

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

THIS SECTION FOR APPLICANT:

← Mail this form to the address at left.

Date Generated:  
Fold on this line

Dear  
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](mailto: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 Head of Household 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 mm/dd/yyyy ☐ GENDER M, F, T
- ☐ 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

- ☐ I am not claiming any Reasonable Accommodation or Special Circumstances at the moment (else, fill in any of the items below)
- ☐ Full Access Wheelchair Unit ☐ Bathroom Mobility Unit ☐ Blind Accessible Unit ☐ Need an Interpreter – language
- ☐ No-Steps unit (elevator to any floor) ☐ Deaf Accessible Unit ☐ Domestic Violence Victim
- ☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HEAD OF HOUSEHOLD'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 Number of Pets: Describe:

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

- ☐ CURRENT HOUSING STATUS ☐ 1. Homeless ☐ 2. Housing Loss in 14 days ☐ 3. Homeless under other federal status
- ☐ 4. Homeless because Fleeing domestic violence ☐ 5. At risk of homelessness ☐ 6. Stably Housed

- ☐ HAVE YOU RECENTLY BEEN DISPLACED? ☐ No ☐ Accessibility or Personal Health Issues ☐ Cost of Living ☐ Domestic Violence or Sexual Assault
- ☐ Condemnation of Home, code violations ☐ Fire, flood, earthquake ☐ Pandemic ☐ Threat to Life or Safety ☐ Urban Development, eminent domain

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS ☒ Check this box if backup address is the same as best mailing address below.

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ UNIT SIZE

OTHER PRIORITIES AND PREFERENCES? It is important *to claim these if you can!*

# BEDROOMS NEEDED

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certificate ☐ Community Based Housing



**Instructions for Completing Rental Application**  
**Please Read These Instructions In Full Before Completing Your Application**

1. You must fill out the application and required attachments completely. If there is information that doesn't apply, please write "N/A" in the blank.
2. Information provided on this Application will be treated as confidential.
3. Your household can file only one application and no household member can appear on more than one application.
4. You intend to reside in the development as your primary residence.
5. You may apply for more than one unit type however, your household size and composition must be appropriate for the unit size.
6. Information for all adults over the age of 18 planning to reside in the apartment must be provided.
7. Social Security numbers are required for all adult household members in order to obtain credit and criminal background history for all housing types and required for all household members for properties with HUD Programs, with the following exceptions:
  - household members who do not contend eligible immigration status, and;
  - applicants who were 62 years of age or older as of January 31, 2010 if they were receiving HUD rental assistance at a different property.
8. All information provided will be verified. If you have intentionally falsified information, your application will be rejected.
9. **Your total household income and assets must be within the required limits:**

Include as income: income of all household members 18 years of age and older, including gross income from employment, including overtime; bonuses and commissions; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veterans' benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc.

Include as assets: the current value of all savings, checking and investment accounts (including retirement and educational accounts), real estate, investment property, etc. (Do not include automobile(s) and other personal property).
10. Divestment of assets within two years of application for greater than \$1,000 for less than fair market value will be counted for imputation of income at full and fair value.
11. You must have sufficient income to afford the rent. Generally, you should be paying no more than 40 percent of your gross income to rent, or have assets equal to at least two years of rent.
12. Credit/Criminal background checks and rental references will be obtained for all adult household members over 18 years of age.
13. You have not committed any fraud in connection with any federal or state housing assistance program, and you do not owe rent or other amounts in connection with housing assistance.
14. Applications will be reviewed as quickly as possible to determine preliminary eligibility.

**Instructions for Completing Rental Application**  
**Please Read These Instructions In Full Before Completing Your Application**

15. Priority for the accessible units will be for families which require physical accommodations.
16. If you are disabled and require an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant, a reasonable modification of the housing, or a reasonable accommodation of rules, policies, practices or services, please include a letter from your primary health care provider explaining such special requirements.
17. Completed applications may be mailed or returned in person to the management office at the property.
18. For more information, please call the management office.

*It is unlawful to discriminate against any person because of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, and receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law.*





**LOWELL BELVIDERE HOUSING**  
30 Pleasant Street, Lowell, MA 01852  
P: 978.458.1236 | F: 978.459.5282  
MA TTY: Dial 711 or 800.439.2370  
E: lowellbelvidere@peabodyproperties.com

