



# NORTHAMPTON HOUSING AUTHORITY

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Dear Future Resident:

We take pride in our management and in our apartment communities. We actively seek good residents to make their homes with us, and we strive to provide the best services we possibly can while they live in the communities that we manage.

We screen our applicants very carefully, and we completely verify all information provided to us on the rental application you complete and from other sources available to us. We run a credit report, we verify employment, we check if there is any criminal history, and we check previous rental history.

The screening and verification process is used for every applicant the same way-fairly, consistently, and uniformly. We work very diligently to observe both the spirit and the letter of the fair housing laws-because we sincerely believe as a company in fair housing and equal opportunity in fair housing for everyone.

An applicant who passes the screening criteria is offered an apartment when a suitable apartment is available. An applicant who does not satisfy the screening criteria is not accepted as a resident.

By making an application for an apartment in one of our communities, you acknowledge that these checks and verifications will be done and give your permission for us to do so.

Please completely fill in your application, if you do not provide us with complete information we will be unable to process the application successfully. If there is any item on the application that you do not understand, please for assistance from Management. If there is additional information that you feel might be of assistance to us in processing your application, please attach an explanation to your application along with any supporting documentation. We are here to be of service to you and others seeking housing.

We welcome your suggestions as to how we might service you better and more efficiently. We will do our best to process your application as quickly as possible and get back to you with an answer within a reasonable time frame.

Thank you for taking an application at our community; we sincerely hope that you will be a long term resident with us.


Sincerely,

Property Manager

FUTURERES.DOC

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49 Old South Street, Suite 1 • Northampton, MA • 01060

T 413-584-4030 • F 413-582-1350 • TDD 711 • 

PERSONAL DECLARATION FORM

Northampton Housing Authority

**APPLICATION CERTIFICATION / RECERTIFICATION FOR RESIDENT ELIGIBILITY.**

This form must be completed and signed by the Resident and all adult household members. You are required to provide accurate information for the 12 month period following the effective date of certification. The fully completed form shall then be brought to the rental office for your scheduled appointment. Please do not leave any item blank.

NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_ Phone# \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

Provide information for everyone who will live in the apartment:

<u>Full Name Including Middle Initial</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Relationship to Head of Household</u>
1.				
2.				
3.				
4.				
5.				
6.				

Does anyone in your household have a lifetime requirement to report to the Sex Offender Registry?

No  Yes

**HOUSEHOLD INCOME AND ASSETS**

	No	Yes	Name of Institution
Checking account	<input type="checkbox"/>	<input type="checkbox"/>	_____
Savings account	<input type="checkbox"/>	<input type="checkbox"/>	_____
Money held in a safety deposit box	<input type="checkbox"/>	<input type="checkbox"/>	_____
Certificate of deposit (CD)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Real Estate Property fully or partially owned by a household member.	<input type="checkbox"/>	<input type="checkbox"/>	_____
A business fully or partially owned by a household member	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interest income from the sale of real property from a purchase money mortgage, installment or similar contract	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trust fund	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stocks, Bonds Treasury Bills, Money Market Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____
Individual Retirement Account (IRA) or Keough Account	<input type="checkbox"/>	<input type="checkbox"/>	_____
Retirement or Pension Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lump sum receipts such as inheritances, capital gains, one time lottery winnings, settlement on insurance other claims	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal property held as an investment such as gems, coins, jewelry, antique cars	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any other assets not mentioned above	<input type="checkbox"/>	<input type="checkbox"/>	_____
I currently have no assets	<input type="checkbox"/>	<input type="checkbox"/>	_____

PERSONAL DECLARATION FORM

NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_

**Income:** Does the household have any of the following sources of income which is being received now or is expected to be received? This includes all household members who are age 18 or over (even if they are temporarily absent).

	No	Yes	Source/address
Employment with wages, salaries, tips, overtime pay, fees, commissions, bonuses, and any other compensation for personal services	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social Security, Supplemental Security Income (SSI), Disability	<input type="checkbox"/>	<input type="checkbox"/>	_____
Income from any Earned Income Tax Credit to the extent it exceeds tax liability. This includes credits received in a lump sum or part of recurring paychecks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pensions, Retirement Funds, IRA, 401K, Keough Account Income	<input type="checkbox"/>	<input type="checkbox"/>	_____
Annuities or Insurance's Policies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disability or Death Benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____
Workmen's compensation or Severance pay	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unemployment benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____
Public Assistance, Welfare or General Assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	_____
Regular or special pay and allowance of a member of the Armed forces	<input type="checkbox"/>	<input type="checkbox"/>	_____
Regular monetary gifts received from any person not living in the household (this includes money paid regularly to or on behalf of a household member such as rent or utility payments, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lottery winnings paid in periodic payments	<input type="checkbox"/>	<input type="checkbox"/>	_____
Income derived from a business, profession or property owned (including salaries, interest, dividends, and other net income)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any other source of income not listed above	<input type="checkbox"/>	<input type="checkbox"/>	_____
I do not receive any income at this time	<input type="checkbox"/>	<input type="checkbox"/>	_____

**ALLOWANCES**

SECTION 1: FOR ALL HOUSEHOLDS WHOSE HEAD OR SPOUSE IS 62 OR OLDER, HANDICAPPED OR DISABLED: (for all others, do not complete. Move on to Section 2 below).

