

Festus Housing Authority
Rolling Greens Subdivision
1504 Robert Thompson Lane
Festus, Missouri 63028
Phone (636) 937-0044

Dear applicant,

If you have difficulty reading, you may have assistance in filling out the application.

The following items must be provided, as appropriate, when returning application:

- 1. Birth certificates and Social Security cards of all household members;**
- 2. Driver's license or State ID of all adults;**
- 3. Income verification from all sources;**
- 4. If divorced, a copy of divorce decree;**
- 5. Copy of award of custody if not in divorce decree.**

You will be asked to sign a release to validate information in the following areas:

1. Employment, self-employment, or any other source of income;
2. Bank accounts and taxes;
3. Current and previous landlords;
4. Neighbors and character references;
5. Child care expenses;
6. Utility companies;
7. Other expenses; and
8. Credit history.

Note:

1. Submission of this application does not obligate you to the Festus Housing Authority in any way.
2. This application must be submitted with all information required in order for you to be placed on the waiting list. All blanks must be filled in. If that information does not apply to you, write N/A.
3. You are placed on the waiting list upon satisfactory completion of validation and reviews by the date and time the completed application was received.
4. Application rejection will occur if application is found to be fraudulent in any way.
5. If additional space is needed, please use "Remarks" section on page 4 or an additional sheet of paper.

Date and time application received by FHA: _____ By: _____

Name of each person who will live in the unit

Name (First, MI, Last)	Relationship	Place of Birth	Date of Birth	Sex	Social Security Number
1.	Head of Household				
2.					
3.					
4.					
5.					
6.					

Current Address:

Phone

Message Phone

Work Phone

Does anyone in your household request
a handicap/disability adjustment to the income?

Do you request a handicap accessible unit?

Has anyone in your household
been a party to an eviction?Do you have
any pets?

What pets?

In the last five years, has anyone in
your home been convicted of a crime?

If so, when?

What crimes?

Marital Status

Single

Married

Separated

Divorced/Widowed

Living with Someone

Other names used by any member of the family (such as maiden names or names from previous marriages)

References

List names, complete addresses and telephone numbers of two people, not relayed to you, who can attest to your character.

Name:	Address:
Phone:	Occupation:
In what capacity do you know this person?	

Name:	Address:
Phone:	Occupation:
In what capacity do you know this person?	

FamilyList names, addresses & phone numbers of at least three close relatives. **State relationship & to whom related.**

Description of Assets

Checking Account #'s		Bank	
Savings Account #'s		Bank	
Do you own any real estate?	Location & Type		
Value \$	Amount still owed \$	Names on deed	
Do you own any stocks?	Bonds?	CD's?	Marketable Securities?
Value of stocks, bonds, CD's or marketable securities \$			
Other Assets?			

Income

*For each person who will occupy the home, fill in **gross** amount of his/her income.*

Employment Income:

Present Employer		Present Employer	
Employer's Address		Employer's Address	
Phone	Supervisor	Phone	Supervisor
Years there	Position	Years there	Position
Hourly Wage \$	Hours per week	Hourly Wage \$	Hours per week

Non-employment Income:

Family Member		Family Member	
Child Support \$	How often?	Child Support \$	How often?
Name & address of person paying child support or alimony		Name & address of person paying child support or alimony	
Alimony \$	How often?	Alimony \$	How often?
Other income source		Other income source	
Amount \$	How often?	Amount \$	How often?
School grants or loans \$		School grants or loans \$	
Is any income listed in this section likely to change in the next two years?			

Expenses

Please fill in the dollar amounts for the following expenses

Monthly medical not covered by insurance?	Monthly child care expenses?
Educational expenses per semester?	Monthly self employment expenses?

PREVIOUS PLACES OF RESIDENCE

In this section, please list **all** addresses (including your current address) where you have lived **during the past seven years**. List the dates you lived there and the names and addresses of the landlords for those addresses. If more space is needed, please use "Remarks" section below or another page.

