

ARCH Beta

Professionally Managed by Barkan Management Company, Inc.

Date:

Dear Prospective Applicant:

Thank you for your interest in Arch Beta. Enclosed is the Rental Application Packet that you requested. Please take a moment to review all the pages included in your packet. Your application can be processed much more quickly if you fill in all the sections that apply to you as completely as possible.

The apartments at Arch Beta have been carefully designed and constructed to provide comfortable non assisted living for seniors and disabled individuals. This equal housing opportunity offers an affordable rent structure established under a U.S. Government subsidized program. Please see the enclosed fact sheet, "How Your Rent is Determined" to better understand the program requirements and benefits.

Please note that eligibility for this development is determined in accordance with specific regulations set up by various agencies. To qualify, an individual or head of household must be at least 62 years of age and earn less than the income limit assigned to this property. When filling out the application form please be careful to include all income and assets for all the persons who would live in the apartment, except in the case of a live-in aide.

Completed applications will be accepted in person in our office, via regular mail, or via e-mail. Once we have received and processed your application, we will send you a letter informing you of your status and whether you have been placed on the waiting list. Submitting this Preliminary Rental Application does not mean that you have been accepted as a resident at the property. You may be required to submit additional information or documentation at a later date as your application is processed.

Arch Beta Apartments implemented a Smoke Free Housing Policy effective May 1, 2014. It is documented that secondhand smoke is a health threat to both children and adults. Many housing units in the United States and in Maine are implementing smoke free housing policies to protect the health of residents living in these units.

You will be required to sign the Non-Smoking Policy at the time of move in.

Please Note: If your address, telephone number or other vital information should change, it is your responsibility to notify this office immediately in writing.

If you have any questions, please do not hesitate to call on me.

Sincerely,

Kate Hanley
Property Manager

ARCH Beta

Professionally Managed by Barkan Management Company, Inc.

Privacy Act Notice

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member who is 6 years old or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all of the information requested by the owner, including all social security numbers you, and all other household members age 6 years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

ARCH Beta Apartments
21 Gray Birch Drive
Augusta, ME 04330

PRELIMINARY RENTAL APPLICATION

Please fill out each item as completely as possible.

FOR OFFICE USE ONLY

Date Received: _____

Time: _____

Received by: _____

ELI/L/VL: _____

Special Needs: _____

No. of Bedrooms Desired: _____
Do you own a car? Yes No

1. Your Name: _____ Home Telephone: _____

Present Address: _____

Street & Apt. Number

City

State

Zip

Mailing Address (if different): _____

How did you hear about this complex? _____

2. Please complete the following information about every person to occupy the apartment (including applicant and unborn children foster children and/or children which are adopted or expected to be adopted):

Name	Sex	Relationship	Date of Birth	Place of Birth	US Citizen?	Eligible Immigrant?	Social Security #

3. Are you, your spouse, or any member of your household a full time student 18 years of age or older? _____

4. Please list all landlords for the past five years. If more space is needed, please attach a separate piece of paper.

Name and Address of Current Landlord: _____

Apt. Size: _____ Date From: _____ To: _____

Monthly Rent: _____ Utility Cost/Month: _____ Reason for leaving: _____

Name and Address of Prior Landlord: _____

Apt. Size: _____ Date From: _____ To: _____

Monthly Rent: _____ Utility Cost/Month: _____ Reason for leaving: _____

Name and Address of Prior Landlord: _____

Apt. Size: _____ Date From: _____ To: _____

Monthly Rent: _____ Utility Cost/Month: _____ Reason for leaving: _____



5. EMPLOYMENT (Please include employment of all persons to occupy apartment. Attach a separate piece of paper if needed)

Applicant 1

Name of Employer: _____ Tel. No: _____

Business Address: _____

Length of Employment: _____ Annual Gross Wages: _____

Applicant 2

Name of Employer: _____ Tel. No: _____

Business Address: _____

Length of Employment: _____ Annual Gross Wages: _____

6. OTHER SOURCES OF INCOME (please include income of all persons to occupy apartment):

	Applicant 1	Applicant 2
Social Security:	Gross Monthly Amount: \$ _____	_____
SSI:	Gross Monthly Amount: \$ _____	_____
Veterans Benefits:	Gross Monthly Amount: \$ _____	_____
Pension:	Gross Monthly Amount: \$ _____	_____
Alimony:	Monthly Amount: \$ _____	_____
Child Support:	Monthly Amount: \$ _____	_____
Other – \$ _____	Please explain _____	

