



Office Use Only

Unit Size Requested: _____

Unit Number: _____

Target Move-in Date: _____

Date Received: _____

Time Received: _____

APPLICATION
FOR OCCUPANCY

Incomplete applications will be returned

HOUSEHOLD MEMBERS

List ALL Household Members First MI Last	Relationship to Head	Date of Birth	Gender Identity Female (F) Male (M) Other/Non-Binary (O/NB) Decline (D)	Social Security (SSN) or Individual Taxpayer Identification Number (ITIN)*
	Head of Household		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O/NB <input type="checkbox"/> D	
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O/NB <input type="checkbox"/> D	
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O/NB <input type="checkbox"/> D	
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O/NB <input type="checkbox"/> D	
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O/NB <input type="checkbox"/> D	
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O/NB <input type="checkbox"/> D	
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O/NB <input type="checkbox"/> D	

*SSN verification is a current requirement for federally subsidized housing, such as USDA Rural Development and HUD Section 8

CONTACT INFORMATION

Applicant Email: _____ Applicant Phone #: _____

Alternate Email: _____ Alternate Phone #: _____

Preferred Method of Communication (Check all that apply): ☐ Email ☐ Phone (Call) ☐ Phone (Text) ☐ In Person

Emergency Contact: _____
(someone outside the household) Name Phone # Email

HOUSING HISTORY DISCLOSURE

- Has any member of your household been evicted from any type of housing in the last 3 years? ☐ YES ☐ NO
- Do you certify this will be your only place of residence? ☐ YES ☐ NO
- Are you or any member of your household currently receiving Rental Assistance? ☐ YES ☐ NO
(i.e., Section 8 Housing Assistance Payments, Rural Development Rental Assistance, Housing Choice Voucher, etc.)
If YES, I understand that, according to my current lease, I must provide the required written notice to the agent currently managing the property where I live.
- Has any household member(s) (check that apply):
☐ Been Homeless ☐ Lived in Public Housing
☐ Fled Housing Due to Violence ☐ None
- How did you hear about this housing?
☐ Online ☐ Drive By ☐ Resident Referral
☐ Newspaper ☐ Local Agency ☐ Other _____



CURRENT HOUSING INFORMATION

Provide the housing history for the past **2 (two) years** - if additional space is needed, please include on a separate sheet of paperCurrent address: _____
Street Address City State Zip Code

How long have you lived at your current address? From: _____ To: _____

Owner/Manager: _____
Name/Company Phone # EmailIs this a family member/friend? ☐ YES ☐ NODo all adult household members live at this address? ☐ YES ☐ NO

If NO, include additional adult household's current address and contact information on a separate sheet of paper

PREVIOUS HOUSING INFORMATION

Previous address: _____
Street Address City State Zip Code

How long did you live at this address? From: _____ To: _____

Owner/Manager: _____
Name/Company Phone # EmailWas this a family member/friend? ☐ YES ☐ NO

ELIGIBILITY AND HOUSEHOLD INFORMATION

6. Primary Language: _____ Do you require an interpreter? ☐ YES ☐ NO7. Is there someone NOT listed on this packet who would normally be living in the household? ☐ YES ☐ NO

If YES, please explain: _____

8. Do you expect the following change(s) to your household? ☐ YES ☐ NO☐ Baby due on: _____ (date)☐ Expected adoption/custody change on: _____ (date)☐ Additional adult household member expected on: _____ (date)9. Do you have a live-in care attendant? ☐ YES ☐ NO10. Do you wish to have priority for a handicap accessible unit with special design features? ☐ YES ☐ NO

STUDENT STATUS

11. Are **ANY** members of your household, including minor dependents, currently or expected to be a student within the next year? If YES, list all household members who are/will be students: ☐ YES ☐ NO

Student Name(s)	Age	School Name & Location	Full or Part Time Enrollment
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time



INCOME

Do ANY household members, including minor dependents, currently receive or expect to receive income from the following source(s)?

