

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- _____
- _____
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: _____
- Name of Waitlist Administrator *optional* _____
- Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER
Male, Female, etc.
- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native,
Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|---|--|--|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

Instructions: Please follow carefully - Incomplete applications will be returned

1. **Complete all areas.** If an item does not apply to you, mark "N/A" on that line.
2. **We need copies of Social Security Cards** The government **requires** that all applicants, except those who are not US citizens who do not claim eligible immigration status, disclose and provide adequate documentation of their Social Security Number. If you do not have a social security card, we can accept one of the following, as long as your social security number appears on the document.

Driver's License

Medicare Card

Medical Insurance Card

Bank Statement

Retirement benefit letter

Benefit letter from government agencies

Note: Copies of Metal Social Security Cards are not acceptable.

This rule applies to all non-exempt household members including live-in aides, foster children and foster adults. You may not need a social security card if you were 62 or older on January 31, 2010 and living in HUD subsidized housing at that time.

3. **Proof of US Citizenship** The US Department of Housing & Urban Development will only provide subsidy in Section 8, Rent Supplement, RAP or Section 236 communities to household members who are US Citizens, nationals or certain categories of eligible noncitizens. If you are applying to one of these types of communities, you **must** have the attached Declaration of Section 214 Status forms completed by **EACH** family member (including yourself). You will have to copy this form for additional household members. Please make sure you follow the instructions on the Declaration Form. This property requests copies of all birth certificates as well.

4. **Signatures are required by all adult applicants**

4. **Return your application to:**

**Independence House
1475 Roosevelt Ave
Springfield MA 01109
(413) 732-7953**

Note: Pets are only allowed in our senior citizen properties or for persons with disabilities who require a service animal.

Your application is being returned because:

- ☐ You did not complete all areas or you did not sign the application.
- ☐ The Declaration of Section 214 Status and Family Summary Sheet were not completed/signed as instructed above.

Please return your application along with the information that was missing if you want to be considered for HUD Multifamily housing.



APPLICATION FOR HUD ASSISTED HOUSING

- If the information provided by or about any applicant from any source at any time during the screening process reveal negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Carr Property Management, Inc, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Applicants are required to notify this office of any changes affecting their application, including but not limited to, change of address, change of telephone number, or changes in household composition. Failure to notify the office of any change could result in your name being withdrawn from the waiting list. Waiting Lists will be updated annually. At that time you will receive a Waiting List Update Form, which you will be required to complete and return to this office within a specified time period. Failure to respond as noted on the form will result in your name being withdrawn from the Waiting List.
- Carr Property Management, Inc is a management company that provides low rent housing to eligible households, elderly households and single people. Carr Property Management, Inc is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status. In addition, Carr Property Management, Inc has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change Carr Property Management, Inc can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.
- The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, marital or familial status. HUD applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.

Carr Property Management, Inc does not discriminate on the basis of disability status in the admission or access to or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Ewa O'Malley, Carr Property Management, Inc.

Name

24 Deer Park Drive

Address

East Longmeadow

MA

01028

City

State

Zip

(413) 525-4321

Telephone - Voice

1-800-545-1833, Ext 142 (MA) 1-800-545-1833, Ext. 141 (CT)

Telephone - TTY



A. **FAMILY SUMMARY** -List all persons, including yourself, who will be living in the apartment. List head of household first.

Name	Relationship	Gender*	Soc Sec #	Birth Date	Place of Birth
1	Head				
2					
3					
4					
5					
6					

***Note: Providing information on Gender is optional unless needed to determine unit size or eligibility.**

List any members who are US military veterans:

List any members who are displaced as a result of a presidentially declared disaster and who will be living in the unit temporarily:

Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No

If yes, explain:

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return? ☐ Yes ☐ No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? ☐ Yes ☐ No

Are any full-time student(s) a TANF or a Title IV recipient? ☐ Yes ☐ No

Are any full-time student(s) a single parent living with his/her minor child who is not a dependant on another's tax return? ☐ Yes ☐ No

Were any full-time student(s) formerly in Foster Care? ☐ Yes ☐ No

Mailing Address:

City:

State:

Zip:

Physical Address:

City:

State:

Zip:

(if different than mailing address)

Telephone No. (which you can be reached at): () E-Mail Address

Applying to Property(s): INDEPENDENCE HOUSE - HUD 202 8 Requested Unit Size: Bedrooms

How did you hear about the apartment for which you are applying?

Reason for wishing to relocate

Do you require a handicap-accessible unit, check here ☐

Do you require any modifications to an apartment, check here and explain in a note to us ☐



B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of Income	Amount
	Social Security Gross Monthly Amount	\$
	Social Security Gross Monthly Amount	\$
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	VA Benefits (Claim #)	\$
	SSI Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Address:	
	AFDC Gross Monthly Amount	\$
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Alimony Gross Monthly Amount	\$
	Child Support Gross Monthly Amount	\$
	Other Income Gross Monthly Amount (for example, rental income, etc.)	
		\$
		\$

C. ASSETS:

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes _____ No _____

If yes, type of asset (e.g., money/land/house) _____

Market value when sold/dispensed \$ _____ Amount sold/dispensed for \$ _____ Date of transaction _____

Provide the following information for all members of the household (use another sheet of paper if necessary).

