

**DAVIS COMMUNITY HOUSING AUTHORITY**

**Waiting List Application**

Office address: 352 S. 200 W., Suite 1, Farmington, UT 84025

Mailing Address: PO Box 328, Farmington, UT 84025

Mon-Thurs. 7:00 AM - 5:30 PM

North: (801) 546-6142

South: (801) 451-2587 TDD #: 711

**This application cannot be faxed**

Application updated 01-02-2018



<b>For Office Use Only</b>	
Date _____	Time _____
Income Eligible _____	Yes _____ No _____
Annual Income \$ _____	
Bedroom Eligibility _____	
NAHRO Registry _____	
Bad Tenant Check _____	
Sex Offender Registry _____	
_____ Approved	_____ Denied

**The following is a list of subsidized housing programs through Davis Community Housing Authority. You may apply for one or more of the following programs listed. Please keep in mind that the waiting period will differ. All programs, except Section 8 (Vouchers) will require you to move to that specific housing program when your name reaches the top of that list. Housing assistance is available to those who qualify.**

All pages (11) of the application must be attached for it to be a complete application. Only completed applications are accepted for processing. Every household member over the age of 18 is required to sign everywhere signatures are indicated.

**This application is for Davis County, UT only.**

\_\_\_\_\_ **Section 8 (Vouchers)**      \_\_\_\_\_ **Section 8 Mainstream (Vouchers for disabled persons under 62 years)**

Clients with Vouchers will receive rental assistance in a qualified dwelling of their choice.

\_\_\_\_\_ **Public Housing**

2 & 3 Bedroom: 418 & 424 W. Center Bountiful (Two 2 bedroom wheelchair accessible units available),  
2160 S. Orchard Dr. Bountiful

3 Bedroom only: 214 & 218 E. 400 N. Centerville, 118 to 190 S. 1450 W. Clearfield

4 Bedroom only: 2100 N. 1200 W. Layton

\_\_\_\_\_ **Rosewood Villa (Project Based Section 8)**

1, 2, 3, & 4 Bedroom: 2100 N. 1200 W. Layton

\_\_\_\_\_ **Meadows (Elderly Housing - age 62 or older or disabled )**

1 Bedroom only: (wheelchair accessible units available) 285 & 313 E. 1450 N. Bountiful

Name of Head of Household: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

(Street address or PO Box, not e-mail)

**Family Composition : (Print Legibly) List the names of all persons as they appear on the Social Security Card, who will live with you (family, relatives, friends, other, or pregnancies and the due date):**

Full Name	Relationship	Date of Birth	Gender (Optional)	Social Security #
	Head of Household			

The following 2 questions are requested by H.U.D for statistical purposes. No one will be penalized for not answering them.

1. Is the Head of Household (check one): Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_  
 2. Is the Head of Household (check all that apply): \_\_\_\_\_ White/ Caucasian \_\_\_\_\_ Asian \_\_\_\_\_  
 American Indian or Alaskan Native \_\_\_\_\_ Black or African American \_\_\_\_\_ Pacific Islander or Native Hawaiian

Declaration of U.S. Citizenship or Non-Citizen with Eligible Immigration Status List: List below every person living within the household (PLEASE PRINT). In accordance with the Department of Housing and Urban Development (HUD) every applicant/participant must complete the following for all family household members. Please place a check mark in the correct box.

- A: United States Citizen (s)  
 B: Non-Citizen with eligible immigration status  
 C: Non-Citizen without eligible immigration status  
 D: Citizenship Pending

Name	Age	A	B	C	D

I declare under the penalty of perjury that I or we are giving true and accurate information on every member of our household concerning whether he or she is a U.S. citizen, noncitizen with eligible immigration status, or noncitizen without eligible immigration status.

If a household member does NOT have a Social Security Number, please complete the information below. Otherwise, this section may be left blank.

Name	Place of Birth: City, State, Country	Reason for not being issued a SSN

Is anyone in the household an emancipated minor (a child who is legally considered an adult)?  
 \_\_\_ Yes \_\_\_ No

Is any member of your household a veteran? \_\_\_ Yes \_\_\_ No If yes, who? \_\_\_\_\_

What is the total household income (before taxes) received by your entire household each month? This includes: salary (work/job), SSI, Social Security, child support, unemployment benefits, welfare, pension, military pay. Include payments made to family members 18 years or older on behalf of other family members under age 18.

\$ \_\_\_\_\_ Source of income: \_\_\_\_\_

Where did you sleep last night? \_\_\_\_\_

Do you sleep on the streets or a place not meant for human habitation? \_\_\_\_\_

Is any member of the household subject to Lifetime Sex Offender Registration in any state?

Yes  No If yes, where? \_\_\_\_\_

Please list all states where any of the household members have resided.

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How did you hear about us? (Check all that apply)

Internet  Walk-In  
 Newspaper  Brochure/Flyer  
 Referred by Resident  Phone Book  
 Referred by Other  Other \_\_\_\_\_

Is anyone in the household disabled?  Yes  No If yes, who? \_\_\_\_\_

If yes, is there a reasonable accommodation request?