12. **Employment/Wages**..... ☐ YES ☐ NO
 If YES, complete the following **AND** include 4 to 6 current, consecutive paystubs for each place of employment
- | Household Member Name(s) | Employer Name, Full Address & Contact Information |
|--------------------------|---|
| | |
| | |
| | |
13. **Unemployment Benefits or Severance Pay**..... ☐ YES ☐ NO
 If YES, household member name(s): _____
 (Include a copy of the past 12 months of benefit payments)
14. **Social Security Benefits, Disability or Death Benefits**..... ☐ YES ☐ NO
 If YES, household member name(s): _____
 (Include a copy of current award letter(s) dated within the last 120 days by the Social Security Administration)
15. **Cash Assistance Benefits (DWP, GA, MFIP, MSA, TANF - Do NOT include Food Support or Medical Assistance)** ☐ YES ☐ NO
 If YES, household member name(s): _____
 County in which you are currently receiving benefits: _____
16. **Court Ordered Child Support or Alimony (answer YES even if it is NOT being received)**..... ☐ YES ☐ NO
 If YES, household member name(s): _____ (Include a copy of the past 12 months of child support payments received) **This CANNOT be a ReliaCard or bank account statement.**
17. **Non-Court Ordered Child Support or Alimony**..... ☐ YES ☐ NO
 (Paid directly from the other parent(s)/spouse, not through the county or state child support system)
 If YES, Name of Payor: _____ Address: _____
 Phone: _____ Email: _____
18. **Regular Contributions from someone outside the household**..... ☐ YES ☐ NO
 (Monetary contributions including payments made on your behalf such as rent, utilities, phone bill, etc.)
 If YES, Name of Contributor: _____ Address: _____
 Phone: _____ Email: _____
19. **Self-Employment/Independent Contractor/Business Income**..... ☐ YES ☐ NO
 (Uber/Lyft, truck driver, delivery services such as InstaCart/Door Dash, Online Content Creation, Etsy Shop, etc.)
 If YES, household member name(s): _____ Date Started/Business Open: _____
 Type of Self-Employment/Independent Contract/Business: _____
20. **Regular payments from a pension or retirement plan (PERA, Railroad, etc.)**..... ☐ YES ☐ NO
 If YES, household member name(s): _____
 Company Information: _____
21. **Regular payments from an annuity, trust or insurance policy**..... ☐ YES ☐ NO
 If YES, household member name(s): _____
 Company Information: _____
22. **Veteran's Administration Benefits**..... ☐ YES ☐ NO
 If YES, household member name(s): _____
 (Include a copy of current award letter dated within the last 120 days by the Veteran's Administration)



INCOME CONTINUED

23. **Military Pay (including allowances)**..... ☐ YES ☐ NO
If YES, household member name(s): _____
(Include 4 to 6 current, consecutive paystubs or pay statements)
24. **Worker's Compensation**..... ☐ YES ☐ NO
If YES, household member name(s): _____
(Include 4 to 6 current, consecutive paystubs or pay statements)
25. **Student Financial Aid in excess of the cost of tuition**..... ☐ YES ☐ NO
(Grants and scholarships from the Federal/State/Tribe or Local government, private foundation registered as a non-profit, a business entity or an institution of higher education. Do NOT include private student loans, work study earnings, gifts from friends/family to pay for school costs or any other assistance excluded by regulation)
If YES, household member name(s): _____
School/Institution: _____
26. **Does any member work for someone who pays them in cash or does temporary/sporadic "gig" work?** ☐ YES ☐ NO
If YES, please explain: _____
Contact information (if applicable) Contact Name: _____ Phone: _____
27. **Net income from a rental property** ☐ YES ☐ NO
If YES, please provide a copy of the lease agreement or rental payment agreement
28. **Has any household member received a lump sum payment in the past 12-months**..... ☐ YES ☐ NO
(Lump sum is a payment of \$1,000 or more - Do not include tax refunds - those will be disclosed later)
If YES, please explain: _____
29. **Any other income source not listed above**..... ☐ YES ☐ NO
If YES, please explain: _____
30. **Does any adult household member have zero income?** ☐ YES ☐ NO
If YES, household member name(s): _____

ASSET DECLARATIONS

31. **Has any household member received a federal tax return/refundable tax credit in the last 12-months?** ☐ YES ☐ NO
If YES, amount of return/credit: \$ _____
32. **Does any member of the household own Real Estate/Real Property*** ☐ YES ☐ NO
If YES, Household member name(s): _____
Property Address(es): _____

*For management to determine if the household meets a Real Property Exemption per HOTMA regulations, the household must complete an additional "Real Property Exemption Questionnaire" which will be provided upon disclosure of Real Estate/Real Property.

33. **Disposal/Sale of assets for less than Fair Market Value**
I/We hereby certify that I/We ☐ HAVE ☐ HAVE NOT sold or given away any assets for **less than Fair Market Value** during the 2-year (24 month) period preceding the date of this application/questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset Type and Estimated Market Value	Date Sold/Divested	Amount Received
			\$
			\$

Examples: Real estate that was sold for less than fair market value or money donated to charity/family, etc.



ASSETS

Do ANY household members, *including minor dependents*, have the following assets?

