

# APPLICATION FOR HOUSING

Eastern Idaho Community Action Partnership: Phone # (208) 522-5391  
 TDD #: 1-800-377-1363

Application for Housing at: \_\_\_\_\_

(Please list the property or properties you are applying for.)

Size Unit Desired:

\_\_\_ 1-Bdrm Apartment \_\_\_ 2-Bdrm Apartment \_\_\_ 3-Bdrm Apartment \_\_\_ Accessible Unit

*HB-2-3560 It is the policy of Rural Development not to accept a tenant certification for an applicant or tenant with zero income...it will be necessary for the applicant or tenant to demonstrate financial capability to meet other basic living expenses and the rental charge. This amount must include income for essential living expenses such as, food, clothing, diapers, transportation and any nonessentials items being paid such as telephone, cable television, internet service, etc.*

ApplicantName: \_\_\_\_\_ Telephone: \_\_\_\_\_

Present Address:

\_\_\_\_\_ City State Zip Code

Present Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you receiving HUD or Rural Development housing assistance at your current address?

\_\_\_ Yes \_\_\_ No

Landlord's Address:

\_\_\_\_\_

Monthly Housing Cost (including utilities): \_\_\_\_\_ Length of Residency: \_\_\_\_\_

**Former Landlord:** (minimum 5 year history required – additional sheets providing information can be attached):

*If you have no rental history, professional references may be required.*

\_\_\_\_\_ Telephone: \_\_\_\_\_

Landlord's Address:

\_\_\_\_\_

Monthly Housing Cost (including utilities): \_\_\_\_\_ Length of Residency: \_\_\_\_\_

Household Information:

NAME	BIRTHDATE	SEX	SOCIAL SECURITY NO.	RELATIONSHIP
				<i>Self</i>

**Is applicant or any member of the applicant's household subject to a lifetime state sex offender registration program in any state?** \_\_\_ Yes \_\_\_ No

*Failure to respond to this question may jeopardize the approval of the application.*

**Is the head or co-head of household disabled?** \_\_\_ Yes \_\_\_ No

*Information required for determining eligibility at EICAP Senior/Disabled properties.*

**Is any member of the household enrolled at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized education credential?** \_\_\_ Yes \_\_\_ No

**Do you have a car?** \_\_\_ Yes \_\_\_ No

**Make:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Do you have a pet?** \_\_\_ Yes \_\_\_ No

**Type:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**LIST ALL SOURCES OF INCOME AND AMOUNTS RECEIVED BY ALL HOUSEHOLD MEMBERS. (WAGES, CHILD SUPPORT, SOCIAL SECURITY AND DISABILITY PAYMENTS, PENSIONS, STUDENT LOANS, SCHOOL GRANTS, ETC.) ALL INFORMATION MUST BE VERIFIED.** *Additional employment history or tax forms may be required.*

NAME OF FAMILY MEMBER	SOURCE OR EMPLOYER	AMOUNT (WK/MO/YR)
	Employer and phone number	

**LIST ALL CHECKING AND SAVINGS ACCOUNTS, IRA'S CD'S ETC.** *Including accounts held jointly or those of minor household members.*

NAME OF FAMILY MEMBER	BANK NAME	BANK ADDRESS/LOCATION	ACCOUNT TYPE	CURRENT BALANCE

**LIST ANY REAL ESTATE THAT YOU CURRENTLY OWN:**

**Description and Address:** \_\_\_\_\_

**Current Market Value:** \_\_\_\_\_

**Balance Due on Mortgage:** \_\_\_\_\_

**What are your plans for the Real Estate if you move into an apartment?**

\_\_\_\_\_

**Have you given away or sold any property or other assets for less than fair market value in the past two years?     Yes     No    If yes, please describe:**

---

**Personal References:**

NAME	TELEPHONE NUMBER	KNOWN HOW LONG

**How did you hear about the property?**

**Newspaper     Flyer     Phone Book     Web Site     Other \_\_\_\_\_**  
Please specify.

**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.

**Violence Against Women And Department of Justice Reauthorization Act**

Violence Against Women and Department of Justice Reauthorization Act of 2005 (Public Law 109-162 and Public Law 109-271) protects victims of domestic violence, dating violence or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. If requested, tenants are required to submit to the O/A a completed Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066 (*attached to application*) or other supporting documentation within 14 business days of the O/A’s request. If the certification or other supporting documentation is not provided within the specified timeframe, the landlord may begin eviction proceedings. Should it be determined that physical abuse caused by a tenant is clear and present, the law provides O/As the authority to bifurcate a lease i.e., remove, evict, or terminate housing assistance to that individual, while allowing the victim, who lawfully occupies the home, to maintain tenancy. It is possible for someone lawfully occupying the unit, who is also a victim, to be evicted or removed from the home. If the victim commits separate criminal activity, a landlord may evict them for engaging in crime. Furthermore, if a victim poses “an actual and imminent threat to other tenants or those employed at or providing service to the property,” they could be evicted despite the VAWA.

### **SCREENING CRITERIA:**

The following factors shall be used in screening applicant for occupancy:

1. Demonstrated ability to pay rent on time.
2. History as a good resident. *Landlord reference(s)*
3. Favorable credit history.
4. History of good housekeeping habits.
5. Ability to meet the obligations of tenancy.
6. Self sufficiency.
7. Criminal background checks
8. Current use or history of using illegal drugs or current use or history of abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of others.
9. Income qualification limit.