7. ASSETS (list all accounts for all family members including: savings, checking, CD's, etc.)

Account Type (checking, savings, CD's, etc) _____ Amount: \$ _____

Bank Name and Address: _____

Account Type (checking, savings, CD's, etc) _____ Amount: \$ _____

Bank Name and Address: _____

Account Type (checking, savings, CD's, etc) _____ Amount: \$ _____

Bank Name and Address: _____

Stocks – Name: _____ Value: \$ _____

Bonds – Name: _____ Value: \$ _____

Annuities: _____ Value: \$ _____

Trusts: _____ Value: \$ _____

Whole Life Insurance Policy: _____ Cash Value: \$ _____

Property Owned: _____ Net Sales Value: \$ _____

Street

City

State

8. During the past two years have you given away more than \$1,000 or disposed of other assets for less than market value? Yes No If yes, please explain: _____

9. CRIMINAL RECORD – Have you or any person who will occupy the unit ever been convicted of a crime, misdemeanor or felony in the last ten years? Yes No
If yes, please explain the circumstances, docket number, charge, date and court: _____

10. Does any person who will occupy the unit currently use a controlled substance illegally? Yes No
If yes, please explain _____

11. Does any person who will occupy the unit currently abuse alcohol? Yes No
If yes, please explain _____

12. Are you or any person who will occupy the unit subject to a lifetime registration under any state sex offender registration program? Yes No
If yes, please explain _____

13. Has your family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to cooperate with management? Yes No
If yes, please explain _____

14. Have you or any person who will occupy the unit ever received housing assistance from any housing agency or other landlord, including rental assistance programs? Yes No
If yes, list the Head of household at that time: _____

Name of Housing Agency/Landlord: _____

Date Moved Out: _____ Reason for Moving: _____

15. Have you or any person who will occupy the unit been evicted from housing? Yes No
If yes, please explain _____

16. Have you or any person who will occupy the unit been evicted from federally or state assisted housing for drug related criminal activity? Yes No
If yes, please explain _____

17. Have you or any person who will occupy the unit been denied housing in the past 5 years? Yes No
If yes, please explain _____

18. RACE (Please note that this section is optional. This information will be used only for Fair Housing Programs as required by federal and state laws). **Please complete the attached Race and Ethnic Data Reporting Form.**

19. ELIGIBILITY REQUIREMENT FOR HOUSING FOR PERSONS WITH DISABILITIES - For purposes of determining project eligibility with HUD regulations only. If this applies to any individuals on this application **please complete the attached Claim of Disability Form.**

20. SPECIAL HOUSING NEEDS – (This section is optional and is used only to determine any reasonable accommodations for applicants)

Does any applicant family member have any special housing needs? Yes No

21. List all the cities and states where you have lived in the past.

I, the undersigned, understand that this is a preliminary rental application and in no way ensures my occupancy. Additional information may be required at a later date to complete processing of this application.

My signature below certifies that the information contained in this application is true and authorizes the management to verify that information. I understand that any false statements will result in the cancellation of this application and/or termination of tenancy if I have been accepted as a resident.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

PLEASE NOTE:

Barkan Management Co., Inc. does not discriminate against applicants in the provision of services, or in any other manner on the grounds of race, color, creed, religion, sex, handicap, national origin or sexual orientation.

Barkan Management Co., Inc. will make every effort to provide support should applicants require an alternative way of presenting this application to meet the needs of persons with disabilities and will provide assistance in filling out this application should such assistance be requested.

Also be advised that Barkan Management Co., Inc. conducts applicant screening to determine eligibility and suitability of applicants based on ability and willingness to pay the rent, abide by the lease, care for the unit, and cooperate with management.



Privacy Act Notice

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member who is 6 years old or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all of the information requested by the owner, including all social security numbers you, and all other household members age 6 years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under

penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

-
2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in

Exhibit 3-6).

AND

- b. 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 an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) 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.
- (7) *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*.*

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, 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

Check if adult signed for a child: _____

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

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

Exhibit 3-4: Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

ARCH BETA / ARCH ALPHA
SECTION 202/8 Claim of Disability Form

*For the purposes of determining project eligibility with U.S. Department of
Housing and Urban Development regulations only.*

Name of Applicant _____

If you are applying to Arch Beta and Arch Alpha and claiming a disability please check the applicable category below. (Definitions from the Code of Federal Regulations.)

