



APPLICATION FOR HOUSING (SECTION 8)



Dear Applicant,

Thank you for your interest in our properties. Please follow the directions below.

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS ALL OF THE FOLLOWING ITEMS ARE INCLUDED:

1. Copies of Social Security Cards for ALL Family Members. To apply for a Social Security Card, call 1-800-772-1213 or visit www.socialsecurity.gov.
2. Copies of Photo ID Cards for ALL Adults (18 Years and Older).
3. Complete names, addresses, phone numbers for ALL references listed.
4. Copy of HUD 92006 for each household member.
5. Copy of HUD 9887 for each household member.
6. Copy of Citizen Declaration for each household member

Remember:

- You are committing fraud if you sign a form know that you provided false or misleading information or if you withheld information.
- We DO NOT have emergency assistance.
- Your application will be processed in the order that it was received.
- Incomplete applications will be returned.
- Household members age 18 or older must sign and date on all signature lines.

If you have any questions or need additional help, please contact our office.

Ashland Dellwood Apartments

222 Ashland Street North Cambridge, MN 55008

Phone: 763-689-5323 Fax: 763-689-2796 Email: ashlanddellwood@bergstad.com

**Application for Residency
For Federally Funded Programs**



RECEIVED

Date: _____

Time: _____

I. Applicant / Spouse Application

Applicant's Name: _____ Driver's License: _____ State: _____ SS #: _____ <input type="checkbox"/> Or I don't contend eligible immigration status Date of Birth: _____ Optional: <input type="checkbox"/> Male <input type="checkbox"/> Female Phone#: _____ Email: _____ Student Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Student	Spouse's Name: _____ Driver's License: _____ State: _____ SS #: _____ <input type="checkbox"/> Or I don't contend eligible immigration status Date of Birth: _____ Optional: <input type="checkbox"/> Male <input type="checkbox"/> Female Phone#: _____ Email: _____ Student Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Student
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Marital Status:

In order to substantiate your income qualification, your marital status must be verified. Please note that the following information is required and will be used for income qualification only:

Applicant's Marital Status: ☐ Married ☐ Separated, not legally ☐ Widowed ☐ Divorced ☐ Never been married

II. Other Household Members

List only children who are dependent of persons listed on this application:

Name: _____	SS#: _____	DOB: _____	Check Student Status
Name: _____	SS#: _____	DOB: _____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Not Student
Name: _____	SS#: _____	DOB: _____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Not Student
Name: _____	SS#: _____	DOB: _____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Not Student
Name: _____	SS#: _____	DOB: _____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Not Student
Name: _____	SS#: _____	DOB: _____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Not Student

Are there any household members not listed on this or a separate application (i.e., spouse, absent spouse, roommate or other)?

☐ NO ☐ YES If yes, please explain: _____

Does any one in the household anticipate changes to "Student Status" within the calendar year? ☐ NO ☐ YES

If yes above, list name(s): _____

Do you expect any change in your household composition within the next 6 months? ☐ NO ☐ YES

III. Residence History

List the past three (3) years of residence history. If additional space is needed, please use the back of this application.

Current Address: _____ City, State, Zip: _____ From: _____ To: _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____ Landlord's Name / Management Company: _____ Landlord's Phone: _____ Rent Amount: \$ _____	(2) Previous Address: _____ City, State, Zip: _____ From: _____ To: _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____ Landlord's Name / Management Company: _____ Landlord's Phone: _____ Rent Amount: \$ _____
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(3) Previous Address: _____ City, State, Zip: _____ From: _____ To: _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: _____ Landlord's Name / Management Company: _____ Landlord's Phone: _____ Rent Amount: \$ _____	(4) Previous Address: _____ City, State, Zip: _____ From: _____ To: _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: _____ Landlord's Name / Management Company: _____ Landlord's Phone: _____ Rent Amount: \$ _____
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V. Other Sources of Income (Does the Applicant or Spouse receive any of the following incomes)?**Applicant's Other Income:**

Source:	<input type="checkbox"/> NO	Gross Amount Received:
Wages:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
SSI/SSA:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Retirement/Pension:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Unemployment:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Recurring Contribution:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Alimony:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
AFDC/TANF:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Child Support:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Have Child Support Court Order:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Income from Military Service:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Other:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____