34. Checking, Savings, Certificate of Deposit, Money Market or other bank account(s).....
- ☐
- YES
- ☐
- NO

If YES, complete the following for each account:

Household Member Name	Institution Name & Full Address

35. Reloadable Prepaid Cash-Debit Cards.....
- ☐
- YES
- ☐
- NO

(NOT connected to a bank account, typically used to receive pay from employment or government benefits)

If YES, complete the following AND provide a current statement or a copy of the card and a current receipt to verify the current cash balance for each card listed:

Household Member Name	Name of Card (i.e., Direct Express, NetSpend, ReliaCard, EBT (Cash Benefits), etc.)

36. Peer-to-Peer Payment Applications.....
- ☐
- YES
- ☐
- NO

(Digital application used to send or receive money such as CashApp, PayPal, Venmo, ApplePay, etc.)

If YES, complete the following:

Household Member Name	Name of Application

37. Whole Life or Universal Life Insurance Policies.....
- ☐
- YES
- ☐
- NO

If YES, household member name(s): _____

Company/Agency Information: _____

38. Annuity (not part of a Retirement Account)*.....
- ☐
- YES
- ☐
- NO

If YES, household member name(s): _____

Company/Agency Information: _____

*Per HOTMA regulations, retirement accounts (such as IRA, 401K, etc.) are not a countable asset for certifications effective 1/1/2024 or after

39. Investment Accounts
- ☐
- YES
- ☐
- NO

If YES, household member name(s): _____

Company Name: _____

40. Stocks, Bonds, Securities or Treasury Bills
- ☐
- YES
- ☐
- NO

(i.e., Robinhood, Coinbase, Savings Bonds, etc.)

If YES, please provide current account statement

41. Crowd Funding Account (GoFundMe, Kickstarter, Indiegogo, etc.).....
- ☐
- YES
- ☐
- NO

If YES, household member name(s): _____

Website: _____



ASSETS CONTINUED

42. **Trust Fund(s)**..... ☐ YES ☐ NO
(Including Special Needs Trusts or Revocable Trusts. Do **NOT** include Irrevocable Trusts or Revocable Trusts not owned or controlled by a member of a family living in the unit)
If YES, household member name(s): _____
43. **Crypto Currency (Bitcoin, Altcoins, Crypto coins, etc.)**..... ☐ YES ☐ NO
If YES, household member name(s): _____
Currency Type: _____ Include current account statement
44. **Non-Necessary Personal Property** ☐ YES ☐ NO
(I.e., RV's, ATV's, Boats, Campers, etc. DO NOT INCLUDE VEHICLES USED FOR DAY-TO-DAY USE)
If YES, completed the following:
- | Household Member | Asset Type | Cash Value |
|------------------|------------|------------|
| | | \$ |
| | | \$ |
45. **Cash on Hand** ☐ YES ☐ NO
If YES, amount in cash on hand: \$ _____
46. **Other Assets NOT Listed Above**..... ☐ YES ☐ NO
If YES, please list: _____

DEDUCTIONS

The household may be eligible for applicable deductions and expenses, which have an impact on the tenant rent amount/eligibility, depending on the following factors:

47. **Do you have primary custody of the minor dependents living in the household?**..... ☐ YES ☐ NO ☐ N/A
(Primary custody means they reside in the unit at least 50% of the year)
48. **Do you pay for childcare services for any minor dependents under the age of 13 residing in your household?**..... ☐ YES ☐ NO ☐ N/A
If YES, dependent's name: _____ Provider Contact: _____
49. **Do you currently pay for childcare services for any minor children under the age of 13 that you have custody of but are NOT living in your household?** ☐ YES ☐ NO ☐ N/A
If YES, child's name: _____ Provider Contact: _____
50. **Do you pay for a Care Attendant or any equipment for a disabled member of the household?**..... ☐ YES ☐ NO ☐ N/A
If YES, household member name(s): _____
51. **Are any household member(s) 62 years of age or older?**..... ☐ YES ☐ NO*
If YES, household member name(s): _____
52. **Have any adult household member(s) been diagnosed as disabled by a physician or an approved agency such as the Social Security Administration?**..... ☐ YES ☐ NO*
If YES, household member name(s): _____
If diagnosed disabled by the SSA, please check this box ☐
Physician Name & Contact Information: _____

If you answered NO to questions 51 and/or 52, please skip to page 8



EXPENSES (Available to household member(s) 62+ years old and/or Disabled ONLY)

Do you currently pay **OUT-OF-POCKET**, or anticipate paying **OUT-OF-POCKET** in the next 12-months for any medical expenses?..... ☐ YES ☐ NO
(i.e., premiums, appointment or prescription copays, services not covered by insurance, etc. that are expected to continue after move in. If the expense will not continue, it cannot be counted.)

