

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 checked="" type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

Signature of Applicant	Date
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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.



RENTAL APPLICATION
SECTION 8 - SECTION 8/236 SECTION 8/RD515 – SECTION 8/TAX CREDIT
RENT SUPPLEMENT – RAP
AFFORDABLE COMMUNITIES



APPLICATION No. :

DATE: _____

TIME: _____

Hedin House Apartments This community does not discriminate based on race, color, creed, religion, sex, national origin, ancestry, age, handicap or disability of any person, familial status, the use of a guide or support animal because of the physical handicap of the user or because the user is a handler or trainer of support or guide animals or because of the handicap or disability of an individual with whom the person is known to have a relationship or association.

Hedin House Apartments strictly adheres to these anti-discrimination laws and the Owner agrees that this property will be listed, shown, leased and managed in accordance with these laws.

INSTRUCTIONS FOR HEAD OF HOUSEHOLD:

1. Please do the following while completing this application:
 - complete all sections in ink (please print)
 - Please do not leave any section blank (including sections that do not apply to you)
 - ❖ if a section asks for information you do not have currently available, you may write "N/A" for (not applicable or not available).
 - When making corrections:
 - ❖ put one line through incorrect information
 - ❖ write the correct information
 - ❖ initial the change.
2. As Head of Household, you will complete this Rental Application form on behalf of your entire household. However, each additional adult household member 18 years of age and older who is expected to live in the apartment must sign this Rental Application.
3. False, incomplete or misleading information will cause your household's application to be declined.
4. As long as your active application is on file with us, it is your responsibility to contact us whenever your address, telephone number, or income situation changes, and whenever you need to add a person to your application or remove a person from your application.

Application Processing

1. All applications will be processed in accordance with the procedures outlined in the Community Resident Selection Criteria. A copy of the Resident Selection Criteria is available upon request; otherwise a copy is available for viewing in the management office.
2. A preliminary determination of your household's eligibility will be established, after your application is accepted. If your household meets the preliminary eligibility requirements, your application will be placed on our Community Waiting List. However, this does not guarantee that your household will be offered an apartment.
3. In the event you fail to respond to an application update request within the specified time frame, your application will be removed from the Community Waiting List, and determined inactive. The reactivation of applications may be granted if the household meets the exceptions outlined in the Community Resident Selection Criteria
4. When management anticipates an expected vacancy, applicants with active applications on file will be contacted in order of date and time for an in person eligibility interview. All adult members of your household 18 years of age and older are required to attend the eligibility interview. In the event your household does not meet the final eligibility requirements, your application will be declined.

CONTACT INFORMATION (Current):

First Name (Head of household)	Last Name (Head of Household)	M.I.	Home Phone Phone No.	Cell Phone Phone No.	Work/Message Phone No.
Current Street Address:			City	State	Zip Code
First Name (Co-Head)	Last Name (Co-Head)	M.I.	Home Phone Phone No.	Cell Phone Phone No.	Work/Message Phone No.
Current Street Address:			City	State	Zip Code

HOUSEHOLD COMPOSITION:

List all persons, including yourself, and who are expected to reside in the unit. NOTE: The number to left indicates the "Family Member Number" and is the Number requested in the remaining sections of this Application.

Full Name	Relationship	Elderly/ Accessible Unit *	Sex (M/F)	Marital Status*	Age	Birth date	Social Security No.	Occupation	Student Status Full/Part Time	Yes	No
1.	Head of Household					/ /					
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											

- *Enter "E" for Elderly or AU for Accessible Unit Needed.
- *Enter "M" for Married, "S" Single, "D" for Divorced, "SEP" Separated, or "W" for Widowed.



Household Composition Cont.

The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of household for applicants & Residents. You are not required to answer the questions below, nor does your answer affect your position on our waiting list or your eligibility for housing. At this time we are requesting this information for the Head of Household only. However, at the time of the eligibility interview (if app.) this information will be requested for each household member.

