

←Your Name
←Address Line 1
← City State Zip
← Your Email
← Case Manager Email if any



MAIL TO: Whittier Place Apartments
c/o HousingWorks, Inc.
P.O. Box 231104
Boston, MA 02123-1104

Fold on this line _____

Four Ways to Apply: Only Pick One!

You can apply using your cell phone (this is the fastest way).



- **Open the camera on phone.**
- Aim the camera at the QR code at left.
- Open with your browser.
- Select your language at top right
- It's secure, safe and fast.

... or, you can apply on your computer.

- Go to this URL - <https://bit.ly/4fp2uld>

... or, you can mail this paper application to the address below.

- Talbot and Whittier c/o HousingWorks, P.O. Box 231104, Boston, MA 02123-1104

...or, you walk this completed application to:

- Managed by UHM Properties: 193 Talbot Ave, Dorchester MA 02124 617-265-3200

Subsidized properties:

Rent is based on a percentage of your household's gross annual income.

○ Whittier Place 30%

1, 2, 3 & 4 bedroom - 1BR and 2BR include some handicap units

Whittier School 30% Homeless Set-Asides - apply via HomeStart.org

Affordable / Market properties:

Minimum and Maximum Income Limits apply Rental Assistance is welcome

○ Whittier Place Affordable

1 & 2 bedroom apartments - no handicap units

Staff: Enter Date/Time Stamp at Left

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:			
HEAD OF HOUSEHOLD'S <u>COMPLETE</u> MIDDLE NAME:			
HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):			
DOES THE HoH HAVE A SOCIAL SECURITY NUMBER <u>or</u> ITIN? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Enter the COMPLETE SSN or ITIN below:		DATE OF BIRTH	GENDER
		Type <u>month</u> first and use / - MM/DD/YYYY	F M T-MTF T-FTM
ETHNICITY: (Hispanic or Non-Hispanic, Client Refused) RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)			
REQUESTED ACCOMMODATIONS: Do you need any of these? <input type="checkbox"/> = X <input type="checkbox"/> I don't need any of the accommodations listed below			
<input type="checkbox"/> Fully Accessible Wheelchair Unit <input type="checkbox"/> Bathroom modifications <input type="checkbox"/> Vision Impaired Unit <input type="checkbox"/> Need an Interpreter			
<input type="checkbox"/> No-Steps unit (elevator to any floor) <input type="checkbox"/> Hearing Impaired Unit <input type="checkbox"/> Domestic Violence Victim			
<input type="checkbox"/> First-Floor unit only <input type="checkbox"/> Unit designed for Environmental Allergies <input type="checkbox"/> Live-In Aide or PCA			
HEAD OF HOUSEHOLD'S CAREER STAGE: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> FT Student <input type="checkbox"/> PT Student			
ANY VETERANS IN YOUR HOUSEHOLD: <input type="checkbox"/> Yes <input type="checkbox"/> No			
PERMANENT MOBILE RENTAL ASSISTANCE, if any - <u>you must select one of these answers</u>			
<input type="checkbox"/> I do not have mobile rental assistance <input type="checkbox"/> Mobile Section 8 voucher <input type="checkbox"/> MRVP <input type="checkbox"/> AHVP <input type="checkbox"/> VASH or similar			
CRIMINAL RECORD AND SEX OFFENDER INFORMATION			
Head of Household: Any Felony/Conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No Any Misdemeanor Conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other HH Members: Any Felony Convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No Any Misdemeanor Conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is <u>anyone</u> in HH subject to a lifetime sex offender registration in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ANY PETS: <input type="checkbox"/> Yes <input type="checkbox"/> No Breed, Size, Weight,			
HOUSEHOLD SIZE AND COMPOSITION:		ANNUAL INCOME	DOCUMENTED DISABILITY?
← # Adults	← # Children	← Total # in Household	\$.00 <input type="checkbox"/> Yes <input type="checkbox"/> No
CURRENT HOUSING STATUS: <input type="checkbox"/> Homeless <input type="checkbox"/> Housing Loss 14 days <input type="checkbox"/> Fleeing Dom. Violence <input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Stably Housed			
HAVE YOU BEEN DISPLACED: <input type="checkbox"/> No <input type="checkbox"/> by Accessibility/health issues <input type="checkbox"/> by Addiction behaviors <input type="checkbox"/> by Cost of living <input type="checkbox"/> by Pandemic <input type="checkbox"/> by fire/flood/earthquake			
<input type="checkbox"/> by Domestic Violence or Sexual Assault <input type="checkbox"/> by Urban development, eminent domain <input type="checkbox"/> by Condemnation of home, code violations <input type="checkbox"/> by Threat to life or safety			
PREFERRED TELEPHONE NUMBER:		SECOND TELEPHONE	PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:
			<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Cellphone
BEST EMAIL ADDRESS:			
BEST MAILING ADDRESS (include apt #): <input type="checkbox"/> where I currently live <input type="checkbox"/> a shelter <input type="checkbox"/> a P.O. Box <input type="checkbox"/> a "care of" address <input type="checkbox"/> a co-applicant's address			
Street or PO:		Apt # or c/or Name:	
City, State, and Zip Code:			
City:		State:	Zip:
BACKUP ADDRESS <input type="checkbox"/> same as above <input type="checkbox"/> a shelter <input type="checkbox"/> a P.O. Box <input type="checkbox"/> a "care of" address <input type="checkbox"/> a co-applicant's address			
Street or PO:		Apt # or c/or Name:	
City, State, and Zip Code:			
City:		State:	Zip:
# BEDROOMS NEEDED→		ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?	
 		<input type="checkbox"/> Disability <input type="checkbox"/> Elder <input type="checkbox"/> Local Resident <input type="checkbox"/> Local Employee <input type="checkbox"/> Local Student <input type="checkbox"/> Homeless Veteran	
		<input type="checkbox"/> Rent-burdened 40% <input type="checkbox"/> Rent-burdened 50% <input type="checkbox"/> Fleeing domestic violence <input type="checkbox"/> HUD VAWA Certificate	
		<input type="checkbox"/> Victim of Hate Crime <input type="checkbox"/> Community Based Housing	
		Displaced by: <input type="checkbox"/> Urban Renewal <input type="checkbox"/> Sanitation Code <input type="checkbox"/> Natural Forces <input type="checkbox"/> Other: _____	



