

## IMPORTANT! PLEASE READ CAREFULLY!!!



### Please Take Notice

#### PLEASE FOLLOW THE FOLLOWING DIRECTIONS:

1. ALL INFORMATION MUST BE PRINTED AND LEGIBLE.
2. IF WE CAN NOT READ IT, IT WILL BE DENIED.
3. MAKE SURE ALL FORMS ARE SIGNED AND RETURNED WITH THE PACKET.
4. MAKE SURE THERE IS A COPY OF THE FOLLOWING IN THE PACKET:
  - PHOTO ID OF ALL INDIVIDUALS 18 YEARS OF AGE AND OLDER
  - A BIRTH CERTIFICATE AND SOCIAL SECURITY CARD FOR EACH PERSON LISTED ON THE APPLICATION. APPLICATION CAN NOT BE ACCEPTED WITHOUT THESE DOCUMENTS.
5. ALL FAMILY MEMBERS 18 YEARS OLD OR OLDER MUST SIGN THE REQUIRED DOCUMENTS.
6. RETURN ALL DOCUMENTS AT THE SAME TIME. YOU CAN NOT BRING ANYTHING BACK IN TO SUBMIT WITH THAT APPLICATION. YOUR APPLICATION WILL BE DENIED IF IT IS INCOMPLETE.
7. PLEASE ALLOW 10 DAYS FOR US TO VERIFY INFORMATION AND TO PROCESS YOUR APPLICATION.
8. APPLICATIONS ARE ACCEPTED ON THURSDAYS ONLY!
9. The document entitled Criminal & Sexual Offender Background Information must be completed by **anyone listed** on the application that is **18 years old or older**.
10. **ALL APPLICATIONS FOR HOMELESS STATUS MUST HAVE AN AGENCY LETTER ATTACHED IN ORDER TO CLAIM HOMELESS STATUS.**



# WILSON HOUSING AUTHORITY

## VARITA COURT APARTMENTS APPLICATION

Name: _____		Date: _____
Address _____		Time: _____
Phone: _____	Emergency Contact _____	City: _____
		Phone: _____

**Have you ever lived in public housing? \_\_\_\_\_ If so, which public housing agency? \_\_\_\_\_**

**Complete for ALL household members (including head of household, all adults and all minors):**

Name	Relationship to Head of Household	DOB, age	Social Security Number	Full Time Student? (circle)		Employed? (circle)		Disabled? (circle)	
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No

**List ALL source of income for all members of the household you have disclosed on page 2 of this questionnaire:**

Name of Household Member	Source of Income	Mailing Address	Phone # & Contact Person	Gross Amount (list by week, month, etc.)

**List ALL assets for all members of the household you have disclosed on page 2 of this questionnaire:**

Name of Household Member	Type of Asset (Checking, savings, CD's, etc.)	Mailing Address	Phone # & Contact Person	Gross Amount (list by week, month, etc.)

**Deductions from Annual Income**

If the head, co-head, spouse or sole member is 62 or older or disabled, do you pay out-of-pocket medical expenses?	Circle	
	Yes	No
Do you have out-of-pocket child care expenses not paid or reimbursed from any source, for children under age 13 year?	Yes	No

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the Wilson Housing Authority at 252-291-2245.

Participants age 62 or older as of January 31, 2010, whose determination of eligibility was begun before January 31, 2010, are exempt from disclosing their complete and accurate Social Security Number (SSN).

I certify that the information listed above is true and correct to the best of my knowledge. I acknowledge that I have been informed that this information is being obtained to verify the household's eligibility and compliance with the Public Housing regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Initial \_\_\_\_\_



Please circle YES or NO for every item listed below and indicate amount under the appropriate HH member's name.