If other, list source: _____

Spouse's Other Income:

Source:	<input type="checkbox"/> NO	Gross Amount Received:
Wages:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
SSA	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Retirement/Pension:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Unemployment:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Recurring Contribution:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Alimony:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
AFDC/TANF:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Child Support:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Have Child Support Court Order:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Income from Military Service:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Other:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____

If other, list source: _____

IV. Household Assets

Does any household member (including children) have a checking or savings account, IRA, CD, Bonds, Real Estate, or any other type of asset(s)? ☐ NO ☐ YES

If YES, list type of asset and name of institution:

Applicant	Co-Applicant	Child	Type of Asset	Institution
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Has anyone in your household disposed of any asset(s) in the past twenty-four (24) months for less than fair market value?

☐ NO ☐ YES If yes, explain: _____

VII. Eligible Allowances**Applicant's Eligible Allowances:**

Sources	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Gross Amount Received:
Prescription(s):	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Medicare Premium:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Insurance Premium:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Medical Expenses:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Transportation Costs:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Attendant Care:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Service Animal:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Auxiliary Apparatus:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Child Care:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Others that are eligible:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____

If others, list: _____

Spouse's Eligible Allowances:

Sources	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Gross Amount Received:
Prescription(s):	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Medicare Premium:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Insurance Premium:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Medical Expenses:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Transportation Costs:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Attendant Care:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Service Animal:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Auxiliary Apparatus:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Child Care:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Others that are eligible:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____

If others, list: _____

VII. General Information
What size apartment/townhouse are you interested in? <input type="checkbox"/> 1BR <input type="checkbox"/> 2BR <input type="checkbox"/> 3BR
Does anyone in the household have any pets? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, number of Pets: _____ Breed/Kind: _____ Size (lbs): _____
How did you hear about this development? <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Sign <input type="checkbox"/> Online <input type="checkbox"/> Local <input type="checkbox"/> Other: _____
Please list all states where household members have resided: _____ If you or a member of your household was 62 years old or older on January 31, 2010 and do not have a SS#, were you receiving HUD rental assistance somewhere else? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Not Applicable Is any household member a military veteran? <input type="checkbox"/> NO <input type="checkbox"/> Yes, list who: _____ Is the household seeking housing as a result of a presidentially declared disaster? <input type="checkbox"/> NO <input type="checkbox"/> YES
Please indicated if any household member has a disability. <input type="checkbox"/> NO <input type="checkbox"/> Yes—If yes, would you describe as: <input type="checkbox"/> Mobility <input type="checkbox"/> Visual Hearing If you checked yes, do you or any member of the household require a special accommodation? <input type="checkbox"/> NO <input type="checkbox"/> YES _____
Are you current with your utilities and are able to put them into your name? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been convicted of a misdemeanor, felony crime, or have pending legal charges? <input type="checkbox"/> NO <input type="checkbox"/> YES Is any household member subject to State lifetime sex offender registration in any state? <input type="checkbox"/> NO <input type="checkbox"/> YES _____ Have you ever been evicted or had a judgement for an Unlawful Detainer (UD) on your record? <input type="checkbox"/> NO <input type="checkbox"/> YES
Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, for drug related criminal activity for any other reason? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please explain the circumstances: _____
Do you or any member of your household have a pattern of alcohol or drug abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants? <input type="checkbox"/> YES <input type="checkbox"/> NO

I/We understand the information in this application will be used to determine eligibility for Section 8/42 housing assistance and that this information will be verified.
I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement.

I/We understand that any action(s) my myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list of processing of my/our housing application is grounds for management to decline my/our application for housing.

I/We authorize management to make any and all inquiries to verify this information, directly or through exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

My/Our signature(s), as indicated below, acknowledge that I/we have read and complete each section of this rental application, as applicable.

ALL HOUSEHOLD MEMEBERS AGE 18 OR OLDER SIGN BELOW:

Applicant's Signature: _____	Date: _____
Applicant's Signature: _____	Date: _____
Applicant's Signature: _____	Date: _____
Applicant's Signature: _____	Date: _____

CITIZEN DECLARATION

THIS SECTION TO BE COMPLETED BY THE APPLICANT / RESIDENT

Last Name: _____ First Name: _____ Middle Name: _____
Relationship to head of household: _____ Sex: _____ Date of Birth: _____
Social Security Number: _____ Alien Registration Number: _____
Admission Number: _____ Nationality: _____
(If applicable—this is an 11-digit number found on the DHS form I-94, Departure Record) (Country to which you owe legal allegiance—may or may not be country of birth)

DECLARATION

INSTRUCTIONS: Complete the declaration below by reviewing all three boxes and signing ONE box that applies. A separate Declaration must be signed for each member of the assisted household.