Disabled (handicapped) family means:

- Families of two or more persons the head of which (or his or her spouse) is a person with disabilities (handicapped);
- The surviving member or members of any family described in paragraph (1) of this definition living in a unit assisted under subpart E of this part (Section 202 loans) with the deceased member of the family at the time of his or her death;
- A single person with disabilities (handicapped person) over the age of 18; or
- Two or more persons with disabilities (handicapped persons) living together, or one or more such persons living with another person who is determined by HUD, based upon a licensed physician's certificate provided by the family, to be essential to their care or well-being.

A person with disabilities means:

- Any adult having a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
- A person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
 - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (ii) Is manifested before the person attains age 22;
 - (iii) Is likely to continue indefinitely;
 - (iv) Results in substantial functional limitation in three or more of the following areas of major life activity:
 - (A) Self-care,
 - (B) Receptive and expressive language,
 - (C) Learning,
 - (D) Mobility,
 - (E) Self-direction,
 - (F) Capacity for independent living, and
 - (G) Economic self-sufficiency; and
 - (v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

- ____ A person with a chronic mental illness, i.e., a person who has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
- ____ Persons infected with the human acquired immunodeficiency virus (HIV) who are disabled as a result of infection with the HIV are eligible for occupancy in the Section 202 projects designed for the physically disabled, developmentally disabled, or chronically mentally ill depending upon the nature of the person's disability. (24 CFR 891.505)
Note: A person whose sole impairment is alcoholism or drug addiction (i.e., who does not have a developmental disability, chronic mental illness, or physical disability that is the disabling condition required for eligibility in a particular project) will not be considered to be disabled for the purposes of the Section 202 program.
- ____ A person infected with the human acquired immunodeficiency virus (HIV) and a person who suffers with alcoholism or drug addition, provided they meet the definition of "person with disabilities" in Section 811 (42 U.S.C) 8013(k)(2). A person whose sole impairment is a diagnosis of HIV positive or alcoholism or drug addiction (i.e., does not meet the qualifying criteria in Section 811) will not be eligible for occupancy in a section 811 project. (24 CFR 891.305)

A nonelderly disabled (handicapped) family means:

- ____ A disabled family in which the head of the family (and spouse, if any) is less than 62 years of age at the time of the family's initial occupancy of a project.

Signature of Applicant _____ Date _____

PLEASE NOTE:

Barkan Management Co., Inc. does not discriminate against applicants in the provision of services, or in any other manner on the grounds of race, color, creed, religion, sex, handicap, familial status, national origin or receipt of public assistance.

Barkan Management Co., Inc., will make every effort to provide assistance should applicants require an alternative way of presenting this application to meet the needs of persons with disabilities and will provide assistance in filling out this application should such assistance be requested.



Race and Ethnic Data Reporting Form

**U.S. Department of Housing
and Urban Development
Office of Housing**

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

ARCH BETA APTS.

21 GRAY BIRCH DR., SUITE 1, AUGUSTA, ME 04330

Name of Property	Project No.	Address of Property
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AUGUSTA REGIONAL CHURCH HOUSING, INC. SECTION 8

Name of Owner/Managing Agent	Type of Assistance or Program Title:
------------------------------	--------------------------------------

Name of Head of Household	Name of Household Member
---------------------------	--------------------------

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

ARCH Beta

Subsidized Housing Services provided by Barkan Compliance Solutions

Consent for Release of Information

I/we, Applicant(s), do represent all information in this application for apartment rental to be true and accurate and that the owner/manager/agent may rely on this information when investigating and accepting this application.

Applicant(s) hereby authorizes **Arch Beta** to make independent investigations to determine my credit, financial and character standing, including verifying past credit history, criminal history and/or prior residency history.

Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/agent or their agents or credit checking agencies.

Applicant(s) hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees or agents, both of Landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application and will hold them harmless from any suit or reprisal whatsoever.

I/we understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through the facilities of **CoreLogic Safe Rent 888-333-2413** and that any questions regarding the contents of any such report should be directed to that agency.

Print Name _____

Print Name _____

Signature _____

Signature _____

Date _____

Date _____



77 Main Street ■ Hopkinton, MA 01748
Toll Free: 877-463-8563 ■ TTY: Relay 711 ■ Fax: 508-497-5129



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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.