkbox"/> 3 Bedroom Unit

Special Features

<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Special features: Please list below:

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Please provide the total amount of gross annual income from all sources.

Head of Household - Annual income	\$
Household Member #2 - Annual income	\$

Please provide the value of all assets (including checking/savings accounts)

Head of Household - Total assets	\$
Household Member #2 - Total assets	\$

Utility Providers

Both Green Meadow and Highland Manor require electricity to be established in the household’s name.

Do you have any overdue/outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish electric in your unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Applicants for Green Meadow Apartments and Highland Manor Apartments please note:

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

“This institution is an equal opportunity housing provider and employer.”

“If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S.



Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.Intake@usda.gov.”

Please note, the provisions of the Violence Against Women and Justice Department Authorization Act of 2005 offers protections to you:

- The Landlord may not consider incidents of domestic violence, dating violence or stalking, sexual assault as serious or repeated violations of the Lease or other “good cause” for termination of assistance, tenancy or occupancy rights of the victim of abuse.
- The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or immediate member of the tenant’s family is the victim or threatened victim of that abuse.
- The Landlord may request in writing that the victim, or a family member on the victim’s behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within fourteen (14) business days, or an agreed upon extension date, to receive protection under VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

PENALTIES FOR MISUSING THIS FORM

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

APPLICANT CERTIFICATION

I/We certify that if selected to receive rental assistance, the unit I/we occupy will be my/our only residence. I/We understand that the information in this application is being collected to determine my/our eligibility. I/We authorize the Owner/Agent to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information that may be released to appropriate Federal, State or local agencies. I also give authorization to the Owner/Agent to conduct checks of my/our criminal record and sexual offender status in order to process this application, and, if accepted as a resident, each year during my entire residency. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements of information are punishable under Federal law and shall be considered sufficient cause for rejection.

I would like to request a complete copy of the owner/agent’s resident selection criteria.

No Yes If yes, which option do you prefer? Paper copy Electronic copy

Email address for electronic copy: _____

Applicant Name (please print) _____

Signature _____ Date _____

Affordable Housing Advocates 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).

Name: Kimberly Krynock **Address:** 3 Rathton Road **City/State/Zip:** York, PA 17403
Telephone – Voice: 717-846-5139 **Telephone – TTY:** 7-1-1



U.S. Department of Housing and Urban Development
Office of Housing • Office of Multifamily Housing Programs



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

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 Entitlementment 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 to independently verify your employment and/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 for housing assistance and 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/rhipeiv/eivhome.cfm.



JULY 2009

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)

Name of Property **Project No.** **Address of Property**

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.

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.