Ethnic Categories (Head of Household only)	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	

- Is any member of your household a member of the Armed Forces or Reserves? [] Yes; [] No
- Is any member of your household in the process of enlisting into the Armed Forces or Reserves? [] Yes; [] No
- Is there anyone not listed on your rental application living, in your unit or residing in your Household on a temporary basis? [] Yes; [] No
- If not, do you expect anyone to move-in on a regular or temporary basis in the future? [] Yes; [] No

DOMESTIC, DATING, AND/OR STALKING VIOLENCE:

- Are you or any members of your household victims of domestic, dating, and/or stalking violence? If so, please consult with an Authorized Agent to discuss federal protections for victims of domestic, dating, and/or stalking violence. [] Yes; [] No

PROGRAM ELIGIBILITY:

- Does any member of your household currently live in Federally Assisted Housing? [] Yes; [] No
- If yes, is the member and/or your household receiving subsidy assistance? [] Yes; [] No
If yes, what is your current rent portion \$ _____, and what is the effective date of your most recent Annual Recertification _____.

UNIT SIZE REQUESTED:

- Unit Size Requested: _____ 2nd Choice: _____
- Why are you requesting this unit size: _____
- Are there any special accommodations that the household will require (e.g., unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, grab bars, etc.) _____
- Will any of the above household members live anywhere except in the apartment? _____
If yes, where and why? (provide address) _____
- Are there any other persons who will live in the apartment on a less than full-time basis? _____
If yes, where and why? (provide address) _____

WAITING LIST PRIORITY:

- Does your household meet any of the following owner adopted preferences:
 No owner preference applicable at this community
- Does your household meet the following Working Family Preference? [] Yes; [] No

The head, co-head, or spouse (household member) is employed full-time (32 hours per week or more), and has been employed at least six (6) months at the time of application or during the eligibility interview. Discrimination against persons unable to work is prohibited; therefore, households in which the head, co-head, or spouse (household member) is sixty-two (62) years of age or older, and/or disabled, shall be eligible under the Working Family Preference.

The Working Family Preference only affects the order in which applicant households are selected from the applicant waiting list, and does not make anyone eligible who would not otherwise be eligible for housing.

Note: Applicants selected under this preference must meet all eligibility criteria outlined within the Resident Selection Criteria. Applicants that meet the Working Family Preference requirement will be selected from the applicant wait list in date and time order.

- Is your household displaced? [] Yes; [] No

Displaced Family A family in which each member, or whose sole member, is a person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relief laws. [24 CFR 5.403]

Displaced Person A person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. [24 CFR 5.403]

MISCELLANEOUS:

- Do you own a pet? Cat _____ Dog _____ Other _____ [] Yes; [] No
If this property has a NO PETS Policy, would you be willing to give up your pet(s) in order to reside here?
- How did you hear about our apartment community? [] newspaper; [] apartment guide; [] friend/family; [] billboard; [X] other - specify Bread for the City

EMERGENCY CONTACT:

Name	Relationship	Address	Phone Number
1.			
2.			

IMMIGRATION STATUS:

Family Member Number	Family Member's Name	Status
1		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____

STUDENT STATUS:

Under Section 8 of the U.S. Housing Act of 1937 and Section 42/142 of the IRS code, certain households with students are ineligible for occupancy at our community. We therefore require all applicants, and residents upon certification/recertification, to answer the following questions regarding student status.

Exemption #1 – The HUD student rule is only applicable to applicants applying to communities for which they are requesting Section 8 (subsidy) assistance.

Exemption #2 - Students with disabilities that were receiving Section 8 (subsidy) assistance as of November 30, 2005 are exempt from the Student Status requirements under Section 8. However, Students with disabilities receiving assistance as of December 1, 2005 are subject to the following Student Status requirements under the Section 8 program:

Answer questions below for all adult household members, 18 years of age and older.