From	To	Your Complete Address	City, State & Zip Code
.....			
Landlord's Name		Landlord's Complete Address	City, State, & Zip Code
.....			
From	To	Your Complete Address	City, State & Zip Code
.....			
Landlord's Name		Landlord's Complete Address	City, State, & Zip Code
.....			
From	To	Your Complete Address	City, State & Zip Code
.....			
Landlord		Landlord's Complete Address	City, State, & Zip Code
.....			
From	To	Your Complete Address	City, State & Zip Code
.....			
Landlord		Landlord's Complete Address	City, State, & Zip Code
.....			

REMARKS:

Everything that I have stated in this application is true and correct to the best of my knowledge. I understand that false statements are grounds for denial or termination of assistance. I understand that the Housing Authority will only retain this application and all copied support documents as required by HUD. You are authorized to obtain information from present and former landlords and employers and to ask questions about their experience with me. You are further authorized in the future to share information about my tenancy with prospective landlords.

I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objections to the above statements being verified.

Signature of Head of Household	Date	Signature of Spouse or other Co-Head	Date
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This information is for statistical purposes only: **(Check one of each.)**

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Festus Housing Authority (FHA), 1504 Robert Thompson Lane, Festus, Missouri 63028 any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance in Rolling Greens Subdivision. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing & Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or FHA to release information from my file to HUD, credit bureaus, collection agencies, law enforcement agencies or potential landlords. This includes, but is not limited to, records of my payment history and violations of FHA and HUD policies.

INFORMATION COVERED

I understand that, depending upon program policies and requirements, current and previous information regarding me or my household may be needed. Verifications and inquiries that may be requested regard, but are not limited to, the following:

Identity and Marital Status	Custody and support	Medical or Child Care Allowances
Residence and Rental Activity	Employment, Income, and Assets	Handicapped Assistance
Credit and Criminal Activity		

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and/or continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information (depending upon program requirements) include, but are not limited to, the following:

Past and Current Landlords, including Public or Indian Housing Agencies	Courts and Post Offices
Schools and Colleges	Support and Alimony Providers or Agencies
Welfare Agencies	Social Security Administration
Medical and Child Care Providers	Retirement Systems
Utility Companies	Credit Providers and Credit Bureaus
Law Enforcement Agencies	
State and Private Employment Agencies	
Veterans Administration	
Banks and Other Financial Institutions	

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the FHA may conduct computer matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. I consent that FHA or HUD may exchange information with other Federal, State, or local agencies, including, but not limited to, Child Support Collection Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Administration, law enforcement agencies, and the State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for fourteen months from the date signed.

Printed Name	Printed Name
Signature	Signature
Date	Date
Last Four of Social Security Number	Last Four of Social Security Number

Printed Name	Printed Name
Signature	Signature
Date	Date
Last Four of Social Security Number	Last Four of Social Security Number

RENTAL APPLICATION CONSENT RELEASE

Credit Report/Criminal Record Request

I hereby certify that the facts set forth in the completed rental application are true and complete to the best of my knowledge. I understand that falsified statements on this application may result in dismissal. You, Festus Housing Authority and VeriRent, Inc. / VeriScreen, are hereby authorized to make any investigation of my personal history, financial and credit record through any investigative or credit agencies or bureaus of your choice.

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Social Security Number	Date of Birth		
Full Address (Number, Street and Type {St, Rd, Ave, etc})		City, State and Zip	
Signature		Date	

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Social Security Number	Date of Birth		
Full Address (Number, Street and Type {St, Rd, Ave, etc})		City, State and Zip	
Signature		Date	

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Social Security Number	Date of Birth		
Full Address (Number, Street and Type {St, Rd, Ave, etc})		City, State and Zip	
Signature		Date	

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Social Security Number	Date of Birth		
Full Address (Number, Street and Type {St, Rd, Ave, etc})		City, State and Zip	
Signature		Date	

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

Festus Housing Authority
1504 Robert Thompson Lane
Festus, Missouri 63028

Phone: (636) 937-0044 Fax: (636) 937-7726

Web: festusha.com

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(l)(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		
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.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home **prior** to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute **and** request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute **and** request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/thip/ui/cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

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)	
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	

*****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.