*Please refer to EICAP's Resident Selection Policy for complete eligibility and screening information*

## APPLICANT'S CERTIFICATION

Please read each item below carefully before you sign.

1. I hereby certify that the information provided in this application is correct to the best of my knowledge.
2. I hereby acknowledge receipt of Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066 and the EIV and You brochure.
3. I understand that this is a preliminary application and is subject to acceptance or rejection. Additional information and verifications may be necessary to complete the application process.
4. I hereby give management authorization to verify the information in this application.
5. I understand that I have the right to make a written request within twenty-one days of the Notice of Action regarding this application to receive additional information about the nature, scope and outcome of this initial investigation.
6. I give management permission to run a Credit and Criminal Background Report.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

---

### FOR OFFICE USE ONLY

**Date and Time Received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

---

The Fair Housing Act prohibits discrimination in the rental of housing on the basis of race, color, religion, sex, handicap, familial status or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the Administrator, Rural Housing, USDA Washington, DC 20250.  
*Persons with disabilities have the right to request reasonable accommodations to participate in the application process.*



**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 3/31/2014)

**EICAP Housing**

**PO Box 51098, Idaho Falls, ID 83405**

Name of Property \_\_\_\_\_ Project No. \_\_\_\_\_ Address of Property \_\_\_\_\_

**Same**

**HUD Sec 8, 236, 202 or RD**

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

Name of Head of Household \_\_\_\_\_ Name of Household Member \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_

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

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

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection. form HUD-27061-H (9/2003)

## 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.

form HUD-27061-H (9/2003)

**Exhibit 3-4: Family Summary Sheet**

**A CITIZENSHIP DECLARATION FORM MUST BE COMPLETED FOR EACH FAMILY**

**MEMBER LISTED BELOW**

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

### Exhibit 3-5: 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: \_\_\_\_\_

IF CITIZEN – SKIP THIS SECTION

- \_\_\_\_\_ 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, *Alien Registration Receipt Card* (for permanent resident aliens).
- (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).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

IF CITIZEN – SKIP THIS SECTION

- (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) Form I-151 Alien Registration Receipt Card.

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: \_\_\_\_\_

<p><b>REQUEST FOR EXTENSION</b></p> <p>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.</p> <p>_____ Signature</p> <p>_____ Date</p> <p>Check if adult signed for a child: _____</p>
--

\_\_\_\_\_ 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: \_\_\_\_\_

**IF ALL HOUSEHOLD MEMEBERS ARE CITIZENS – SKIP THIS FORM**

**Exhibit 3-6: Verification Consent Form**

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the **\*\*Citizenship\*\*** Declaration format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

- 1, The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
- 2, The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**Exhibit 3-7: Owner's Summary of Family**

**THIS PAGE TO BE COMPLETED BY OWNER ONLY**

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

## CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING

**Public reporting burden** for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by owners and management agents administering Section 8 project-based assistance under the United States Housing Act of 1937 (42 U.S.C. 1437) to request a tenant to certify that the individual is a victim of domestic violence, dating violence, or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**Purpose of Form:** The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking (collectively "domestic violence") from being evicted or terminated from housing assistance based on acts of such violence against them.

**Use of Form:** If you have been a victim of domestic violence, you or a family member on your behalf must complete and submit this certification form, or submit the information described below under "Alternate Documentation," which may be provided in lieu of the certification form, within 14 business days of receiving the written request for this certification form by the owner or management agent. The certification form or alternate documentation must be returned to the person and the address specified in the written request for the certification form. If the requested certification form or the information that may be provided in lieu of the certification form is not received by the 14th business day or any extension of the date provided by the owner or management agent, none of the protections afforded to victims of domestic violence under the Section 8 project-based assistance program will apply. Distribution or issuance of this form does not serve as a written request for certification.

**Alternate Documentation:** In lieu of this certification form (or in addition to it), the following documentation may be provided:

(1) A federal, state, tribal, territorial, or local police or court record; or

(2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident(s) in question are bona fide incidents of abuse, and the victim has signed or attested to the documentation.

### **TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE:**

1. **Date written request is received from owner or management agent:** \_\_\_\_\_
2. **Name of victim:** \_\_\_\_\_
3. **Your name (if different):** \_\_\_\_\_
4. **Name(s) of other family members listed on the lease:** \_\_\_\_\_  
\_\_\_\_\_
5. **Name of the abuser:** \_\_\_\_\_
6. **Relationship of the abuser to the victim:** \_\_\_\_\_
7. **Date of incident:** \_\_\_\_\_
8. **Time of incident:** \_\_\_\_\_
9. **Location of incident:** \_\_\_\_\_

**{Page two must be completed and attached to this form.}**



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.

<b>Applicant Name:</b>											
<b>Mailing Address:</b>											
<b>Telephone No:</b>	<b>Cell Phone No:</b>										
<b>Name of Additional Contact Person or Organization:</b>											
<b>Address:</b>											
<b>Telephone No:</b>	<b>Cell Phone No:</b>										
<b>E-Mail Address (if applicable):</b>											
<b>Relationship to Applicant:</b>											
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
<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											
<b>Commitment of Housing Authority or Owner:</b> 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.											
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

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

--	--

**Signature of Applicant**

**Date**

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

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. Form HUD-92006 (05/09)