If YES, please complete the following questions. If NO, please skip to page 8

53. **Medicare**..... ☐ YES ☐ NO
If YES, household member name(s): _____

54. **Medical Insurance Premium(s)** ☐ YES ☐ NO
If YES, household member name(s): _____
Provider Name(s) & Location(s): _____

55. **Services of doctors or other health care professional(s) or facilities** ☐ YES ☐ NO
If YES, household member name(s): _____
Provider Name(s) & Location(s): _____

56. **Prescription medications that have been prescribed by a physician**..... ☐ YES ☐ NO
If YES, household member name(s): _____
Pharmacy Name(s) & Location(s): _____

57. **Over-the-counter medications that have been prescribed by a physician to treat a condition**..... ☐ YES ☐ NO
Must include copies of receipts showing proof of payment to receive this deduction.
If YES, household member name(s): _____
Prescribing Doctor(s) & Location(s): _____

58. **Transportation to/from treatment. Include a mileage log to receive this deduction**..... ☐ YES ☐ NO
If YES, household member name(s): _____

59. **Dental Expenses**..... ☐ YES ☐ NO
If YES, household member name(s): _____
Provider Name(s) & Location(s): _____

60. **Eye Care**..... ☐ YES ☐ NO
If YES, household member name(s): _____
Provider Name(s) & Location(s): _____

61. **Hearing aids/batteries**..... ☐ YES ☐ NO
Must include copies of receipts showing proof of payment to receive this deduction.

62. **Live-in or periodic medical assistance such as nursing services**..... ☐ YES ☐ NO
If YES, household member name(s): _____
Provider Name(s) & Location(s): _____

63. **Cost of an assistance animal and its upkeep**..... ☐ YES ☐ NO
Must include copies of receipts showing proof of payment to receive this deduction.

64. **Long-Term Care Insurance premiums**..... ☐ YES ☐ NO
If YES, household member name(s): _____
Provider Name(s) & Location(s): _____

65. **Other Out-of-Pocket Medical Expenses NOT Listed Above** ☐ YES ☐ NO
If YES, household member name(s): _____
Explain: _____



AUTHORIZATION TO RELEASE INFORMATION

By signing below, I/we am/are certifying that I/we have completed this questionnaire and that the information that I/we have provided is completed and true to the best of my/our knowledge. I/We understand that by providing false information, I/we may be denied housing at the property, be ineligible for housing assistance benefits, and may be subject to criminal penalties.

By signing this form, I/we agree to have all my/our income, assets, student status, and medical expense information indicated to management on the application for occupancy and discovered through HUD approved systems, verified by the owner or management company that are necessary for the certification process. The information obtained will only be used for determining eligibility and will be kept confidential and not released outside this scope.

I/We have read and understand this application/questionnaire. THIS IS NOT A RENTAL AGREEMENT, LEASE OR CONTRACT.

PENALITIES FOR MISUING 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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected is based on the verification form and is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an application/recertification or participant may be subject to a misdemeanor and fined no 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 office 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).

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

I/we hereby authorize the release of the requested information. Information obtained under this content is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 (five) years old, which would be authorized by me on a separate consent, attached to a copy of this consent. I/We understand and agree that photocopies of this authorization may be used for the purposes stated above.

SIGNATURES OF ALL ADULT HOUSEHOLD MEMBERS ARE REQUIRED BELOW:

Applicant Printed Name

Applicant Signature

Date

Applicant Printed Name

Applicant Signature

Date

Applicant Printed Name

Applicant Signature

Date

This authorization for release of information will expire thirteen (13) months after the date of signature.

The applicant required assistance in completing the Household Questionnaire due to: _____

Assistance was provided by: _____
Printed Name/Signature Relationship to Applicant 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.):
---	---	--

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 HUD9887/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.

**SUBALLOCATOR
GOVERNMENT DATA PRACTICES ACT
DISCLOSURE STATEMENT**

PRINT NAME(s) OF HOUSEHOLD MEMBERS SIGNING THIS FORM	

Your Suballocator is asking you to supply information that relates to your application to occupy, or continue to occupy, a unit in the following property ("Property"):

Towne Club

Some of the information you are being asked to provide to Suballocator may be considered private or confidential under the Minnesota Government Data Practices Act, Minnesota Statutes chapter 13. Section 13.04(2) of that law requires that you be notified of the matters included in this Disclosure Statement before you are asked to provide that information to Suballocator. The owner of the Property ("Owner") may also ask you to supply information that relates to your application. The Owner's request for information is not governed by the Minnesota Government Data Practices Act.