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If you are disabled and need some assistance in completing this application or need an accommodation with the application process, please tell us. DCHA has designated the following person to coordinate efforts to comply with this requirement:

Mary Swanstrom, 504 Coordinator, 801-939-9198  
Utah Relay Service: 711

Davis Community Housing Authority  
352 S. 200 W. #1  
PO Box 328  
Farmington, UT 84025

Mary's Office Hours: Monday-Thursday 7:00 am-5:30 pm

DCHA's website is: [www.daviscommunityhousing.com](http://www.daviscommunityhousing.com)

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Please write your initials on each line indicating you have read and understand every statement below:

\_\_\_\_ Initial I understand that this application is for the Waiting List(s) for subsidized housing through Davis Community Housing Authority. I understand that this Waiting List(s) application is for Davis County, Utah and no other counties. I understand that DCHA has very long Waiting List(s) and has no priority Waiting List(s). I understand if I qualify, I will go on the Waiting List(s) from the date and time when DCHA receives my completed application.

\_\_\_\_ Initial I understand that the waiting time with DCHA may be extremely long. I understand there are other privately owned subsidized housing units which may be able to assist me. I understand a list of those units is available at DCHA's office as well as on the website [www.daviscommunityhousing.com](http://www.daviscommunityhousing.com) and I may contact them for assistance.

- \_\_\_ Initial I understand no documentation is required with this application and I will submit the application either in person or by mail to the address located on the front of this application.
- \_\_\_ Initial I understand final eligibility will be determined when I reach the top of the Waiting List(s). I understand a background check, which may include rental, credit, and criminal history, will be done on each household member over the age of 18 when my name reaches the top of the Waiting List(s) and may disqualify me for rental assistance.
- \_\_\_ Initial I understand I will be mailed a letter from DCHA stating whether or not I have been approved for the Waiting List(s). I understand processing time may take up to 4 weeks. I will keep the letter as proof of my application date and program(s) for which I have applied. I will contact the office if I do not receive a letter within this time frame.
- \_\_\_ Initial I understand that DCHA will contact me through the post office (mail). I will update DCHA in writing of a new mailing address. I understand I may either mail a letter to DCHA or update my address in person at the office in Farmington, UT. I understand that DCHA does not recommend I send my address change via the fax machine as it may not clearly print. I understand DCHA may mail me a letter at any time.
- \_\_\_ Initial I understand that failure to report changes in writing will result in removal from the Waiting List(s). I understand DCHA will mail me a confirmation letter indicating the change of address. I will contact DCHA if I do not receive an address confirmation letter within 4 weeks after notifying DCHA of my new address.
- \_\_\_ Initial I also understand I will be removed from DCHA's Waiting List(s) if I do not respond to written communication from DCHA.
- \_\_\_ Initial I understand that if I use a PO Box address or any other address which is not my own, DCHA recommends that I write the person's name that the post office has on file, for example: "C/O John Doe."
- \_\_\_ Initial I understand my Waiting List(s) application will be denied if my household income exceeds the income limit established by H.U.D. I understand my application will be denied if I owe money to DCHA or to any other Housing Authority, or to any federally assisted housing program.
- \_\_\_ Initial I understand that DCHA asks that I inquire only once every 3 months for my "status" while on the Waiting List(s). I understand that the time frame given to me is an estimate of time. I understand DCHA cannot give me a "specific number" on the Waiting List(s).
- \_\_\_ Initial I read and understood each description of the program(s) offered through DCHA and applied for the program(s) in which I am interested.
- \_\_\_ Initial I understand that in order to apply for the Waiting List, I must either be at least 18 years of age or an emancipated minor.

**NON-DISCRIMINATION POLICY:** Davis Community Housing Authority complies with Section 504 of the Rehabilitation Act of 1973 in providing individuals with a disability equal access to the services, programs, and activities the Housing Authority offers. Upon request, the Housing Authority will verify the need for a reasonable accommodation to individuals with disabilities. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin, or source of income with compliance with the Fair Housing Act.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction termination of assistance. I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Person age 18+

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Person age 18+

\_\_\_\_\_  
Date

WARNING! Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for the unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C Section 408 (a) (6), (7) and (8).

**HUD FORM 52675 – DEBTS OWED TO PUBLIC HOUSING: EACH HOUSEHOLD MEMBER AGE 18 OR OLDER MUST SIGN A FORM (ONE FORM PER PERSON). IF THERE IS ONLY ONE PERSON OVER THE AGE OF 18 APPLYING, ONLY ONE FORM NEEDS TO BE SIGNED.**

**HUD FORM 92006 - SUPPLEMENT TO APPLCIATION FOR FEDERALLY ASSISTED HOUSING: EACH HOUSEHOLD MEMBER AGE 18 OR OLDER MUST EITHER COMPLETE A FORM OR CHECK THE BOX INDICATING THAT THEY CHOOSE NOT TO PROVIDE THE CONTACT INFORMATION, AND SIGN AND DATE. IF THERE IS ONLY ONE HOUSEHOLD MEMBER OVER THE AGE OF 18, ONLY ONE FORM NEEDS TO BE SIGNED.**



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

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

#4

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status. The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p><b>This Notice was provided by the below-listed PHA:</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs &amp; Termination Notice:</b></p>	
	<p><b>Signature</b></p> <p><b>Printed Name</b></p>	<p><b>Date</b></p> <p>#7</p>



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5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status. The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

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	<p><b>Signature</b></p> <p><b>Printed Name</b></p>	<p><b>Date</b></p> <p style="text-align: right;"># 9</p>

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: (Check all that apply)</b>	
<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	<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: _____
<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.

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**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.

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<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: (Check all that apply)</b>	
<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.

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**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.