**MEDICAL EXPENSES:** Does the household pay for any medical expenses below? The expense shall be anticipated to be paid in full or reimbursed by an outside source such as insurance, medicare or grants.

If any of the medical expenses listed below apply to your household, please check:

- Services of physicians or other health care professionals
- Services of health care facilities
- Medical insurance premiums
- Prescription/non-prescription medications
- Transportation to/from treatment

Source:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PERSONAL DECLARATION FORM

ALLOWANCES CONTINUED...

Medical care of permanently Institutionalized family member  
If the income is included as household income

Source:

- Dental expenses
- Eyeglasses
- Hearing aids, batteries
- Attendant care or periodic medical care
- Payments on accumulated medical bills

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is any amount paid or reimbursed by an outside source? yes  no

**HANDICAP ASSISTANCE EXPENSES:** If any household member is handicapped or disabled, are there any handicap assistance expenses including attendant care and auxiliary apparatus expenses (such as wheelchair, reading devices for the visually handicapped, equipment added to a car or van) which is necessary to enable a family member to work? yes  no   
If yes, is any amount paid or reimbursed by an outside source? yes  no

**DEPENDANT ALLOWANCE:** Does your household have a member who is handicapped or disabled who *is not* the head, spouse, foster child or live-in attendant? yes  no   
Does your household have a member who is a full-time student who *is not* the head, spouse foster child or live-in attendant? yes  no

**CHILD CARE:** Does the household pay for any child care expenses which enables a family member to work, attend vocational or academic courses, or seek new employment after losing a job? yes  no   
If yes, is any amount paid or reimbursed by an outside source? yes  no

\*\*\*\*\*

**SECTION 2: FOR ALL FAMILIES:** (do not complete if Section 1 above has been completed)

**CHILD CARE:** Does the household pay for any child care expenses which enables a family member to work, attend vocational or academic courses, or seek new employment after losing a job? yes  no  Providers name: \_\_\_\_\_  
Providers address: \_\_\_\_\_

If yes, is any amount paid or reimbursed by an outside source? yes  no

**DEPENDANT ALLOWANCE:** Does your household have a member who is handicapped or disabled who *is not* the head, spouse, foster child or live-in attendant? yes  no   
Does your household have a member who is a full-time student who *is not* the head, spouse foster child or live-in attendant? yes  no

\*\*\*\*\*

ALL SOURCES OF ASSETS, INCOME AND ALLOWANCES WILL BE VERIFIED DIRECT FROM THE SOURCE (THIRD PARTY) WHERE AT ALL POSSIBLE WITH A RELEASE FORM SIGNED BY THE HOUSEHOLD MEMBER AT THE RENTAL OFFICE.

PERSONAL DECLARATION FORM  
RESIDENT CERTIFICATION

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I/we hereby certify that the information provided in this application for housing benefits to be true and complete to the best of my knowledge, and I understand inquiries will be made to verify the information. If any of the information is found incorrect, the landlord, or HA at his/her sole discretion, may cancel or terminate the lease contract and/or rental assistance.

**WARNING!** Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Departments or agencies of the United States.

I also understand that all changes in income or household members must be reported to the Management immediately. Immediately is defined as within ten (10) days of the change.

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

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Co-Head/Spouse

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Addition Household members over the age of 18

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Addition Household members over the age of 18

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Addition Household members over the age of 18

\_\_\_\_\_  
Date signed

Reviewed by: \_\_\_\_\_  
Management

\_\_\_\_\_  
Date signed

*Emergency Contact:* Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

*Current Phone Number:* \_\_\_\_\_



# NORTHAMPTON HOUSING AUTHORITY

## GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

I, the above named individual, have authorized the Northampton Housing Authority (NHA) to verify the accuracy of information, which I have provided to the Housing Authority, from the following sources:

- 1/ Employers
- 2/ Landlords
- 3/ Personal References
- 4/ Government Funding Agencies
- 5/ Banks and Financial Institutions
- 6/ Mass. Department of Revenue-Wage Reporting & Bank Match System
- 7/ Mass. Department of Revenue-Child Support Enforcement
- 8/ U.S. Internal Revenue Service
- 9/ CORI
- 10/ Online Rental Exchange- Criminal, Eviction and Credit
- 11/ Other \_\_\_\_\_

I, hereby give my permission for the Northampton Housing Authority (NHA) to provide information to, and/or, for the agency(ies) name above to release information to the NHA, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the NHA within five (5) days of receipt of this request.