INSTRUCTIONS FOR COMPLETING THE PRE-RENTAL APPLICATION

Please read the instructions below before completing the application

1. Complete all sections of the pre-rental application; if a section does not apply to you, put "N/A."
2. All information provided in the Application will be verified and treated as confidential. False, incomplete, or misleading information will result in the rejection of your pre-application.
3. Credit/Criminal background checks and rental references will be requested for all adult household members 18 or older.
4. All household members 18 years and older applying for housing must sign and date the Application.
5. After the Agent receives your completed pre-application, they will make a preliminary determination of eligibility based on program and property criteria. If your household appears to be eligible for housing, your family will be placed on a waiting list, but this does not mean that your family will be offered an apartment. Every household must be screened to qualify for an apartment. When your name nears the top of the waiting list, you will be contacted to provide additional information for eligibility, screening, and suitability.
6. Applications will be reviewed as quickly as possible to determine preliminary eligibility.
7. If your household does not appear eligible, you will receive a letter denying your pre-application, and you will not be placed on the waiting list. You will have the right to appeal this decision. Instructions for the appeal process will be provided with the appeal letter.
8. It is your responsibility to respond to any waiting list application updates sent to you by the Agent.
9. Completing a pre-application does not guarantee eligibility or qualification for an apartment at this development.
10. For more information or questions, please call the Property Management Office.

CHANGES TO YOUR APPLICATION

Once your pre-application is complete and on file with the Agent, it is your responsibility to notify the Agent in writing whenever there is a change in your address, telephone number, income situation, or household composition. Please report changes to your pre-application in writing to Applications@UHMproperties.com.