1. Suballocator is asking for information that is necessary for the administration and management of Federal program to provide housing for low and moderate-income families. Some of the information may be used to establish your eligibility to initially occupy, or to continue to occupy, a unit in the Property. Other information may be used to assist Suballocator in the evaluation and management of some of the programs it operates.
2. As part of your application, you are asked to supply the information contained in each of the following Attachments that are checked with an "X" (all checked boxes apply):

☐ **Attachment 1** -Section 42 Housing Tax Credit/
TCAP or Section 1602

☐ **Attachment 2** - HOME

Each Attachment has two parts: Part A and Part B.

3. The information asked for under Part A of the checked Attachment(s) may be used by Suballocator to establish your eligibility to occupy a unit in the Property. If you refuse to supply any portion of the information asked for under Part A of the checked Attachment(s), you may not qualify for initial or continued occupancy of a unit in the Property.

4. The information asked for under Part B of the checked Attachment(s) will help Suballocator in the evaluation and management of some of the programs it operates and your supplying of this information will be very helpful to the Suballocator. Your failure to provide any of the information asked for under Part B of the checked Attachment(s) will not affect whether or not you qualify for initial or continued occupancy of a unit in the Property.
5. The Owner may also ask for information to determine whether or not it will rent a unit in the Property to you. Your supplying of, or refusal to supply, any information requested by the Owner will not affect a decision by Suballocator, but could affect the Owner's decision of whether it will rent a unit to you. The determination by the Owner is separate from Suballocator's determination and Suballocator does not participate, in any way, in the Owner's decision.
6. All of the information that you supply to Suballocator will be accessible to staff of the Suballocator and may be made available to staff of the Office of the Minnesota Attorney General, the United States Department of Housing and Urban Development, the United States Internal Revenue Service, and other persons and/or governmental entities who have statutory authority to review the information, investigate specific conduct, and/or take appropriate legal action, including but not limited to law enforcement agencies, courts and other regulatory agencies. The information may also be provided by Suballocator to the Owner's management agents of the Property.
7. This Disclosure Statement remains in effect for as long as you occupy a unit in the property and are a participant in the program(s) identified in #2, above.

I was (We were) supplied with a copy of and have read this Suballocator Government Data Practices Act Disclosure Statement and the Attachment(s) identified in #2, above.

Head of household, spouse, co-head and all household members age 18 or older must sign below:

Applicant/Tenant Signature: _____	Date _____
Applicant/Tenant Signature: _____	Date _____
Applicant/Tenant Signature: _____	Date _____
Applicant/Tenant Signature: _____	Date _____
Applicant/Tenant Signature: _____	Date _____

Attachment 1
Section 42 Housing Tax Credit Program/TCAP and Section 1602

Part A

1. Household composition, legal name(s), date(s) of birth, and relationship to the head of household of all household members
2. Student status and, where applicable, evidence that student household meets Section 42 eligibility
3. Amount and source of all earned and unearned income of all household members
4. Source, type, value and income derived from all household assets
5. Type, value and income derived from all household assets disposed of for less than fair market value within the past 2 years
6. Disabled or handicapped status of members of your household (for program eligibility, if applicable)
7. Current and/or previous housing history (for program eligibility, if applicable)

Part B

1. Race
2. Ethnicity
3. Gender
4. Social Security Number or Alien Registration
5. Disabled or handicapped status

ANNUAL STUDENT CERTIFICATION

Office Use Only

Effective Date: _____

Move-in Date: _____

(MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:



Head of Household Name: _____

Unit Number: _____


Property Name: _____

Building Address: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked,  no further information is needed. Sign and date below.*
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant. If this item is checked, . Sign and date below. Verification of part time student status is required for at least one occupant.*
- C. _____ Household contains all students who were, are, or will be FULL-TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked, questions 1-5, below **must be** completed:*

- | | | |
|---|-----|----|
| 1. Is at least one student receiving Temporary Assistance to Needy Families (TANF), otherwise known as Minnesota Family Investment Program (MFIP)? (provide release of information for verification purposes) | YES | NO |
| 2. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation) | YES | NO |
| 3. Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return) | YES | NO |
| 4. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) | YES | NO |
| 5. Does the household consist of at least one student who was under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) | YES | NO |

*Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO**, or verification does not support the exception indicated,  the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

_____ Signature	_____ (Date)	_____ Signature	_____ (Date)
_____ Signature	_____ (Date)	_____ Signature	_____ (Date)

Optional and Supplemental 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.

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

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
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.	

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.