**MANAGEMENT USE ONLY**

Date/Time Application Received: \_\_\_\_\_

Lottery Number: \_\_\_\_\_

# RENTAL APPLICATION

**SITE** LOWELL BELVIDERE HOUSING

APPLYING FOR: 1BR ☐ 2BR ☐ 3BR ☐ 4BR ☐

NAME 1: \_\_\_\_\_  
FIRST MI LAST SOCIAL SECURITY NUMBER  
NAME 2: \_\_\_\_\_  
FIRST MI LAST SOCIAL SECURITY NUMBER

ADDRESS: \_\_\_\_\_  
STREET APT # TOWN OR CITY STATE ZIP CODE

ADDRESS: \_\_\_\_\_  
STREET APT # TOWN OR CITY STATE ZIP CODE

RESIDED SINCE: \_\_\_\_\_, \_\_\_\_\_

(1) HOME TEL.: \_\_\_\_\_ MOBILE: \_\_\_\_\_ OTHER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(2) HOME TEL.: \_\_\_\_\_ MOBILE: \_\_\_\_\_ OTHER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Reason for applying at this development? \_\_\_\_\_

How did you hear about this development? \_\_\_\_\_

## PRESENT LANDLORD

\_\_\_\_\_ TEL.#: \_\_\_\_\_ FAX #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET APT # TOWN OR CITY STATE ZIP CODE

Is apartment rented to you? YES ☐ NO ☐ If NO, explain: \_\_\_\_\_

Are you presently under lease? YES ☐ NO ☐ If YES, when does lease expire? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Amount of rent per month \$ \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_ No. of Occupants: \_\_\_\_\_

Do you usually pay rent in a timely manner? \_\_\_\_\_

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: \_\_\_\_\_

## PREVIOUS LANDLORD

\_\_\_\_\_ TEL.#: \_\_\_\_\_ FAX #: \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_  
STREET APT # TOWN OR CITY STATE ZIP CODE

APPLICANT'S ADDRESS: \_\_\_\_\_  
STREET APT # TOWN OR CITY STATE ZIP CODE

Was apartment rented to you? YES ☐ NO ☐ If NO, explain: \_\_\_\_\_

Length of tenancy: from \_\_\_\_\_ to \_\_\_\_\_ Amount of rent per month \$ \_\_\_\_\_

Were you then under a lease? YES ☐ NO ☐ If YES, did you remain for its term? YES ☐ NO ☐

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: \_\_\_\_\_

The reason for your leaving: \_\_\_\_\_



Please provide list of all states in which any household member has resided: \_\_\_\_\_

Previous Apartment Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Address: \_\_\_\_\_

Why did you leave this apartment? \_\_\_\_\_

Did you ever receive any notices of termination of tenancy while at this apartment? YES ☐ NO ☐ If yes, please explain: \_\_\_\_\_

Complete the following information for each member of your family, including yourself, who will be occupying the apartment:

NAME	RELATIONSHIP	DATE OF BIRTH	SEX*	OCCUPATION	F.T. STUDENT YES / NO	SOCIAL SECURITY NUMBER

\*The information provided under the column 'sex' is for demographic purposes and is optional.

## EMPLOYMENT (for each household member aged 18 or over):

Individual Employed: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: FROM \_\_\_\_\_ TO \_\_\_\_\_

Gross Wages / Salary \$ \_\_\_\_\_ PER YEAR TEL. #: \_\_\_\_\_

Contact Person / Supervisor: \_\_\_\_\_ FAX #: \_\_\_\_\_

Individual Employed: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: FROM \_\_\_\_\_ TO \_\_\_\_\_

Gross Wages / Salary \$ \_\_\_\_\_ PER YEAR TEL. #: \_\_\_\_\_

Contact Person / Supervisor: \_\_\_\_\_ FAX #: \_\_\_\_\_

## OTHER SOURCES OF INCOME (for all Household Members):

	AMOUNT RECEIVED PER MONTH	PERSON RECEIVING SUCH INCOME
Social Security	\$	
Supplemental Security Income (SSI)	\$	
Pension / Annuity / Trust	\$	
Public Assistance (TANF / AFDC / EAFDC / GR)	\$	
Unemployment Compensation	\$	
Worker's Compensation	\$	
Child Support / Alimony	\$	
Student Financial Assistance	\$	
Other Income (please specify)	\$	
Rental Assistance ((i.e. Sec. 8 mobile voucher, MRVP (Mass Rental Voucher)	\$	



**RELATIVES** (Please list two relatives not living with you):

NAME	RELATIONSHIP	ADDRESS	(AREA CODE) TELEPHONE NUMBER

**ASSETS** Please list the assets *now owned or disposed of within the last two years* of anyone living in your household (**Include** Checking, Savings, IRA, Money Market Account, and Term Certificates; and Real Estate, Stocks, Bonds, and Certificates.):

ASSET DESCRIPTION	SOURCE / BANK NAME	AMOUNT OR VALUE	ACCOUNT NUMBER
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**CREDIT HISTORY** (**Include** payments, loans, credit cards, etc.):