I, _____ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature: _____ Date: _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐)
If you sign this box, no further information is required.

OR

2. I am a non-citizen with eligible immigration status, as described on the second page.

Signature: _____ Date: _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐)
If you sign this box, you must go on to complete the second page including the Verification Consent.

REQUEST FOR AN EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, and as described on the second page, 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: _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐)
If you sign this box, you must go on to complete the second page including the Verification Consent.

OR

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

Signature: _____ Date: _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐)
If you sign this box, no further information is required. You are NOT eligible for housing assistance.

THIS SECTION TO BE COMPLETED BY MANAGEMENT

SAVE Verification Number: _____



NON-CITIZEN WITH ELIGIBLE IMMIGRATION STATUS ADDITIONAL INFORMATION

NOTE: If you checked the Section 2 block on the previous page, and you are over 62 years of age or older, you need only to submit a proof of age document together with this format.

If you are less than 62 years of age, you should submit one of the following documents:

- (1). Form I-551, "Permanent Resident Card"
- (2). Form I-94, *Arrival-Departure Record* with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3). If Form I-94, *Arrival-Departure Record* is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an 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);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from a DHS asylum officer granting withholding of deportation (if an application was filed on or after October 1, 1990).
- (4). A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (5). "Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*."

VERIFICATION CONSENT

CONSENT: I, _____ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
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; (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. **NOTIFICATION:** Evidence of eligible immigration status shall be released only to the INS 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 INS.

Signature: _____ Date: _____

(if signing on the behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐)

PENALTIES FOR MISUSING THIS CONSENT: 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 subjected 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 further 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).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**



HUD Owner and Family Summary Sheet

Family Summary Sheet

One form is required per household at the time of Move-In or Initial Certification, or when there are any changes to household composition.

MBR #	First Name	Last Name	Relationship to HOH	Sex (Optional)	Date of Birth
1			Head		
2					
3					
4					
5					
6					

Head of Household Signature

Signature

Date

Owner Summary Sheet

This portion is to be completed by **MANAGEMENT ONLY** after verifying the Citizenship Status for all household members listed above.

MBR #	First Name	Last Name	Relationship Code	Sex (Optional)	DOB	Status*	Date Verified
1							
2							
3							
4							
5							
6							

*Status	EC—Eligible Citizen	IC—Ineligible Noncitizen Child of H, S, or K
	EN—Eligible Noncitizen	IN—Ineligible Noncitizen
	IP—Ineligible Parents of H, S, or K	XX—Individuals that are not family members (e.g. aides)

MANAGEMENT SIGNATURE

Management Signature

Date

RENTAL REFERENCE REQUEST

Applicant Signature Release

I authorize Bergstad Properties, Inc. to receive information about my rental history

Applicant Name: _____ Signature: _____ Date: _____

Applicant Name: _____ Signature: _____ Date: _____

To: _____ Phone: _____ Fax/email: _____

RE: _____ Apartment Complex: _____

Dates of residency: _____ to _____ Rental Amount \$ _____

Did the resident pay their rent on time? _____ Late Payments (how many): _____

Proper notice to vacate given: _____

Did you receive a security deposit? _____ Will the full amount be returned back to the resident? _____

Did the resident ever bounce a check (NSF)? _____

Rental payment performance: _____

Noise complaints? _____ Please explain: _____

Record of disturbing neighbors? _____

Did the applicant have any difficulty with adherence to the lease and community policies? _____

If so, which ones? _____

Were there any compliance issues with certification reporting requirements? (If applicable) _____

Did the resident notify management of changes in income and household changes in a timely matter?