I understand that a photocopy of this authorization is as valid as the original.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE  
DATE NOTED ABOVE**

49 Old South Street, Suite 1 • Northampton, MA • 01060

T 413-584-4030 • F 413-582-1350 • TDD 711 • 

Northampton Housing Authority  
 49 Old South Street  
 Northampton, MA 01060  
 (413) 584-4030 TDD 800-545-1833 ext. 188

**DO NOT WRITE IN THIS BOX**

Control Number: \_\_\_\_\_

Bdrm: 1    2    3    4 Lang: S \_\_\_\_\_

Race: AI   A   B   H   O   W

Priority: \_\_\_\_\_ Fed. Pref: \_\_\_\_\_

APPLICATION FOR LOW-INCOME PUBLIC HOUSING

HEAD OF HOUSEHOLD: \_\_\_\_\_ Soc. Sec # \_\_\_\_\_ \*

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME TELEPHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ WORK: ( \_\_\_\_\_ ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\* This information will be used to verify income, assets and criminal record information.

**TYPE OF HOUSING NEEDED: (CIRCLE ONE)**

- A. Family                                      B. Elderly/Handicapped                                      C. Federal ONLY

**Note:** To be eligible for State-aided Elderly/Handicapped housing you must be 60 years old (62 for Federally-aided elderly housing) or handicapped, and the handicap must be other than a history of alcohol or substance abuse. This is NOT an application for Section 8 Housing. Completion of this application does NOT constitute an offer of an apartment.

Is anyone in the Household a Veteran, OR is anyone in the household the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a Veteran? If so,

Dates of Military Service: From \_\_\_\_\_ To \_\_\_\_\_

**\*\* A COPY OF DISCHARGE/SEPARATION PAPERS (DD-214) MUST BE PROVIDED WITH APPLICATION \*\***

Are you requesting a Reasonable Accommodation as a result of a disability: YES NO

NOTE: State the request in space provided on Page 4. Note if you need a wheelchair accessible apartment.

**Racial Designation:** Responding to this question is optional. Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a minority, you may classify your household in that minority category. Circle One:

- American Indian                                      Black                                      Other  
 Asian                                      Hispanic                                      White

Number of Bedrooms: Circle One      1      2      3      4

**Members of Household to Live in Unit, Including Head (Give Complete Names) and all other information.**

Name	Soc. Sec # <small>(used to verify income, assets &amp; criminal record)</small>	Relation to Head of Household	Age	Sex	Birth Date	Occupation / Student Status
		HEAD				

**\*\* If you require additional space, please continue on Page 4 of application. \*\***

Is a change in the household expected: YES NO

If YES, what type of change? \_\_\_\_\_ When is change to take place? \_\_\_\_\_

Is any member of the household a tobacco smoker? YES NO

Do you want to apply for Emergency Housing? YES NO

If you circled YES, please circle the category below, ask for a Priority Application, and submit it with this application.

- |  |   |
|--|---|
| 1. Displacement by Natural Forces                | 2. Displacement by Public Action (Public Works) |
| 3. Displacement by Public Action (Public Health) | 4. Emergency Case Plan                          |
| 5. Transfer for Good Cause                       | 6. Current AHVP Participant                     |

Do you live or work, or have you been offered employment, in the City of Northampton? YES NO

**INCOME BEFORE DEDUCTIONS:** Estimate the gross income anticipated for all household members from all sources for the next 12 months.

**INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS MUST BE PROVIDED UPON REQUEST**

Name of Household Member	Source	Name and Address of Employer or Source of income	Gross Income for Next 12 Months
	Salaries, Wages - 1 <sup>st</sup> Member (including Overtime/Tips)		
	Salaries, Wages - 2 <sup>nd</sup> Member (including Overtime/Tips)		
	V.A. Disability		
	Net Income from Business or Profession		
	Trust Income, Interest & Dividends		
	Pensions & Annuities		
	Regular Unemployment or Disability Compensation		
	Regular Social Security Benefits and/or SSI		
	Medicare Insurance (must be included as income)		
	AFDC, TAFDC or other Public Assistance		
	Regular Alimony, Gifts, Support Payments		
	Other Income		
<b>Total Gross Income</b>			<b>\$</b>

**EXPENSES:** Estimate expenses for the next 12 months.

Expenses	Expense Amount
Cost of Government Sponsored/Approved Education & Training Programs *	
Unreimbursed Medical Expenses	
Alimony or Child Support Payments <input checked="" type="checkbox"/> Box if Payments are Court Ordered <input type="checkbox"/>	
Health Insurance (including Medicare deduction, if any)	
Other (e.g. child care as a result of Head of Household working or in school)	
* For Federal Applicants Only	
<b>Total Expenses</b>	<b>\$</b>

**ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate etc. **DO NOT INCLUDE CLOTHING, FURNITURE OR CARS**

Household Member	Description of Assets	Value of Applicant's Equity

- A. Have you sold or transferred any real estate in the last four years? YES NO
- B. If yes, what was the date of the sale? Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
- C. What was the amount of the sale? \$ \_\_\_\_\_
- D. What was the value of the mortgage at the time of the sale? \$ \_\_\_\_\_



Does anyone in your household own a car? (Circle One) YES NO

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. No. \_\_\_\_\_

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. No. \_\_\_\_\_

**REFERENCES:** List two personal references. THESE CAN NOT BE FAMILY or HOUSEHOLD MEMBERS

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List where you have lived for the last **FIVE YEARS** in reverse order: (for all members)

1. Address You Live At NOW: \_\_\_\_\_ From \_\_\_\_\_ to Present

Name of Landlord \_\_\_\_\_ Telephone # \_\_\_\_\_

Address of Landlord \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Telephone # \_\_\_\_\_

Address of Landlord \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Telephone # \_\_\_\_\_

Address of Landlord \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

→ Attach Separate Sheet if Needed ←

Have you, or any member of your household, ever received housing assistance from this or any other housing authority or agency? (This includes a Rental Assistance Program such as Section 8) YES NO

If YES, Name of Head of Household receiving assistance: \_\_\_\_\_

Relation to present applicant: \_\_\_\_\_

Name of Housing Agency: \_\_\_\_\_ Date Moved Out : \_\_\_\_\_

When you moved out were you in compliance with the lease and other program requirements? YES NO

Have you, or any member of your household, been convicted of a crime? YES NO

Do you, or any member of your household, have any criminal matter pending? YES NO

**NOTE: Applicants for Federal Housing must answer the following questions:**

Have you, or any member of your household, ever been arrested for or convicted of a drug-related crime, or a crime involving the use of violence? YES NO

Have you, or any member of your household, ever had a drug or alcohol abuse problem? YES NO

If YES, did this abuse ever interfere with the health, safety or rights of others? YES NO

If YES, has the person completed or do they participate in a rehabilitation program? YES NO

NOTE: If you answered YES to any of the above questions, please explain on Page 4

Are you the victim of domestic violence or stalking? YES NO

Are you a Board Member, employee, or member of the immediate family of an employee or Board Member of the NHA? (If so, this will not disqualify your application) YES NO

**EMERGENCY CONTACT PERSON:** Name of relative or friend not planning to live with you. We will contact this person if we are not able to contact you in case of emergency.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Please list your doctor's name and address.

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ESTES MENSAJE ES IMPORTANTE - LEA CON CUIDADO**

I understand this application is not a unit offer and that the Northampton Housing Authority (NHA) is not obligated to offer me a unit until such time as they inform me in writing that I have been offered a unit pursuant to my application. Based on this application I understand I should not make any plans to move or terminate my present tenancy until I have received a written unit offer from the NHA. I understand that the NHA will make no more than one offer of an appropriate unit, that if I do not accept that offer I will be removed from the waiting list, and that if I re-apply my application will not receive any priority or preference granted on the prior application for a 3 year period.

I certify that the information I have provided in this application is true and correct and that any false statement or misrepresentation may result in the cancellation or denial of my application. I understand that it is my responsibility to inform the NHA in writing of any change of address, income or household composition.

I hereby authorize the NHA to make inquiries to verify the information I have provided in this application.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights and the HUD Privacy Act Notice for all adult members of the household.

Signed under the pains and penalties of perjury.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed/Reviewed by \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to Chapter 6 §168 of the Massachusetts General Laws, local housing authorities are granted access to Criminal Offender Record Information, including conviction data and pending criminal charges, from the Massachusetts Criminal History System Board for the purpose of tenant selection. Any information so received shall not be otherwise used or disseminated. I understand that the NHA will obtain this information for all adult members of the household.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Member over 17 Years of age \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Member over 17 Years of age \_\_\_\_\_ Date: \_\_\_\_\_

\* \* \* \* \*

**CONTINUED FROM EARLIER PAGES:**

**Additional Members of Household:**

Name	Soc. Sec #	Relation to Head of Household	Age	Sex	Birth Date	Occupation / Grade

**Request for Reasonable Accommodation:** Please state the reason for the request, the specific accommodation requested, and the name(s) of persons from whom the NHA can verify the need for the accommodation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Criminal History:** Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is the name and address of the drug/alcohol rehabilitation program you attended/completed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

X	
---	--

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.