

City of Tomah – Community Block Grant, Community Development, Housing Authority
 City Hall Annex – 107 E Milwaukee St, Tomah WI 54660
Mailing Address: 819 Superior Avenue, Tomah, WI 54660
 (608) 374-7455, Fax (608) 374-7458

LAKESIDE APARTMENT'S APPLICATION: This form must be filled out completely. If something does not apply to you mark the space with NA. Submit your completed application and provide a copy of each household member's social security card and if issued a copy of all applicable state ID/driver license(s) to the address listed above. All adult members of the household must sign below certifying the information pertaining to them. If additional space is needed, submit information on a separate sheet of paper. Accommodation to address the needs of disabled individuals may be requested by contacting Tomah Public Housing Authority office. If you have any questions contact our office at (608) 374-7455.

PLEASE PRINT

Head of Household Name:			
Current Street Address:	City:	State:	Zip:
Home Phone Number:	Alternate Phone Number:		
Mailing Address if different than street address:			
Emergency contact: Name:	Phone:	Relationship:	

I. HOUSEHOLD List ALL persons who will be living in your home. List Head of Household first. Include live-in aides.

Legal Name of each household member	Date of Birth	Sex M or F	Relationship to Head of Household	Social Security Number	Race	Place of Birth	Optional Disabled Yes or No
			Head of Household				

Yes No Has any adult household member ever used any name or Social Security Number(s) other than the one listed above (i.e. maiden name)? If yes, provide other SSN and / or Names and explain why they were used.

II. INCOME: List ALL household income below. Include income from minor children such as paper routes; income from Title V such as Experience Works (Green Thumb), RSVP, etc.; job training programs, military.

A. Employment, Unemployment & Self Employment Income

Family Member	Name of Employer or UC Agency	Address				Self Employed Business Type	Gross Monthly Income
		Street	City	St	Zip		

B. Pension, Social Security (SS) & SSI Income Include income from SSIE, PASS and other SS programs.

Family Member	Monthly SS, SSD	Monthly SSI, SSIE, PASS	Monthly Pension/ Annuity withdraw	Pension Received From/Address			
				Street	City	St	Zip

C. Other Income/Benefits

Food Stamps	\$	per mo	Caseworker:	
Heating Assistance	\$	per yr		
Job Training Programs	\$	per mo	Program Name/Agency:	Address
Tribal Income	\$	per	Tribe:	Address

D. Child Support, Alimony & W-2 Benefit Income:

Person Receiving	Child Support	Monthly Alimony	Monthly W-2	Case Worker & Agency Address				
				Name	Street	City	St	Zip

Yes No Is any household member entitled to child support/maintenance and not receiving it? If yes, please explain.

Yes No Is any household member receiving income from a source not listed above (i.e. Kinship Care, job training program)? If yes, please explain.

Yes No Does anyone outside your household give you money for living expenses or pay bills for you? If yes, please explain.

III. MEDICAL EXPENSES For elderly and/or disabled households (list additional on separate sheet)

Family Member(s)	Medicare		Monthly Payment	
			\$	
Family Member(s)	Health Ins Co:	Address:	Payment Amt	Frequency
			\$	
Family Member(s)	Title 19	Caseworker:	Spend-down Amt	Frequency
			\$	
Family Member(s)	Badgercare	Caseworker:		
Family Member(s)	Outstanding Doctor/Hosp Bills	Address:	Monthly Payment	Total Owed
			\$	\$
Family Member(s)	Other Medical Exp (Explain)	Address:	Monthly Payment	Total Owed
			\$	\$

Yes No Do you pay for unreimbursed expenses to allow a disabled household member to work? If yes, please explain.

Yes No Do you pay for unreimbursed expenses for the care of a disabled household member to allow another household member to work? If yes, please explain.

Yes No Optional - Do you require a handicapped accessible unit? If yes what features do you need.

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Yes No Do you pay for unreimbursed expenses for the care of a disabled household member to allow another household member to work? If yes, please explain.

Yes No Optional - Do you require a handicapped accessible unit? If yes what features do you need.

IV. CHILDCARE EXPENSES Answer the following if you have a child 13 years of age or under.

Yes No Do you pay for childcare which allows you/spouse to work, attend school or search for employment?