	Yes	No	
1. How long have you and/or any other adult household member established a household separate from your/their parents or legal guardian? No years and/or months: _____			
2. Are you or any other adult household member a Full-time or Part-time student? _____			
3. Are you or any other adult household member currently a student of an institution of higher education? _____			
4. Are you or any other adult household member under the age of 24? _____			
5. Are you or any other adult household member a veteran? _____			
6. Are you or any other adult household member married? _____			
7. Do you or any other adult household member have a dependent child(ren)? _____			
8. Is one or both of your parents, or any other adult household member's parent(s) currently receiving Section 8 assistance? _____			
9. Are you or any other adult household member claimed as a dependant by your/their parents or legal guardian pursuant to IRS regulations? _____			
10. Are any student household members married and filing a joint tax return? _____			
11. Are any student household members participating in an officially sanctioned job-program _____			
12. Please provide the name and address of the educational institution or agency that can confirm your current student status: Educational Institution: _____	Name _____	Address (Street, City, State, Zip) _____	Phone _____

1. Mother's Name/Guardian: _____

Address: _____ Phone: _____

2. Father's Name/Guardian: _____

Address: _____ Phone: _____

Rental History

List Landlord/Rental History for the past two (2) years. History must include all places where you and/or any adult (18 years of age or older) household members lives, lived, and places where you, and/or other adult household members did not appear on the lease. Also include places where you or other adult household members used a different name.

NOTE: Use Family Member Numbers from Page 1. If you need more space, please use a blank sheet of paper.

Family Member No.	Current/Previous Landlord & Landlord's Address	Families Previous Address/Addresses	Phone Number	Monthly Rental Payment	Reason for leaving (relocation/eviction, etc.)	Dates of Residency
		Street, City, State, Zip		\$		From: _____ To: _____
		Street, City, State, Zip		\$		From: _____ To: _____
		Street, City, State, Zip		\$		From: _____ To: _____
		Street, City, State, Zip		\$		From: _____ To: _____

- If any household member has used a different name during residency of a current or prior landlord, list names used _____

Out-of-State Rental History

List all out-of-state landlords and addresses where you, and/or any other adult (18 years of age or older) household members have resided, or currently reside (lives), and places where you and/or other adult household members did not appear on the lease. Also include places where you or other adult household members used a different name.

NOTE: Use Family Member Numbers from Page 1. If you need more space, please use a blank sheet of paper.

Family Member No.	Current/Previous Landlord & Landlord's Address	Families Previous Address/Addresses	Phone Number	Monthly Rental Payment	Reason for leaving (relocation/eviction, etc.)	Dates of Residency
		Street, City, State, Zip		\$		From: _____ To: _____
		Street, City, State, Zip		\$		From: _____ To: _____
		Street, City, State, Zip		\$		From: _____ To: _____

- If any household member has used a different name during residency of a current or prior landlord, list names used _____

INCOME:

EMPLOYMENT ONLY: List all full-time, part-time and/or seasonal employment for ALL household members including self-employed earnings. If you have income from "Other Sources", see next section of Rental Application.

Family Member Number	Place of Employment	Employment Address	Employer's Telephone	Supervisor	Annual Income (Yearly Total)

INCOME FROM OTHER SOURCES: List ALL income from sources other than employment for ALL household members. This includes but is not limited to Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Alimony, Child Support, Educational Grants or Scholarships, etc.

Family Member Number	Source of Income	Address of Source of Income/ Contact Person and Telephone Number	Estimate of Annual Income (Yearly Total)

ASSETS:

CHECKING ACCOUNTS:

Family Member Number	Account Number	Bank Name	Bank Address	Avg. 6 Mo. Balance	Current Rate of Interest

CASH ON HAND:

Please indicate amount of cash your household currently has on hand:		Current Amount of Cash on hand
		\$ _____

SAVINGS ACCOUNTS:

Family Member Number	Account Number	Bank Name	Bank Address	Current Balance	Current Rate of Interest

STOCKS, BONDS, CREDIT UNION SHARES, C.D'S, LIFE INSURANCE POLICIES SURRENDER VALUES, ETC.

Family Member Number	Description of Asset/Account Number (i.e., C.D. - #004561020)	Current Value of Asset	Annual Income From Asset

- NOTE: If more space is needed, please list on separate sheet of paper and attach to this application.