APPLICATION SUBMISSION OPTIONS

Option 1

Electronic Submission

Your completed pre-application(s), should be printed, signed, and scanned then emailed as follows for submission:

New Port Antonio, Quincy Heights (waitlist is closed), Boston Bay, Hope Bay, VBC, RAP UP I, Esperanza Trust, Fort Hill, Blue Mountain, Dudley Terrace:

Applications@UHMproperties.com.

Grove Hall Apartments:

GroveHallApts@UHMproperties.com

Sonoma Maple Schuyler Apartments:

SMS@UHMproperties.com

Geneva Apartments:

GenevaApts@UHMgt.com

Washington Heights Apartments:

WHTApts@UHMgt.com

Option 2

Mail or In-Person Submission

Print and sign your completed pre-application(s) and mail or hand deliver to the property address.

New Port Antonio, Quincy Heights (waitlist is closed), Boston Bay, Hope Bay, VBC, RAP UP I, Esperanza Trust, Fort Hill, Blue Mountain, Dudley Terrace:

UHM Central Office, 530 Warren Street, Dorchester MA 02121

Grove Hall Apartments:

12 Castlegate Road #9, Dorchester, MA 02121

Sonoma Maple Schuyler Apartments:

1 Maple Court B, Boston, MA 02121

Geneva Apartments:

231 Geneva Ave, Dorchester, MA 02121

Washington Heights Apartments:

86 Crawford Street, Dorchester, MA 02121



DISCLOSURES AND ADDITIONAL INFORMATION

ASSISTANCE COMPLETING THIS APPLICATION

Upon request, UHM Properties will provide assistance in explaining this document. If necessary, persons with disabilities may ask for this pre-application in large print type or other alternate formats and additional assistance can be provided by calling 617-541-5510 or visiting UHM Properties Central Office.

RIGHT TO REASONABLE ACCOMMODATION

UHM Properties will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services, and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; policies, practices, and procedures; and mitigating circumstances.

LIMITED ENGLISH PROFICIENCY

All applicants whose preferred language is not English and, as a result, have limited English proficiency, will be provided with free language assistance per the UHM Properties Language Access Plan.

FAIR HOUSING / EQUAL OPPORTUNITY INFORMATION

UHM Properties does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

This is an important document. If you require interpretation, please call the telephone number below or come to our offices and we will provide free interpretation services.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono a continuación o venga a nuestras oficinas y le brindaremos servicios de interpretación gratuitos.

這是重要的文件。如果您需要口譯服務，請撥打以下電話或致電我們的辦公室。我們將提供免費的口譯服務。

Isso é um documento importante. Se necessitar de interpretação, por favor ligue para o número de telefone abaixo ou venha aos nossos escritórios e iremos fornecer serviços de interpretação gratuitos.

Это важный документ. Если вам требуется устный перевод, позвоните по указанному ниже номеру телефона или приходите в наши офисы, и мы предоставим бесплатные услуги устного перевода.

Đây là một tài liệu quan trọng. Nếu bạn yêu cầu phiên dịch, vui lòng gọi số điện thoại bên dưới hoặc đến văn phòng của chúng tôi, chúng tôi sẽ cung cấp dịch vụ phiên dịch miễn phí.

ນີ້ ມີ ນອກສາສາດສຳຄັນ ຫາກທ່ານ ອ້ອກການສຳມຸດພາໄປທີ່ ພາຍໂພດໂທຣສັກທ ອັດ ັນສ່າງຫີ ອໍ ມາທີ່ ສຳນັກງານຂອງເຮົາແລະເຮົາຈະໃຫ້ ັບການສຳມຸດພາ

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba a oswa vini nan biwo nou yo epi n ap bay sèvis entèpretasyon gratis.

Kani waa dukumenti muhiim ah. Haddii aad u baahan tahay tarjumaad, fadlan wac lambarka taleefanka ee hoos ku yaal ama kaalay xafiisyadayada waxaan ku siin doonnaa adeegyo tarjumaad lacag la'aan ah.