Yes No Do you receive daycare assistance through the county or other agency, or help from any other person to help pay your childcare expenses? If yes, from whom is it received? \$ _____ per _____

Name of Childcare Provider	Street Address	City	St	Zip	Weekly Payment

V. ASSETS (include assets of all household members) Attach another sheet if needed to report all assets. If you make withdrawals from CD's, trusts, annuities, etc, include the amount and frequency of withdrawals.

Check Acct #	Bank/Credit Union	Address	Value	
			\$	
Saving Acct #	Bank/Credit Union	Address	Value	
			\$	
CD #'s	Bank/Credit Union	Address	Value	Annual %
			\$	
Stocks & Bonds	Agency	Address	Value	Annual Income
			\$	
Savings Bonds			Value	
			\$	
Retirement Fund	Agency	Address	Value	Annual Inc
			\$	
Mutual or Trust Funds	Agency	Address	Value	Annual Inc
			\$	
Annuities or Life Insurance	Agency	Address	Value	Annual Inc
			\$	
Real Estate	Owner	Address	FMV	Income
			\$	

Yes No Do you own any personal property held as an investment, such as gems, jewelry, coin collections, antique cars, etc? If yes, what is owned? _____ Value \$ _____

Yes No Has any household member sold, gifted or donated property or any other assets worth more than \$1,000 in the past two years? If yes, please explain and list address. _____

VI. ADDRESS & RENTAL HISTORY

Provide information on where household members have lived in the past 5 years, this may include landlords, family and/or friends.

Present - Landlord/Family/Friend Name, Address & Phone Number	Your Present Address	Monthly Rent	How long did you reside at this address?
		\$	
Prior - Landlord/Family/Friend Name, Address & Phone Number	Your Prior Address	Monthly Rent	How long did you reside at this address?
		\$	
Prior - Landlord/Family/Friend Name, Address & Phone Number	Your Prior Address	Monthly Rent	How long did you reside at this address?
		\$	

VII. EDUCATIONAL INFORMATION

- Yes No Are you or any other adult household member currently enrolled in an institution of higher learning?
 If yes, are you enrolled: full-time part-time Number of Semester Credits _____
- Yes No Is household member(s) receiving grant funds, student loans, income from work study programs, scholarships, etc.? If yes, please explain. _____

School Name	Street Address	City	St	Zip	Start Date	Grad Date

VIII. PERSONAL REFERENCES

List three (3) references who are not relatives/family members

Reference Name	Address	City	St	Zip	Home Phone #	Cell or Work #

IX. GENERAL INFORMATION

- Yes No Has any household member been convicted of a crime other than minor traffic violations? If yes, List all convictions including Driving Under the Influence (DUI or DWI) and list status of probation/parole. _____
- Yes No Is any household member a lifetime registered sex offender? If yes, please explain _____
- Yes No Has any household member ever committed fraud while in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If yes, please explain. _____
- Yes No Have you or any other household member lived in any other government assisted/subsidized housing? If yes, please give name and address of agency, and dates assistance was received. _____
- Yes No Do/Have you or any other member of your household owe money, been evicted or had you're a lease terminated by this Housing Authority or any other Landlord? If yes, please explain. _____

X. RESIDENT SELECTION AGREEMENT & INFORMATION

COMMUNITY SERVICE REQUIREMENT

Service Requirement – Except for any family member who is an exempt individual, each adult resident of Lakeside Apartments must:

- a) Contribute 8 hours per month of community service (not including political activities); or
- b) Participate in an economic self-sufficiency program for 8 hours per month; or
- c) Perform 8 hours per month of combined activities as described in paragraphs (a) (i) and (a) (ii) of this section

Exempt Adult Family Member(s) are those:

- i) Age 62 years or older
- ii) Blind or disabled (as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(i); 1382c) and who certify that because of this disability they are unable to comply with the service provisions; or are primary caretakers of such individuals.

Engaged in work activities a minimum of 20 hours per week as defined in section 407(d) of the Social Security Act (42 U.S.C. 607(d)

XI. RESIDENT SELECTION AGREEMENT & INFORMATION - continued

I understand that my housing application is contingent upon my eligibility based on the rules and regulations established by the US Dept. of HUD and the Housing Authority's Admissions Policy. I understand that my application may be denied/rejected for any one or any combination of the reasons listed below:

1. Unverifiable current and/or past rental history
2. Unacceptable current and/or past rental history
3. Owing money for current and/or past housing rentals
4. Failure to provide requested rental history or proof of residence
5. Unacceptable credit history
6. Have a recent history of criminal activity involving crimes to persons and/or property
7. Has been evicted from assisted housing within three (3) years of the projected date of admission because of drug-related criminal activity
8. Applicant is determined to be using illegally a controlled substance
9. There is reasonable cause to believe an applicant illegally uses a controlled substances or abuses alcohol in a way that may interfere with the health safety or right to peaceful enjoyment of the premises by other residents
10. Applicant has been convicted of any drug-related criminal activity
11. Failure to disclose requested information on the application
12. Providing false or misleading information on the application
13. Failure to provide requested information within in ten (10) business days of written request
14. Failure to provide required Social Security Cards for each household member
15. If applicant's gross income at time of application is greater than the Low Income by family size listed below. Note: Family's that meet the very low-income category will be given priority for admission.

Income Limits effective 05/14/2010

Family Size	Low Income	Very Low Income
1	32850	20550
2	37550	23450
3	42250	26400
4	46900	29300
5	50700	31650
6	54450	34000
7	58200	36350
8	61950	38700

As part of the procedures for verification on past and present references, the Tomah Public Housing Authority may conduct an inspection of your present residence to determine decent, safe and sanitary living conditions. This inspection may be a "drop in" type inspection with no advance warning. By signing this application, you the applicant agree to this condition. Choosing not to sign this statement may make you ineligible for Lakeside Apartments.

I/We do hereby swear and attest that all the information above about me/us is true, complete and correct. I/We also understand that any change in household members or household income can affect my/our eligibility. I/We understand that it is my/our responsibility to report changes in writing within 14 calendar days from the date of the change.

Head of Household _____ Date _____

Spouse or Other Adult _____ Date _____

Spouse or Other Adult _____ Date _____

WARNING: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. Further, Wisconsin law and municipal codes also provide for prosecution of such behavior.

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Tomah Public Housing Authority, Tomah, Wisconsin any information or materials needed to complete verifications for Rental Rehabilitation, Community Block Grant, Low Income Public Housing, or Section 8 Rent Assistance, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Dept. of Housing and Urban Development (HUD) in administrating and enforcing program rules and policies.

INFORMATION COVERED

I understand that based on program policies and requirements all household members previous or current information may be needed to determine program eligibility. Inquiries and verifications that may be requested, include but are not limited to:

Identity	Employment, Income & Assets
Verification of Marital Status	Medical and/or Childcare Expenses
Residences and Rental Activity	Criminal Activity
Credit History	

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the information includes but are not limited to:

Current and/or Previous Landlords	Veterans Administration
Public Housing Agencies	Retirement Systems
Human Services/Welfare Agencies	State Unemployment Agencies
Clerk of Courts	Schools and Colleges
Banks and other Financial Institutions	Credit Providers & Credit Bureaus
Social Security Administration	Medical and Childcare Providers
Law Enforcement Agencies	Support and/or Alimony Providers/Agencies
Utility Companies	Current and/or Previous Employers
U.S. Postal Service	

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Authority and will stay in effect for fifteen (15) months from the date signed. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

Head of Household _____ Date _____
(signature)

Spouse or Other Adult _____ Date _____
(signature)

Spouse or Other Adult _____ Date _____
(signature)

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Tomah Public Housing Authority
819 Superior Av
Tomah WI 54660

IHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Authority: 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 that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

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. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever 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:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

----- Head of Household	----- Date	----- Other Family Member over age 18	----- Date
----- Social Security Number (if any) of Head of Household		----- Other Family Member over age 18	----- Date
----- Spouse	----- Date	----- Other Family Member over age 18	----- Date
----- Other Family Member over age 18	----- Date	----- Other Family Member over age 18	----- Date
----- Other Family Member over age 18	----- Date	----- Other Family Member over age 18	----- Date

Privacy Act Notice: Authority: 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.), 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 six 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 HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six 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.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

This information pertain to non-citizens who declare eligible immigration status (EIS) which includes the following categories:

Eligible immigration status and 62 years of age or older. For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a) (15) or 101(a) (20) of INA. A non-citizen lawfully admitted for permanent residence, as defined by 101(a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a) (15) of the INA (8 U.S.C. 1101(a) (20) and 1101(a) (15), respectively [immigrant status]. This category includes a non-citizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

Permanent Resident under 249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under IHA 249].

Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a) (7) of the INA (U.S.C. 1153 (a) (7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d) (5) of INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d) (5) of the INA 1253(h).

Amnesty under 245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