Checking Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate	Int. Rate
Balance \$	Balance \$

Savings Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate	Int. Rate
Balance \$	Balance \$

Certificates of Deposit

Bank	Bank
Address	Address
Acct. #	Acct. #
Int Rate	Int Rate
Amt. \$	Amt. \$
Penalty for Early Withdrawal	Penalty for Early Withdrawal
Maturity Date	Maturity Date

Stocks**IRA's/401-K's**

Name	Bank
Address	Address
Value \$	Value \$
Div. Rate	Div. Rate

Bonds**Trust Accounts**

Bank	Bank
Address	Address
Present Value \$	Account No.
Maturity Date	Int. Rate
	Balance \$

Real Estate

Do you own any property? Yes _____ No _____ Do you live at this property? Yes _____ No _____

If yes, type & location of property _____

Appraised market value \$ _____ Mortgage, or outstanding loan due \$ _____

Income earned from this property \$ _____

Name & address of broker/realtor who would provide verification of market value:

Broker/Realtor**Address****City****State****Zip****D. MEDICAL AND CHILD CARE EXPENSES****FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY****Medical Costs** - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.**Medicare**

Monthly Amount \$	Monthly Amount \$
-------------------	-------------------

Medical Insurance

Name	Name
Address	Address
Claim No.	Claim No.
Monthly Amt. \$	Monthly Amt. \$

Pharmacy

Name	Name
Address	Address
Anticipated prescription costs not covered by insurance - Monthly Amount \$	Anticipated prescription costs not covered by insurance - Monthly Amount \$

Physician

Are you seeing a physician REGULARLY ? Yes _____ No _____
Name
Address
Anticipated costs not covered by insurance - Monthly Amount \$

Outstanding Medical Bills for which You are Making Monthly Payments

Name	Name
Address	Address
Anticipated costs not covered by insurance - Balance Due \$	Anticipated costs not covered by insurance - Balance Due \$
Monthly Amount \$	Monthly Amount \$

Child Care Expenses - Complete for children 12 and younger - Weekly cost for Child Care \$ _____

Name & Address of Person/Agency caring for children: _____



E. PROGRAM INFORMATION

Are you currently living in subsidized housing? Yes_____ No_____

Are you and all household members able and willing to comply with all necessary rules and program requirements of the U.S. Department of Housing and Urban Development, the Owners, the Agents, and to comply with the Lease Agreement and all the health, safety, building, and housing codes: **Yes or No**
IF NO, please explain _____

F. APPLICANT INFORMATION

Do you have a Section 8 Voucher or any other type of voucher? Yes_____ No_____

Do you lack a fixed nighttime residence? Yes_____ No_____

Are you fleeing or attempting to flee violence? Yes_____ No_____

Please place a checkmark in the box if any of the following statements apply to you.

1. You or any household member have been served a Notice to Quit or been asked to leave by a previous landlord. ☐
2. You or any household member have been served with lease violations from a previous landlord ☐
3. You or any household member have been evicted ☐
4. You or any household member have been evicted from federally assisted housing for drug-related criminal activity ☐
5. You or any household member have been asked to sign a repayment agreement to pay money back to HUD ☐
6. You or any household member have had rental assistance or tenancy in a subsidized housing program terminated for fraud, non-payment of rent or failure to cooperate/comply with recertification procedures and/or requirements ☐

If you checked any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & landlord.

7. Have you or any household member ever been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? Yes_____ No_____
8. List all states, other than the one that you reside in now, in which you or any household member, have ever lived _____

i. REFERENCE INFORMATION

Current Landlord (Name, Address,& Phone No.) **Current Rent:** _____

How long have you lived there?_____ Is this landlord related to you? Yes_____ No_____



List all Previous Landlords for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (Name, Address & Phone No.)

1.	2.
Monthly rent amount ?	Monthly rent amount ?
How long did you live there?	How long did you live there?
Is this landlord related to you? Yes___ No___	Is this landlord related to you? Yes___ No___

List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (Name, Address, Phone No. & Relationship)

(Example: teachers, principals, past/present employers, physicians, etc.) Please do not list relatives or friends.

1.	2.
Phone No. Relationship	Phone No. Relationship

All information received by Carr Property Management, Inc during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.

Other Information

Please provide us with the name, address, & phone number of an emergency contact:

Do any members of your household smoke? Yes ___ No ___ (Answer does not change eligibility). If yes, how many ? ___ and who ? _____

All properties have some form of Smoke Free policy. Please inquire at the rental office for the detailed specifics which are distributed upon move-in.

Do you own a pet? Yes___ No___ If yes, describe _____

ATTENTION: WE DO NOT INSURE PERSONAL PROPERTY !



CERTIFICATION

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on the Department of Housing and Urban Development's eligibility criteria and Carr Property Management, Inc's resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability; and (7) supplying false information.

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Authorization

I/we do hereby authorize Carr Property Management, Inc and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Signatures

Head _____

Spouse/Co-Tenant _____

Date _____

Date

Over 18 _____

Over 18 _____

Date _____

Date

PENALTIES FOR MISUSING THIS FORM:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

-
- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

**Race and Ethnic Data
Reporting Form****U.S. Department of Housing
and Urban Development**
Office of HousingOMB Approval No. 2502-0204
(Exp. 12/31/2007)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

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Signature of Applicant

Date

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

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

Date:

RE: Waiting List

Dear Applicant:

You are presently an applicant on the waiting list for occupancy at Independence House, 1475 Roosevelt Avenue, Springfield, MA 01109. Due to a change in HUD regulations and a concurring vote by the Board of Directors, our waiting list policy was changed in 2012 to offer applicants on our waiting list, who are elderly, a preference.

At this time, the number of non-elderly tenants at Independence House exceeds the percentage that has been established for this project. As a result, management may have to pass over non-elderly applicants on the waiting list in order to obtain the elderly preference percentage that has been established for Independence House. If you are a non-elderly applicant, this may extend the time period that you will be on the waiting list. Federal guidelines mandate that we inform you of this policy.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Site Manager



"Equal Housing Opportunity"