Does any Household Member have any:	Member (Head)			#2			#3		
Checking Accounts	Yes	No	\$	Yes	No	\$	Yes	No	\$
Saving Accounts	Yes	No	\$	Yes	No	\$	Yes	No	\$
Certificates of Deposits	Yes	No	\$	Yes	No	\$	Yes	No	\$
Money Market Funds	Yes	No	\$	Yes	No	\$	Yes	No	\$
Stocks/Bonds	Yes	No	\$	Yes	No	\$	Yes	No	\$
Treasury Bills	Yes	No	\$	Yes	No	\$	Yes	No	\$
IRA/Keough Accounts	Yes	No	\$	Yes	No	\$	Yes	No	\$
Company Retirement Accounts	Yes	No	\$	Yes	No	\$	Yes	No	\$
Life Insurance Policies (Whole Life)	Yes	No	\$	Yes	No	\$	Yes	No	\$
Pension Funds	Yes	No	\$	Yes	No	\$	Yes	No	\$
Trust Accounts	Yes	No	\$	Yes	No	\$	Yes	No	\$
If yes, is it irrevocable?	Yes	No	\$	Yes	No	\$	Yes	No	\$
Cash held in Safety Deposit Boxes, etc.	Yes	No	\$	Yes	No	\$	Yes	No	\$
House/Real Estate	Yes	No	\$	Yes	No	\$	Yes	No	\$
Rental Property	Yes	No	\$	Yes	No	\$	Yes	No	\$
Other Investments	Yes	No	\$	Yes	No	\$	Yes	No	\$
Have you received any lump sum payments such as the following:	<b>Potential Assets</b>								
Inheritances	Yes	No	\$	Yes	No	\$	Yes	No	\$
Lottery or other Winnings	Yes	No	\$	Yes	No	\$	Yes	No	\$
Insurance Settlements	Yes	No	\$	Yes	No	\$	Yes	No	\$
Workers' Compensation Settlements	Yes	No	\$	Yes	No	\$	Yes	No	\$
Social Security Disability Settlements	Yes	No	\$	Yes	No	\$	Yes	No	\$
Unemployment Compensation Settlements	Yes	No	\$	Yes	No	\$	Yes	No	\$
VA Disability Settlements	Yes	No	\$	Yes	No	\$	Yes	No	\$
Severance Pay	Yes	No	\$	Yes	No	\$	Yes	No	\$
Capital Gains	Yes	No	\$	Yes	No	\$	Yes	No	\$
Other	Yes	No	\$	Yes	No	\$	Yes	No	\$
Have you disposed of any assets for less than fair market value in the past 2 years?	Yes	No	\$	Yes	No	\$	Yes	No	\$
Do you receive any of the following:									
Wages, Salary, etc. thru Employment	Yes	No	\$	Yes	No	\$	Yes	No	\$
Income from a Business or Profession	Yes	No	\$	Yes	No	\$	Yes	No	\$
Social Security	Yes	No	\$	Yes	No	\$	Yes	No	\$
SSI	Yes	No	\$	Yes	No	\$	Yes	No	\$
WFFA, Food Stamps or other Public Assistance	Yes	No	\$	Yes	No	\$	Yes	No	\$
Alimony	Yes	No	\$	Yes	No	\$	Yes	No	\$
Child Support	Yes	No	\$	Yes	No	\$	Yes	No	\$
Unemployment Compensation Benefits	Yes	No	\$	Yes	No	\$	Yes	No	\$
Workers' Compensation Benefits	Yes	No	\$	Yes	No	\$	Yes	No	\$
Severance Pay	Yes	No	\$	Yes	No	\$	Yes	No	\$
Retirement Income	Yes	No	\$	Yes	No	\$	Yes	No	\$
Annuities Income	Yes	No	\$	Yes	No	\$	Yes	No	\$
Insurance Policies Income	Yes	No	\$	Yes	No	\$	Yes	No	\$
Disability or Death Benefits	Yes	No	\$	Yes	No	\$	Yes	No	\$
Income from Rental Property	Yes	No	\$	Yes	No	\$	Yes	No	\$
Regularly Recurring Monetary Gifts	Yes	No	\$	Yes	No	\$	Yes	No	\$
Tuition Assistance/Higher Education	Yes	No	\$	Yes	No	\$	Yes	No	\$



## **Wilson Housing Authority**

### **Notice of Occupancy Rights under the Violence Against Women Act**

#### **To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the Wilson Housing Authority is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

#### **Protections for Applicants**

If you otherwise qualify for assistance under the Wilson Housing Authority, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

#### **Protections for Tenants**

If you are receiving assistance under the Wilson Housing Authority, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the Wilson Housing Authority solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

#### **Removing the Abuser or Perpetrator from the Household**

The Wilson Housing Authority may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If the Wilson Housing Authority chooses to remove the abuser or perpetrator, the Wilson Housing Authority may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, the Wilson Housing Authority must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