هذا هو وثيقة هامة. إذا كنت بحاجة إلى ترجمة فورية، فيرجى الاتصال برقم الهاتف أو الحضور إلى مكاتبنا وسنوفر خدمات الترجمة الفورية مجاناً

UHM PROPERTIES CENTRAL OFFICE

530 Warren Street, Boston, MA 02121

Phone: 617.541.5510

Email: ContactUs@UHMproperties.com

FOR DEAF OR HARD-OF-HEARING APPLICANTS

MA-TTY

711 or 1.800.439.2370





All fields are required. You must fill out the pre-application and required attachments completely, in English.
If there is information that doesn't apply, please write "N/A" in the blank. Please make sure you list a Property Name.

FOR MANAGEMENT USE ONLY

Date & Time Received:

PRE-RENTAL APPLICATION

PROPERTY NAME:

How many bedrooms does the household require?

1 bedroom 2 bedrooms 3 bedrooms 4 bedrooms 5 bedrooms

Do you (any member of your household) need any specific features or apartment designs, such as: wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance? Yes No

If you answered YES above, please describe:

What is your preferred language?

HEAD OF HOUSEHOLD INFORMATION

Last Name First Name Middle Initial

Mailing Address Apt. #

City State Zip Code Telephone Number Home Cell Work

Email

HOUSEHOLD RESIDENTS

List all persons who will live with you, (include unborn children and live-in-aides).

If you anticipate any household composition change in the next 12-months, please include all persons you expect to live with you.

#	Relationship	Last Name	First Name, Middle Initial	Social Security Number (type # without dashes)	Date of Birth (mm/dd/yyyy)	Student (Y/N) Full-time (FT) Part-time (PT)		
1	Self					FT	PT	N/A
2						FT	PT	N/A
3						FT	PT	N/A
4						FT	PT	N/A
5						FT	PT	N/A
6						FT	PT	N/A
7						FT	PT	N/A
8						FT	PT	N/A
9						FT	PT	N/A
10						FT	PT	N/A

* Not providing a Social Security number for the pre-application will not keep you from being put on the waitlist.



Ethnicity, race and preferred language of household members

(Optional Information. Your answers will not affect your pre-application.)

Name		Ethnicity (Hispanic / Non-Hispanic / Decline)	Race (White / Black / Asian / American Indian/ Native Hawaiian/ Other / Decline)	Disabled (Yes/No)	
1				Yes	No
2				Yes	No
3				Yes	No
4				Yes	No
5				Yes	No
6				Yes	No
7				Yes	No
8				Yes	No
9				Yes	No
10				Yes	No

Check all states where all household members have previously lived:

(States are listed alphabetically in columns.)

Alabama	Colorado	Hawai'i	Kansas	Massachusetts	Montana	New Mexico	Oklahoma	South Dakota	Virginia
Alaska	Connecticut	Idaho	Kentucky	Michigan	Nebraska	New York	Oregon	Tennessee	Washington
Arizona	Delaware	Illinois	Louisiana	Minnesota	Nevada	North Carolina	Pennsylvania	Texas	West Virginia
Arkansas	Florida	Indiana	Maine	Mississippi	New Hampshire	North Dakota	Rhode Island	Utah	Wisconsin
California	Georgia	Iowa	Maryland	Missouri	New Jersey	Ohio	South Carolina	Vermont	Wyoming

INCOME AND ASSETS:

A household's income is the total anticipated amount of money received by ALL members of the household over the next 12 months based on their current income and any income earned from assets (starting from the date of pre-application and projecting forward 12 months). This excludes income earned by live-in-aides. **Please answer the questions below:**

Total GROSS (before taxes) monthly income: \$ _____

Income means money from **ANY** source including Wages (tips, bonus and commission, if applicable) Military Pay, Veterans Benefits, Disability Insurance Payments, S.S.A., S.S.I. Federal, S.S.I. State, Child Support, Alimony, Pension, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Self-Employment Income, Public Assistance, Interest earned from Assets, Annuities, Workers Compensation, and Recurring



Contributions such as: money someone gives you to pay your bills **OR** gives you as spending money **OR** the person uses to pay your bills directly.

Value of household assets: \$ _____

Income earned from assets: \$ _____

Assets include checking and saving accounts, investments, stocks or bonds, mutual funds/trust accounts, certificates of deposit, I.R.A. accounts (for example, 401K, Roth Keogh or other retirement investments), whole life insurance policy, and real estate of all household members. If any household member currently owns property, the total amount of equity in the home shall be added to their total value of assets.