OWED TO	ACCOUNT NUMBER	CURRENT BALANCE	MONTHLY PAYMENT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Do you pay for utilities? YES ☐ NO ☐ If yes, \$ \_\_\_\_\_ per month.Do you pay child support? YES ☐ NO ☐ If yes, \$ \_\_\_\_\_ per month.Do you pay alimony? YES ☐ NO ☐ If yes, \$ \_\_\_\_\_ per month.Do you pay child care? YES ☐ NO ☐ If yes, \$ \_\_\_\_\_ per month.**ADDITIONAL INFORMATION:**Are you or any member of the household subject to lifetime sex offender registration requirement in any state? YES ☐ NO ☐Do you currently have a household pet? YES ☐ NO ☐; if YES, what type? \_\_\_\_\_

How many cars will be parked at the premises? \_\_\_\_\_ (copies of registration must be provided)

Year: \_\_\_\_\_ Registration #: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Year: \_\_\_\_\_ Registration #: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Have you or any household member ever committed any fraud in connection with any Federal Housing Assistance program?  
YES ☐ NO ☐; if YES, *please explain*: \_\_\_\_\_Have you or any household members on Federal Assistance ever been terminated for fraud?  
YES ☐ NO ☐; if YES, *please explain*: \_\_\_\_\_

## EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

Peabody Properties, Inc. 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.

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

**Note: HUD Race and Ethnicity Data Form(s) must be attached for Subsidized Sites.**

### ETHNIC CATEGORIES

☐ Hispanic or Latino ☐ Not-Hispanic or Latino

### RACE CATEGORIES

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other  
☐ I do not wish to furnish the above information

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and hereby acknowledge the understanding that this application constitutes my request for consideration as a tenant in the above development. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me. I understand that additional information may be requested to complete processing of my application.

I understand and grant permission for all of the above information to be verified by the owner/agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I understand that a false statement or misrepresentation of any information on this application will affect approval for residence; and, in the event that I take occupancy, it shall be considered material non-compliance with the lease and a basis for termination of tenancy.

Finally, I understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency, criminal checks, and/or other inquiring about my tenancy with the apartment complex during and after my tenancy period.

### RIGHT TO REASONABLE ACCOMMODATION

Peabody Properties, Inc. 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 and changes to policies, practices, and procedures.

\_\_\_\_\_ Please check here if you would like to make a request for a reasonable accommodation. Management will then provide you with a Request for a Reasonable Accommodation Form (RA-1) and complete a Referral Form (RA-2) to the property's Resident Service Coordinator to follow-up with you directly consistent with Management's Reasonable Accommodation Policies and Procedures.

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

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

**Signatures and proof of identification will be required of all those who sign lease.**

### FOR MARKET USE ONLY

A deposit (one month's rent) is required with this application. It will be based as follows:

1. Applied to your first month's rent if application is approved;
2. Returned to the Applicant if application is not accepted with explanation of denial;
3. Retained as liquidated damages if application is approved and Applicant cancels his or her application.

Amount of Deposit \$ \_\_\_\_\_ Check # \_\_\_\_\_ Occupancy Date: \_\_\_\_\_

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

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

**Please fill out application and save to your desktop. Options:**

1. Email pdf application to the community email address: [lowellbelvidere@peabodyproperties.com](mailto:lowellbelvidere@peabodyproperties.com)
2. Print application and mail to the community address.





Peabody Properties, Inc.

Rental Application Attachment  
(for all affordable housing programs)

This community may have certain preference criteria in place or a housing programs whereby certain deductions or considerations may apply. Upon request to management, you may receive a copy of the Tenant Selection Plan which describes the occupancy requirements, the application process and resident selection criteria including eligibility and screening requirements for residency at the property.

If you would like to be considered for a preference, deduction or special consideration should they apply to the property for which you are submitting this application, please respond to the following questions. Documentation will be required to verify eligibility for a preference, deduction or other special consideration.

- 
1. Are you homeless due to displacement by natural forces such as fire, earthquake, flood, natural cause or declared disaster? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Are you or are you about to be homeless due to displacement by Urban Renewal? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Are you or are you about to be homeless due to overcrowding in housing that is too small for your family? ☐ Yes ☐ No
4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or another member of the household? ☐ Yes ☐ No  
(If yes, household member will be requested to complete form HUD-5382)
5. Are you displaced as a result of government action or a presidentially declared disaster? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Are you a local resident who lives or works in the town where this property is located? ☐ Yes ☐ No
7. Are you or any member of your household a veteran? ☐ Yes ☐ No
8. Are you or any member of your household a person with a disability? ☐ Yes ☐ No  
If yes, please provide name(s) of the household members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Does any member of your household require an apartment with accessible features? ☐ Yes ☐ No  
If yes, please indicate type:  
☐ Wheelchair Adapted ☐ Hearing/Visually Adapted

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:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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: 45%;"> <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.