ASSETS Continued:

Do you have any life insurance policies that have a surrender value? Yes; No
 If so, what is the total surrender value of the policies? \$ _____

REAL ESTATE:

Do you now own Real Estate? Yes; No

If yes, are you receiving any income from this property? Yes; No

If yes, complete the following:

Location of Property (ies) _____

Annual Income From

Property (ies) _____

Have you or any member of your household sold or given away any real estate property or other assets in the past two (2) years?

Yes; No

If yes, explain _____

AUTOMOBILES AND OTHER VEHICLES:

List all motor vehicles, including motorcycles, owned by or registered to household members.

Family Member Number	Make and Model Number	Year	License Tag Number	State	Color of Vehicle

MEDICAL EXPENSES:

NOTE: Medical expenses **only** apply to households where the head of household, spouse or co-head is 62 years of age or older, or handicapped, or disabled.

List all applicable medical expenses, including outstanding insurance premiums, prescriptions, co-payments, dental cost (not covered by insurance), payments to a provider for disabled adult care cost, etc. (If more space is needed, please list on separate sheet and attach to this application)

Family Member Number	Description of Expense	Paid To	Address	Cost Per Month

ELDERLY and/or HANDICAPPED HOUSEHOLDS ONLY (HEAD, SPOUSE OR CO-HEAD)

Please answer the following questions about yourself and all members of your household who will occupy the unit.

YES NO

1. Do you have Medicare?

If yes, what is your monthly payment? \$ _____

If yes, what Medicare Plan do you have? _____

If yes, what is your annual Deductible? _____

2. Do you have any other kind of medical insurance?

If yes, provide the following information:

Policy Number: _____

Company Name: _____

Agent's Name: _____

Premium Amount: \$ _____ [] Week; [] Month; [] Other _____

3. Do you receive medical assistance through the Public Assistance Program?

4. Do you have any outstanding medical bills on which you are currently paying?

5. Do you expect to have any medical expenses during the next twelve (12) months?

If yes, state the type and amounts of these medical expenses anticipated:

CHILDCARE/ATTENDANT CARE EXPENSES:

List all household members that require child or attendant care. Indicate out of pocket cost per month.

Family Member Number	Age	Name of Care Provider	Providers Address & Phone#	List Hours Per Day Per Person							Cost Per Month
				Sun	Mon	Tue	Wed	Thur	Fri	Sat	
											\$
											\$

- Is the child or attendant care paid by an agency or individual other than an adult household member of the household? YES NO
- Is the childcare/attendant care expenses paid out of pocket on a weekly or Monthly bases (circle one)..... Month Week

CRIMINAL SCREENING:

(These questions apply to ALL HOUSEHOLD MEMBERS)

<p>A criminal background check will be completed on all adult and juvenile household members of the applicant family (Juvenile household member will be screened to the extent allowed by state and local law). The results of this check will be the basis for rejection if any of the following is found:</p> <ul style="list-style-type: none"> • Any household containing members listed on the application is currently or has ever been determined guilty of a violent crime by due process of law; or if there is clear documentation to support a pattern of criminal activity. These crimes may include, but are not limited to the items listed below in this section. • Any household containing a member(s) who was evicted in the last three (3) years from federally assisted housing for drug-related criminal activity. There are two exceptions to this provision: <ol style="list-style-type: none"> 1. The evicted household member has successfully completed an approved, supervised drug rehabilitation program; or 2. The circumstances leading to the eviction no longer exists (e.g., the household member no longer resides with the applicant household). 			
		Yes	No
1. Are you or any members of your household currently using an illegal controlled substance?			
2. Have you or any member of your household ever been convicted of a violent crime? If yes, please explain _____			
3. Have you or any member of your household ever been convicted of possession, usage, or distribution of a controlled, illegal substance? If yes, please explain _____			
4. Have you or any member of your household ever been convicted of possession of an unregistered firearm or possession of an illegal weapon that can cause physical harm or emotional suffering by intimidation? If yes, please explain _____			
5. Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? If yes, explain: _____			
6. Have you or any member of your household ever committed any fraud in a Federally-assisted housing program or been evicted from any Federally-assisted housing development for drug-related criminal activity? If yes, explain: _____			
7. Have you or any member of your household ever been convicted of or pleaded guilty to a felony?			
8. Have you or any member of your household ever been convicted of or pleaded guilty to a sexual offense or are you or any member of your household subject to a lifetime state sex offender registration program in any state? Failure to answer this question may jeopardize the approval of your application for housing.			
9. Do you or any member of your household abuse alcohol, or have a pattern of abuse of alcohol that would interfere with the health, safety, and/or right to peaceful enjoyment of the premises by other residents?			
10. If the answer to question 9 above is yes, is the household member currently enrolled in, or has completed an approved supervised alcohol rehabilitation program?			
11. Are you or any member of your household currently engaged in any form of criminal activity (including drug-related criminal activity) that would threaten the health, safety, or right to peaceful enjoyment of the premises by other resident and their guest?			
12. Have you or any member of your household ever engaged in criminal activity that would threaten the health or safety of other residents, the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations?			
13. Have you or any member of your household ever lived in any other state? If yes, which members, and which states did you or the other member(s) reside in? _____			
14. Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any felony? If yes, to any of the above questions, please explain, providing the location, date and nature of the offense: _____			