# Wilson Housing Authority

## Notice of Occupancy Rights under the Violence Against Women Act

In removing the abuser or perpetrator from the household, the Wilson Housing Authority must follow Federal, State, and local eviction procedures. In order to divide a lease, the Wilson Housing Authority may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, the Wilson Housing Authority may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, the Wilson Housing Authority may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

1. **You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
2. **You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
3. **You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

The Wilson Housing Authority will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

The Wilson Housing Authority's emergency transfer plan provides further information on emergency transfers, and the Wilson Housing Authority must make a copy of its emergency transfer plan available to you if you ask to see it.

**Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**



## Wilson Housing Authority

### Notice of Occupancy Rights under the Violence Against Women Act

The Wilson Housing Authority can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from the Wilson Housing Authority must be in writing, and the Wilson Housing Authority must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. The Wilson Housing Authority may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to the Wilson Housing Authority as documentation. It is your choice which of the following to submit if the Wilson Housing Authority asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- ☐ A complete HUD-approved certification form given to you by the Wilson Housing Authority with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- ☐ A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- ☐ A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- ☐ Any other statement or evidence that the Wilson Housing Authority has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, the Wilson Housing Authority does not have to provide you with the protections contained in this notice.

If the Wilson Housing Authority receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), the Wilson Housing Authority has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, the Wilson Housing Authority does not have to provide you with the protections contained in this notice.

## Wilson Housing Authority

### Notice of Occupancy Rights under the Violence Against Women Act

#### Confidentiality

The Wilson Housing Authority must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

The Wilson Housing Authority must not allow any individual administering assistance or other services on behalf of the Wilson Housing Authority (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

The Wilson Housing Authority must not enter your information into any shared database or disclose your information to any other entity or individual. The Wilson Housing Authority, however, may disclose the information provided if:

- ☐ You give written permission to the Wilson Housing Authority to release the information on a time limited basis.
- ☐ The Wilson Housing Authority needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- ☐ A law requires the Wilson Housing Authority or your landlord to release the information.

VAWA does not limit the Wilson Housing Authority's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

#### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, the Wilson Housing Authority cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if the Wilson Housing Authority can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

1. Would occur within an immediate time frame, and
2. Could result in death or serious bodily harm to other tenants or those who work on the property.

If the Wilson Housing Authority can demonstrate the above, the Wilson Housing Authority should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

## Wilson Housing Authority

### Notice of Occupancy Rights under the Violence Against Women Act

#### Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

#### Non-Compliance with the Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the Wilson Housing Authority's President and CEO at 252-291-2245 ext. 250 or with the HUD Field Office for North Carolina.

#### For Additional Information

You may view a copy of HUD's final VAWA rule at: <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

Additionally, the Wilson Housing Authority must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact your housing manager.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact the Wesley Shelter at 252-291-2344.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact the Wilson Police Department officer assigned to the Wilson Housing Authority at 252-399-2385 or the Wilson Police Department at 252-399-2323.

Victims of stalking seeking help may contact the Wilson Police Department officer assigned to the Wilson Housing Authority at 252-399-2385 or the Wilson Police Department at 252-399-2323.

**Attachment:** Certification form HUD-5382

**The above information has been explained to me and I understand my rights under the Violence Against Women Act as stipulated.**

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

**WHA Staff Representative** \_\_\_\_\_

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



## **DECLARATION OF CITIZENSHIP STATUS (SECTION 214)**

### **NOTICE TO APPLICANTS AND TENANTS:**

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ ( ) I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ☐ ( ) I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- ☐ ( ) I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.
  - ☐ ( ) Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
  - ☐ ( ) Permanent residence under §249 of INA 4/; or
  - ☐ ( ) Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
  - ☐ ( ) Parole status under §§212(d)(5) of the INA 6/; or
  - ☐ ( ) Threat to life or freedom under §243(h) of the INA 7/; or
  - ☐ ( ) Amnesty under §245 of the INA 8/.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

- ☐ ( ) Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

FOR HA ONLY: INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

1/ **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ **Immigrant status under §§101(a)(15) or 101(a)(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158 [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h) [*threat to life or freedom*].
- 8/ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

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> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <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 </div> <div style="width: 48%;"> <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: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

**Signature of Applicant**

**Date**

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

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