(if applicable) _____

Did the resident have to engage in any repayment plans for under-reported income? (If applicable) _____

Was/is there any unit maintenance/damage beyond regular wear and tear? _____

Was/is there any presence of bed bugs, head lice, roaches, or parasitic infestation? _____

How was the residents' housekeeping? _____

If the above applicant would re-apply to rent at your property, would you re-rent? _____

Additional comments: _____

Completed By (please sign): _____ Title: _____ Date: _____

Please return this rental reference to Lake City Apartments. Thank you in advance.

Address:	Fax:	Email:
Ashland Dellwood Apartments 222 Ashland Street N Cambridge, MN 55008	763-689-2796	ashlanddellwood@bergstad.com

HOUSE RULES

The following list of infractions are (if violated) considered violations of our lease. Please be advised that (3) infraction notices are grounds for eviction. Any drug related offenses are an automatic lease termination.

1. Destruction of property
2. Disturbing or harassing other residents
3. Excessive noise from your apartment
4. Drunk and disorderly conduct
5. Manufactured, sale or use of drugs
6. Illegal activities on the premises
7. Unlawful activities causing police action on the property
8. Tampering with mailboxes
9. Failure to maintain unit, hallway, or stairway in a clean and sanitary condition
10. Allow unauthorized persons to live in unit--visitation limit per person per year is 14 days with management approval.
11. Failure to allow manager to enter premises
12. Failure to observe quiet hours (10 PM - 8 AM)
13. Alteration or addition to property not authorized by management
14. Installation of appliances (washing machine, dryer, freezer, locks, stove, refrigerator, etc.) without the consent of manager
15. Breach of building security (leaving doors unlocked and/or blocking open exit doors)
16. Failure to report changes in income or family status
17. Non-Payment of rent or repeated late payments
18. Bounced (NSF) checks. Replacement of (NSF) check will only be accepted in the form of a cashier's check or money order
19. Leaving garbage, trash or other obstructions in a public area.
20. Inability to comply with the terms of the lease.
21. Failure to obtain Social Security Numbers for all household members
22. Failure to reconnect utility service within one week of disconnection of non payment
23. Verbally or physically abusing Manager or staff
24. Committing or causing any act that would constitute a fire or safety hazard or would cause the property insurance to increase
25. Deliberately reporting false information for recertification or interim rent adjustment. This infraction would result in assistance termination upon (1) infraction, and possible HUD penalties.
26. Moving in a pet without a written pet policy addendum to the agreement.
27. Failure to sign Authorized Release Form
28. Moving in a water bed without consent of manager
29. Not following Smoke-Free Building/Townhome policy by smoking in unit, and/or in non-designated areas

I understand and accept the above House Rules will be a part of my lease agreement.

Signature: _____ Date: _____

Signature: _____ Date: _____

ADDITIONAL INFORMATION

SMOKE-FREE BUILDING/APARTMENT/TOWNHOUSE POLICY

1. Smoking is not permitted anywhere in the building or townhouses, in accordance with the following guidelines. All residents, all employees, all guests are prohibited from smoking anywhere in the building, including the apartment units/townhomes.
2. Any deviation from the smoke-free policy by any tenant, a member of their household, or their guest will be considered a lease violation. Three (3) violations will result in eviction.
3. Smoking outside of the building/townhomes is permitted in designated areas, a minimum of 25 feet away from the building. If a resident smells tobacco smoke in any place of the building, they are to report it immediately to the Property Manager. Management will seek the source of the smoke and take appropriate action.

PETS

All future residents must notify the property manager of any pets BEFORE MOVING IN. Failure to do so might delay the move-in process.

ASSISTED HOUSING

Please notify the Property Manager if you are currently living in assisted housing.

UTILITIES

As a requirement of the lease, all residents must have utilities in their name. It is a violation of the lease if any resident fails to transfer the utilities into their name or has the utilities shut off for non-payment.

CABLE/INTERNET/TV

Please check with the Property Manager about what Cable/TV/Internet services are available at the building/townhomes--we have a list of approved providers.

AIR CONDITIONING

In our senior units, residents supply their own air conditioning units. The A/C units must meet our specifications.

By signing below, I agree that I will follow the policies listed above.

Applicant Signature(s)

Signature _____ Date _____
Signature _____ Date _____

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)**

HUD-9887/A Fact Sheet

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-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-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.

Attachment to forms HUD-9887 & 9887-A (02/2007)

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.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	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.):
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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 HUD-9887/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.

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
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.