Warning

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

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

1. We certify that all information given in this application and any addenda thereto is true, complete and accurate. 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 our Rental Agreement.
2. We authorize **Hedin House Apartments** to make any and all inquiries to verify rental history, credit history, and/or criminal background information now or anytime in the future including on a regular recurring basis. Either directly or through information exchanged now or anytime in the future with credit screening services, criminal screening services, and/or from previous or current landlords, or other sources for credit and verification confirmation which may be released to appropriate Federal, State, or local agencies.

We further authorize **Hedin House Apartments** to conduct criminal background and lifetime sex offender registration checks on all adult and juvenile household members. Either directly or through information exchanged now or anytime in the future with criminal screening services, and/or from previous or current landlords, or other sources which may be released to appropriate Federal, State, or local agencies.

3. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income, and household composition.
5. We have read and understand the information in this application, in particular the information contained in the Instructions for Head of Household; and we agree to comply with such information.
6. We have been notified that the Resident Selection Criteria which summarizes the procedures for processing applications is posted in the management office.
7. We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, damages and Security Deposits.
8. We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

FAIR CREDIT REPORTING ACT

THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES—SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, INCOME AND CREDIT BACKGROUND AND ALSO POLICE RECORDS. ALL INFORMATION YOU OR OTHERS GIVE US WILL BE HELD IN STRICT CONFIDENCE.

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, CREED, AGE, SEX, HANDICAP, OR FAMILIAL STATUS.

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE OWNER/MANAGER TO VERIFY THIS INFORMATION THROUGH ANY SOURCE THAT IT DEEMS APPROPRIATE. ANY FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF YOUR APPLICATION.

I/WE HAVE READ AND UNDERSTAND THE ABOVE.

Date	Applicant's Name (PRINT)	Applicant's Signature
Date	Applicant's Name (PRINT)	Applicant's Signature
Date	Applicant's Name (PRINT)	Applicant's Signature
Date	Applicant's Name (PRINT)	Applicant's Signature
Date	Applicant's Name (PRINT)	Applicant's Signature

DO NOT WRITE BELOW THIS LINE –MANAGEMENT USE ONLY

APPLICATION DISPOSITION:

Approved: _____ Approved by: _____ Signature _____ Title _____
Date _____

Disapproved: _____ Disapproved by: _____ Signature _____ Title _____
Date _____

Reason(s) for Disapproval: _____

Applicant Notified in Writing on: _____

Applicant Appealed Decision on: _____ (Written notification attached).

Applicant Appeal Reviewed by: _____ Signature _____ Title _____ Date _____

Appeal Decision: Date Approved _____ Date Denied _____

Applicant Notified in Writing on: _____ Date _____

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SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:**Mailing Address:****Telephone No:** _____ **Cell Phone No:** _____**Name of Additional Contact Person or Organization:****Address:****Telephone No:** _____ **Cell Phone No:** _____**E-Mail Address (if applicable):****Relationship to Applicant:****Reason for Contact:** (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant**Date**

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

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

Form HUD- 92006 (05/09)