PRIORITIES AND PREFERENCES

Some of the properties that you are applying to may have eligibility requirements, whereby specific priorities or preferences may apply. In order to be considered for certain priorities/preferences, please check below ALL that apply: (Please note: The selection of priorities/preferences could impact where you are placed on the waitlist).

Some developments may have additional preferences that are not included on this list. You may contact the development directly to inquire about any additional preferences that may apply.

Homeless due to Displacement by Natural Forces

Homeless due to Displacement by Urban Renewal

Homeless due to Displacement by Sanitary Code Violations

Involuntary Displacement by Domestic Violence

HUD VAWA Certification (Violence Against Women Act)

Owner's Preference – Grove Hall Apartments ONLY: Employee Working on Site / Former Resident

** As your pre-application nears the top of the waiting list, the Agent will require documentation to verify the priority/preference selected.*

In completing this pre-application, the Applicant has the right to include the name, address, telephone number, and other relevant information of a family member, friend, or advocate as the contact person to provide assistance to the Applicant in connection with this pre-application. Federally assisted housing requests **must** include form HUD-92006, Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants found on the next page.

Contact Person Name	Address	() — Telephone #
---------------------	---------	----------------------



ADDITIONAL INFORMATION

Have you or any household members been convicted of, pled guilty, or pled no contest to a felony, drug related activity, criminal or sexual offense?

Yes No

If YES, please explain below:

Are you (or any household member) required to register as a Sex Offender under Massachusetts or any other state law?

Yes No

If YES, list the name of the person(s); the state where registration(s) needs to be filed and the length of time for which the registration is required below.

Name:

States where Registration is Required:

Length of Registration Requirement: years months

Have you or any household member ever committed any fraud in connection with any State or Federal Housing Assistance Program?

Yes No

If YES, please explain and note if the assistance was terminated below:

Does the household have a Federal or State mobile housing voucher?

Yes No

Agency Name:

The Agent will not discriminate based on mobile voucher holder status. This question is asked for the sole purpose: (1) determining an applicant household's ability to pay rent for a unit that does not have project based rental subsidy; or (2) advise applicant households who are applying for a unit with project-based rental subsidy that if they move into such a unit that already has subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.

As of January 31, 2010 were you 62 or older and receiving HUD rental assistance at another location?

Yes No

CERTIFICATION BY APPLICANT

(All adult applicants who are 18-years-old or older, must sign this pre-application.)

I / We certify that all information in this pre-application is true to the best of my/our knowledge and I/we understand that false statements or information will lead to rejection of this Pre-application or termination of tenancy after occupancy; that in consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this pre-application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this pre-application; that the owner/manager/agent will rely on the information provided by the Applicant, once verified, to make a determination that Applicant is eligible and qualified for housing that I, the Applicant, must notify the properties, for which I have submitted a pre-application, of any change of address in writing and I understand that my pre-application may be cancelled if I fail to do so.

Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and personal references. No determination of actual suitability for housing will be made until the applicant comes to the top of the waiting list, completes the full rental pre-application and screening is completed by the Agent and suitability for housing is determined.

Applicant authorizes landlords, personal references and credit and screening agencies to release any and all information to the owner/manager/employee or their agents or background checking agencies.

Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this pre-application, and will hold harmless from any suit or reprisal whatsoever, except as otherwise limited by laws relating to the use of personal information, credit history or criminal background.

X _____
Signature of head of household Date

X _____
Signature of co-head of household Date

X _____
Signature of spouse or co-head of household Date

X _____
Signature of co-head of household Date

Note: If more applicant signatures are required, please print an additional copy of this page to sign.

PENALTIES FOR MISUSING THIS CONSENT

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. H.U.D. and any owner (or any employee of HUD. or the owner) may be subject to penalties for unauthorized disclosures of improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, for misusing the social security number as provided under 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).

Note: The HUD Supplemental Application for Federally Assisted Housing Form must be 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) <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: _____
<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: _____		
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.

--	--

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.